

HIV Risk Reduction

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Official White House Photo by Pete Souza

Greg Millett (2nd from left) meets with President Obama and (L to R) Melody Barnes, Domestic Policy Advisor to the President; Valerie B. Jarrett, Senior Advisor to the President; and Director of the Office of National AIDS Policy Jeff Crowley.

Racial Disparity, Stigma & HIV

Strategies to Reduce the HIV Burden on Black MSM

“I remember a time when more than half of my peers were infected and there was nothing that we could do about it,” says Greg Millett, MPH.

Millett grew up in New York City and came of age in the 1980s. “I remember when the epidemic hit. I’ve lost friends as well as many other people who’ve been involved in this movement.”

Thirty years later the White House tapped Millett, a scientist at the U.S. Centers for Disease Control and Prevention (CDC), to help confront the growing epidemic. Serving as Senior Policy Advisor in the Office of National AIDS Policy, Millett was staff lead for the HIV interagency working group that developed the president’s National HIV/AIDS Strategy.

“It’s incredible to fast-forward 30 years,” says Millett. “I’m really heartened with the history of success that the United States has had in terms of addressing the HIV/AIDS epidemic. It is incredibly gratifying both to be a scientist at CDC and to be able to work on HIV/AIDS policy issues at the White House. I feel extremely proud of not only the government but the many other players who are addressing this epidemic in a forceful fashion.”

Greg Millett is a detailee* from the CDC, serving as the senior policy advisor in the Office of National AIDS Policy (ONAP). In this role, he coordinates the Office’s policy and research activities. He is also the staff lead for the HIV interagency working group responsible for developing the National HIV/AIDS Strategy. Prior to his position with ONAP, Millett was a senior behavioral scientist in the Division of HIV/AIDS Prevention at CDC in Atlanta. In that capacity, he authored numerous peer reviewed papers that explored racial/ethnic disparities in HIV among men who have sex with men (MSM), correlates of HIV risk behavior among bisexual men of color, and the relationship between circumcision and HIV acquisition among MSM. Millett’s work has been published in numerous peer-reviewed journals, including JAMA, AIDS, Journal of Acquired Immune Deficiency Syndromes, and American Journal of Public Health.

*An employee of a US government agency on assignment or loan.

And the need to address the epidemic with force is undeniable. Despite many successes, the HIV epidemic continues, with those who are most disenfranchised bearing the brunt.

From the beginning, HIV in the United States has exacted the most severe toll on men who have sex with men (MSM) says a study by Millett. Today, the impact on black/African American MSM rivals that of the developing world. *Source: Explaining Disparities in HIV Infection Among Black and White Men Who Have Sex With Men: A Meta-analysis of HIV Risk Behaviors.*

Racial/Ethnic Disparities in HIV among MSM

According to a 2008 study of 21 U.S. cities, while nearly one in five MSM (19 percent) have HIV, more than one in four black MSM (28 percent) is HIV-positive. *Source: CDC's MMWR, June 3, 2011*

Millett's analysis of HIV risk factors among black and white MSM indicates that black MSM have fewer sex partners, are less likely to use illegal drugs linked to HIV risk, and are no more likely to engage in sexual risk behavior than white MSM. So why are black MSM at greater risk? The question is still being explored, but Millett did pinpoint four factors (see sidebar, this page).

Normalizing Discussions About HIV

"We know that stigma is associated with people not getting tested and with people who are HIV-positive not seeking care for fear of exposing their status," says Millett. "It's also a barrier to adherence to treatment once someone does access care. So we're really trying to reduce the stigma that's associated with HIV, particularly in the African American community, which bears a disproportionate burden of the epidemic."

After many years, says Millett, there has been a break-

through in African American communities; HIV is being discussed. "The CDC has ongoing partnerships with mainstream publications like Essence and Ebony as well as with organizations like the American Council of Negro Women

and the NAACP with the agenda of normalizing the topic of HIV and encouraging an open discussion."

Stigma and Race

Despite a breakthrough on the topic of HIV in the African American community, negative attitudes toward homosexuality remain. Persistent racial differences in beliefs about homosexuality may help explain disparities in HIV infection rates between black and white MSM, says Millett.



The Social Network Strategy is extremely successful in reaching people who do not realize that they are HIV-positive.

Why are black MSM at greater risk than white?

- Sexually transmitted diseases are significantly greater among black MSM - increasing susceptibility to HIV and the likelihood of transmitting the virus.
- Black MSM tend to have sex with other black partners. Since the background prevalence is greater than among any other U.S. population, the risk is also greater.
- While use of antiretroviral therapy (ART) reduces the chance of passing on the virus, HIV-positive black MSM are 57% less likely than their white peers to take ART.
- Despite being as likely as other MSM to have been tested within the previous year, HIV-positive black MSM were 7 times more likely to be undiagnosed - and thus at greater risk of unwittingly spreading the virus to partners.

Source: Explaining Disparities in HIV Infection Among Black and White Men Who Have Sex with Men

Traditionally, white MSM uproot themselves from the community of origin to form new communities with other like individuals. African-American MSM are more likely to remain within the African-American community where they are apt to confront homophobic messages on a day-to-day basis.

There's a lot of data on negative attitudes toward homosexuality in black communities relative to white communities. A study in 2008 found that while the majority of Americans (55 %) continue to disapprove of homosexuality, the number of those with more accepting attitudes has grown substantially.

However, the proportion of African-Americans who indicated that homosexuality is 'always wrong' was 72 percent -- a percentage largely unchanged since the 1970s. Among white respondents, the figure declined from 70 percent to 51.6 percent over the same period.

And when they looked at attitudes among MSM, they found that internalized negative attitudes toward homosexuality were almost twice as common among black as white MSM. 27 percent of white MSMs reported that homosexuality is 'always wrong' compared to 57 percent of black MSMs.

They also found that MSMs with unfavorable attitudes toward homosexuality were less likely to test for HIV. So we know there is some power that's associated with these issues and that it is antithetical to the goal of getting people tested for HIV. *Source: Persistence of Racial Differences in Attitudes Toward Homosexuality in the United States*

The Power of Social Networks

The majority of new HIV infections in the U.S. originate from HIV-positive persons who are not yet aware of their infection. One strategy for reaching people with undiagnosed HIV infection is based on the notion that individuals

are linked together to form large social networks that often serve to spread infectious diseases - but which can also serve as a route for delivering prevention services.

"CDC has been very successful in utilizing social networks as a means to get people tested for HIV," says Millett, referring to the CDC's Social Networks Demonstration Project. "It's proved to be very effective among African-Americans where we have very high rates of individuals with unrecognized HIV infection."

And among people who are positive, none are more likely to be unaware of their status than young African American MSM.

"The CDC Demonstration Project asked people who were either at high risk for HIV, or who were HIV-positive, to bring in friends or partners to get tested for HIV. What they found was that there were a larger number of positives being diagnosed that way than when people went to the health department to get tested on their own."

Millett outlined the necessary steps for tapping into a social network, "You have to start by estab-

lishing relationships with the individuals in your locality who are at highest risk. You have to do so in such a way that the people you want to reach know that they can trust you. From there, you need to have discussions about the disproportionate impact of HIV on their community. Then you ask whether or not they have had discussions with friends, family members, or others about getting tested for HIV."

"At that point, try to encourage them to bring in members of their family and others who haven't previously been tested for HIV. This might include people with multiple sex partners or people struggling with addiction. Really try to get that conversation going and get as many people as possible who might be at risk to be tested and diagnosed if they are positive."



It would be hard to over-estimate the value of helping someone newly diagnosed begin - and successfully adhere to - treatment.

The Power of Social Networks *continued. . .*

“Engaging people through a social network is a great way to get people not only energized and tested for HIV, but also a great way to disseminate important risk reduction information. Encourage those you test to share the information with their friends and family members. Often, people are more open to those messages from someone they know than from an outsider.”

“Talk honestly about how you get HIV, how you don’t get HIV, and which groups are at greatest risk for HIV infection.”

“Part of the message you want to convey is that just because someone’s at high risk doesn’t mean that HIV infection is inevitable,” says Millett. “There are things people can do to prevent infection. And if someone is diagnosed with HIV, they should seek treatment as soon as possible not only for their own benefit, but for the benefit of others. If they’re on treatment, they’re less likely to transmit HIV to partners.”

“We really need to keep putting the message out there, particularly to the African-American community and other communities at high risk that have been outlined in the President’s National HIV/AIDS Strategy.”

Peer Support for People with HIV

Another strategy is peer support for people who are newly diagnosed. “Peer support models are extremely helpful not only in terms of helping to normalize discussions about HIV, but also in modeling behavior for individuals who have been newly diagnosed,” says Millett.

“Although we know that antiretroviral therapy reduces the likelihood of transmission to uninfected partners and increases the lifespan of people living with HIV, there are still a lot of misperceptions about ART. Quite a few people diagnosed with HIV are afraid to take medication because they think that they’ll have to face a litany of side effects. They don’t realize that there have been vast improvements in the medications over the past five years. So if individuals who are on ART are available to support those who are newly diagnosed, they can convey information that is much more effective coming from a peer. For example, they may be able to tell someone who has not yet begun ART that they are on therapy and have had very few side effects. Or they may be able to share some simple ideas that help them remember to take their medications. It would be hard to over-estimate the value of helping someone newly diagnosed to begin and successfully adhere to medical treatment.”

Over the last two years* HIV Early Intervention Services (EIS) workers were in contact with 436 HIV-positive individuals, 78 of whom were newly diagnosed. What this means is that EIS nurses and counselors can use the power of social networks to reach a larger number of people who are HIV-positive and not yet aware of their status. EIS workers are uniquely positioned to encourage people newly or previously diagnosed to disseminate health messages and promote testing through their social networks.

* July 2009 - June 2011



A self-described “black gay man,” scientist and AIDS policy advisor Greg Millett is no stranger to discrimination. Recently he used his role at the White House and the power of the media on behalf of lesbian, gay, bi-sexual, and transgendered (LGBT) youth.

In response to a number of students taking their own lives after being bullied in school, Millett, along with 10 others working at the White House, participated in a remarkable four-minute video to tell LGBT youth that, yes, it does get better. For a link to the It Gets Better Project™ video by White House staff, visit www.hiveis.com.

HIV Early Intervention Services (EIS)

is a program of

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