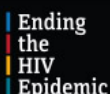


SEPTEMBER 27

# NATIONAL GAY MEN'S HIV/AIDS AWARENESS DAY



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Ending  
the  
HIV  
Epidemic

Greetings!

On September 27th, we observe National Gay Men's HIV/AIDS Awareness Day (NGMHAAD). Since 2008, NGMHAAD has encouraged conversation about and actions around preventing HIV and worked to shine a light on the virus' disproportionate impact on gay, bisexual, and same gender loving men. This year, here are some actions we can take to help end the epidemic and better support members of our community living with HIV.

## 1. Debunk the Myth

There's a dangerous myth that Black men have higher rates of HIV because we engage in riskier sexual behavior. That is false. Because this lie is perpetuated by the medical community and often reinforced in our popular discourse including in media and pop culture, we have to be vigilant about debunking the myth wherever we find it. According to a CDC report from 2016, if the current HIV diagnoses rates persist, about 1 in 2 Black gay/same gender loving men will be diagnosed with HIV in their lifetime.<sup>11</sup>

Black people are not suffering health disparities because of hypersexual behavior. We contract HIV at higher rates because we can't count on our healthcare system. While only representing 13 percent of the U.S. population, Black men and women account for 11,905 of the 39,968 new HIV diagnoses 2018.<sup>12</sup>

### Why?

We have a healthcare system built on structural racism and full of ill-equipped and not properly trained providers. Quality insurance is too expensive and when Black people seek care, we struggle to find people truly invested in our holistic health and longevity. Right now, PrEP, the medication that prevents contracting HIV, can cost up to \$1,800 or more a month<sup>13</sup> for people without insurance.<sup>14</sup> For many, this is untenable. It must change. In an important step forward, the federal government announced that almost all health insurers must cover PrEP at no sharing cost.

## 2. Prioritize Prevention, Support Management

Preventing the spread of HIV is multifaceted. It requires making sure people have scientifically sound information, communication tools, and access to the care they need to make informed decisions, seek support, and act on health concerns quickly. It's important to remember, too, that people living with HIV can be healthy and live long lives when they have access to support and resources including medication and quality care. To achieve better health outcomes for Black people currently living with HIV and those who might contract the virus, we need to be armed with accurate and destigmatized information about HIV prevention and management. While we work to ensure we can count on our healthcare system, we must continue to count on each other.

<sup>11</sup> [2016 CROI Press Release: Lifetime HIV Risk](#)

<sup>12</sup> [HIV and African American People | Race/Ethnicity | HIV by Group | HIV/AIDS](#)

<sup>13</sup> [The Feds Are Making PrEP Free. But You May Still Have To Pay To Get It](#)

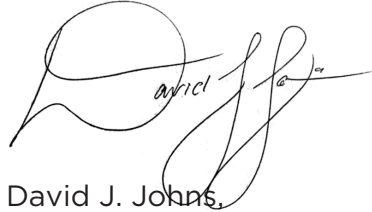
<sup>14</sup> Even in places like Florida, where the state recently partnered with a drug manufacturer to provide the drug for free throughout the state, we're seeing additional barriers to preventing the spread, such as the added cost of required lab appointments to receive the medication, and the fact that the communities that need this medication the most are still hard to reach due to language barriers, lack of cultural understanding by those attempting outreach, geographic location, and more

### 3. Demand Better

What we need is a system that will ensure Black people can show up as our whole selves in our interpersonal and intimate relationships. Black gay, bisexual, and same gender loving men make up the highest number of HIV infections annually, so we have work to do. As we continue designing a world where Black people are not disproportionately impacted by health challenges, including HIV/AIDS, it's important that everyone plays a role in finding solutions to this enduring epidemic—there are no lay people in the effort to build the reality we deserve.

We know better, let's do better. [Start Talking. Stop HIV.](#)

In Love and Continued Struggle,



David J. Johns,  
Executive Director, The National Black Justice Coalition





# It's time to START TALKING to STOP HIV

*Start Talking. Stop HIV.* focuses on gay, bisexual, and same gender loving men by encouraging open communication between sex partners and friends about HIV prevention and management strategies. The campaign provides practical tools and tips to help gay, bisexual, and same gender loving men share their HIV status and talk about condom use, medicines that prevent and treat HIV, and other prevention topics.

## *HIV in Black Gay and Bisexual Men*

- ▶ Black gay, bisexual, and same gender loving men<sup>15</sup> are more affected by HIV than any other group in the United States<sup>16</sup>.
- ▶ In 2018, Black gay, bisexual, and same gender loving men accounted for 26% (9,712) of the 37,968 new HIV diagnoses in the United States and dependent areas<sup>17</sup>.
- ▶ In 2018, Black gay, bisexual, and same gender loving men accounted for 37% (9,712) of the 20,306 new HIV diagnoses among all gay and bisexual men in the US and dependent areas<sup>18</sup>.
- ▶ In 2018, 3 out of 4 Black gay, bisexual, and same gender loving men who received an HIV diagnosis were between 13 and 34 years of age<sup>19</sup>.
- ▶ At the end of 2016, an estimated 235,100 Black gay, bisexual, and same gender loving men in the US and the District of Columbia were living with HIV (new stats)<sup>20</sup>.

<sup>15</sup> A reminder that the CDC uses “men who have sex with men (MSM)” and not “same gender loving.” MSM is problematic because it includes trans men who may not fit this definition.

<sup>16</sup> [HIV and African American Gay and Bisexual Men | HIV by Group | HIV/AIDS](#)

<sup>17</sup> [HIV and African American Gay and Bisexual Men | HIV by Group | HIV/AIDS](#)

<sup>18</sup> [HIV and African American Gay and Bisexual Men | HIV by Group | HIV/AIDS](#)

<sup>19</sup> [HIV and African American Gay and Bisexual Men | HIV by Group | HIV/AIDS](#)

<sup>20</sup> [HIV and African American Gay and Bisexual Men | HIV by Group | HIV/AIDS](#)





## ***Early linkage to HIV medical care is essential to achieving viral suppression***

Limited access to quality health care, lower income and educational levels, and higher rates of unemployment and incarceration may place some Black gay, bisexual, and same gender loving men at higher risk for HIV.

- ▶ In 41 states and the District of Columbia, Black gay, bisexual, and same gender loving men have lower rates of viral suppression<sup>11</sup> compared to all people diagnosed with HIV.<sup>12</sup> Because of the low rates of viral suppression and the greater likelihood of having sex partners of the same race, compared with other races/ethnicities, Black gay, bisexual, and same gender loving men have a greater chance of coming in contact with HIV.
  - ▷ Stigma, homophobia, and discrimination put gay, bisexual, and same gender loving men of all races/ ethnicities at risk for many health issues and may affect whether they are able to get quality health care. This is especially true for Black men, who face additional shame and stigma as a result of ignorance and religious trauma.
  - ▷ For every 100 Black gay, bisexual, and same gender loving men living with HIV in 2018, 75 received some form of care, 56 were retained in care, and 61 were virally suppressed (new stat).<sup>13</sup>
  - ▷ From 2014-2018, HIV diagnoses among Black gay, bisexual, and same gender loving men varied by age. Consider the following: diagnosis decreased by 17% in men ages 13-24, increased by 12% in men ages 25-34, remained stable in men ages 35-44, decreased by 15% in men ages 45-54 and decreased by 8% in men ages 55 and older.<sup>14</sup>
  - ▷ As of 2018, only 67% of Black gay, bisexual, and same gender loving men with newly diagnosed HIV and 58% with previously diagnosed HIV were linked to HIV medical care within 90 days of the diagnosis.<sup>15</sup>
  - ▷ In 2016, among the 78,360 people who filled PrEP prescriptions in the US, 11.2% were Black compared to 68.7% who were white.<sup>16</sup>

Black people are dying as a result of HIV, more than any other racial/ethnic group, and this does not have to be our reality. Conversations about prevention, treatment, and support on #NGMHAAD, and every day for that matter, must be centered on diverse Black communities. Taking charge of our health is one of the ways that we get free—that is happy, healthy, and whole.

<sup>11</sup> Viral suppression is defined as suppressing or reducing the function and replication of a virus. When discussing antiretroviral therapy for HIV, a regimen is considered to be highly successful if it reduces a person's viral load to undetectable levels.

<sup>12</sup> <https://www.cdc.gov/hiv/group/msm/bmsm.html>

<sup>13</sup> [HIV and African American Gay and Bisexual Men | HIV by Group | HIV/AIDS](#)

<sup>14</sup> [HIV and African American Gay and Bisexual Men | HIV by Group | HIV/AIDS](#)

<sup>15</sup> [HIV and African American Gay and Bisexual Men | HIV by Group | HIV/AIDS](#)

<sup>16</sup> [HIV Preexposure Prophylaxis, by Race and Ethnicity — United States, 2014–2016 | MMWR](#)

## ***Commit to Action: Share Your Story***

Knowing that you are not alone, that others have had similar experiences, and that other brothers are talking about HIV can be life affirming and life saving. Consider sharing your experiences along the aforementioned points along the continuum of care or how you talk to others about your health and wellness regimen using the hashtags #StartTalkingHIV, #NBJCAdvocacy, and #NGMHAAD so that we may find and amplify.



**Use  
#StartTalkingHIV,  
#NBJCAdvocacy,  
#PACT4HIV, and #NGMHAAD  
to amplify your story**

## ***Consider the following as you Start Talking. Stop HIV.***

- ▶ Don't wait until you're about to get it poppin' to start talking about HIV or sexual health.
- ▶ Know your status and ensure you are connected to sources of care and support. There are so many ways to get tested. Visit [www.nbjc.org](http://www.nbjc.org) to find what you need.
- ▶ Don't force it. Find the right time and place to have a conversation. You can schedule a time to talk or have spontaneous conversations in a setting where you are comfortable.
  - ▷ Visit NBJC's [YouTube page](#) and [IG](#) live talks on the topic to find a video that you can watch and use to jump start a conversation.
  - ▷ Schedule regular check-ins, or "talkiversaries," to update those you love. The key to a healthy relationship is having an open dialogue throughout the relationship. It can be hard to find the right time to bring these things up. If you agree to schedule them in advance, no one has to wonder about the timing of the conversations.
  - ▷ Remember, a conversation does not have to be face-to-face. Whether you talk, type, or text what is important is that you start the conversation.
- ▶ Use the [WordsMatter HIV toolkit](#) to support you in having stigma-free conversations about HIV.



## Ways to Engage

1. **KNOW YOUR STATUS.** To end the HIV epidemic you must know your status. Get tested regularly (every three to six months).
2. **TALK ABOUT HIV.** Bring awareness to the importance of testing, transmission and treatment for HIV by having conversations with friends and family.
3. **HOST AWARENESS EVENTS.** While COVID-19 has changed the ways we're accustomed to engaging each other, we can leverage digital platformsto keep the conversations going. Think of what you and your community most need and host a digital event or COVID-19 safe, in-person event to raise awareness, celebrate, and support members of our community. Initial goals can include reducing stigma and shame as well as facilitating opportunities for people to get tested and connected to care.
4. **SUPPORT A CAUSE.** Select an organization, like NBJC, and find ways to support their efforts to end the HIV epidemic in diverse Black communities. Other organizations to support include: The Black AIDS Institute, True Evolution and the Southern Black Policy and Advocacy Network.
5. **USE SOCIAL MEDIA.** Social media can be a powerful tool in highlighting resources, increasing awareness and supporting advocacy. #StartTalkingHIV.
6. **COMMUNAL CARE.** It is okay to prioritize your mental health after engaging in intentional conversations about sexual health and HIV. Pandemic experiences are not new to Black communities and the ongoing COVID-19 pandemic can trigger longstanding trauma from other ongoing epidemics, including the HIV epidemic. Reach out to your tribe to check-in after conversations.

### *Sample Social Media Content*

Customize the content below and use the campaign hashtags so we can find and amplify your messages.

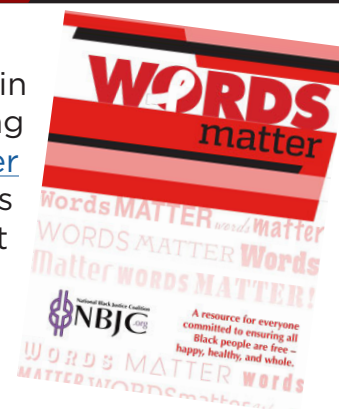
#StartTalkingHIV | #NBjCAdvocacy | #NGMHAAD | #PACT4HIV

- Brothers, did you know that 3 out of 4 Black gay, bisexual, and same gender loving men who received an HIV diagnosis were aged 13 - 34. Let's talk about it. #StartTalkingHIV #NBjCAdvocacy #NGMHAAD #PACT4HIV
- September 27 is #NGMHAAD. Conversations about condoms, PrEP, testing and treatment can help the Black gay, bisexual, and same gender loving men live longer and more full lives. #StartTalkingHIV #NBjCAdvocacy #PACT4HIV
- Too many Black men are dying as a result of HIV and this does not have to be our reality. Know your status (visit [www.nbjc.org](http://www.nbjc.org) to find free testing services near you). Get connected to care. StartTalkingHIV #NBjCAdvocacy #NGMHAAD #PACT4HIV
- Ending HIV starts with awareness. From 2014 to 2018, HIV diagnoses decreased 7% among Black people overall in the 50 states and the District of Columbia. #StartTalkingHIV #NBjCAdvocacy #NGMHAAD #PACT4HIV
- 1 in 7 Black people with HIV are unaware they have it. People who do not know they have HIV cannot take advantage of HIV care and treatment and may unknowingly pass HIV to others. #StartTalkingHIV #NBjCAdvocacy #NGMHAAD #PACT4HIV
- Stigma, fear, discrimination and homophobia may place many Black people at higher risk for HIV. We must combat this stigma to save the people of the Black community from the HIV epidemic. #StartTalkingHIV #NBjCAdvocacy #NGMHAAD #PACT4HIV
- Too many Black people are living with HIV unknowingly. What are you doing to protect your ASSETS? #NBjCAdvocacy
- Talking with competent healthcare providers is one of many first steps to reduce the negative impact of the HIV epidemic in the Black community. Connect with culturally competent health care providers on your campus or in the community to discuss HIV prevention, treatment, and support #NGMHAAD #StartTalkingHIV #NBjCAdvocacy #PACT4HIV
- Discussing HIV can be difficult, which is why NBJC created the [Words Matter HIV Toolkit](#), which includes resources to support Black people in having healthier conversations about our health & wellness. Consider it a resource. #StartTalkingHIV #NBjCAdvocacy #PACT4HIV

## Things to know and share

### START TALKING TO STOP HIV:

Together, we can educate ourselves and support one another in ways that enable Black people to live healthier lives. Discussing HIV can be difficult, which is why NBJC created the [Words Matter HIV Toolkit](#). This toolkit provides the proper words and resources to support Black people in having healthier conversations about holistic health and wellness.



### TAKE ADVANTAGE OF MEDICAL & SCIENTIFIC ADVANCEMENTS:

Medications such as Pre-exposure prophylaxis (or PrEP) and Post-exposure prophylaxis (or PEP) exist to aid in reducing the risk of becoming HIV positive.

#### PrEP:

Pre-Exposure Prophylaxis is a daily pill one takes to lower their chances of getting infected. PrEP can stop HIV from taking hold and spreading throughout your body. It is most effective if used as prescribed and is much less effective when not taken consistently.

#### PEP:

Post-Exposure Prophylaxis is utilized after being potentially exposed to HIV to prevent becoming infected and is an antiretroviral medicine (ART). PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

To obtain PrEP or PEP, contact your healthcare provider, an emergency room, or visit your local or state Health Department. **PrEP must now be covered by almost all health insurers at no sharing cost.** [The guidance](#) that the Centers for Medicare and Medicaid Services, along with the Department of Labor and the Department of the Treasury, sent to health insurers says insurers must not charge copays, coinsurance or deductible payments for the quarterly clinic visits and lab tests required to maintain a PrEP prescription. Insurers were already required to stop charging out-of-pocket fees for the medication by Jan. 1, 2021, at the latest.

**Whatever you do, in observation of National Gay Men's HIV/AIDS Awareness Day**, do something to reduce stigma, facilitate testing, or otherwise ensure we address the impact that HIV continues to have in Black communities. We hope that this toolkit serves as a source of both inspiration and support. Thank you in advance for all that you will do.