

POPULATION FACT SHEET: AUGUST 2010

MEN OF COLOR WHO HAVE SEX WITH MEN

Since the onset of the HIV/AIDS epidemic in the United States, AIDS incidence has been highest among men who have sex with men (MSM) than any other population.¹ Most new AIDS cases for which male-to-male sexual contact is the HIV transmission category are now among MSM of color, who face extraordinary barriers to HIV prevention services, counseling and testing, and care.^{1,2}

SURVEILLANCE

- MSM account for an estimated 2 percent of the U.S. population³ but 47 percent of AIDS diagnoses.¹
- MSM are the only risk group in the U.S. in which the annual number of new HIV infections is increasing.⁴
- In 2008,* an estimated 28,137 men were diagnosed with AIDS in the United States. MSM was the HIV transmission category in an estimated 64 percent of those cases.¹
- Men of color represented 61 percent of estimated AIDS diagnoses among MSM.¹
- Men of color accounted for 83 percent of estimated AIDS diagnoses in 2008 attributed to MSM/injection drug use.¹
- MSM was the transmission category for an estimated 83 percent of Asian men, 64 percent of American Indian/Alaska Native men, 63 percent of Hispanic men, and 52 percent of Black men diagnosed with AIDS at the end of 2008.¹

* The most recent year for which data are available.

Critical Issues

Minority MSM often face poor access to health care because of socioeconomic factors, including lack of health insurance and poverty. MSM of color also must cope with many types of stigma—for being a racial/ethnic minority, for being MSM, and for being HIV positive. They may, therefore, fear condemnation from their families, communities, and service providers and delay seeking HIV testing and medical care.²

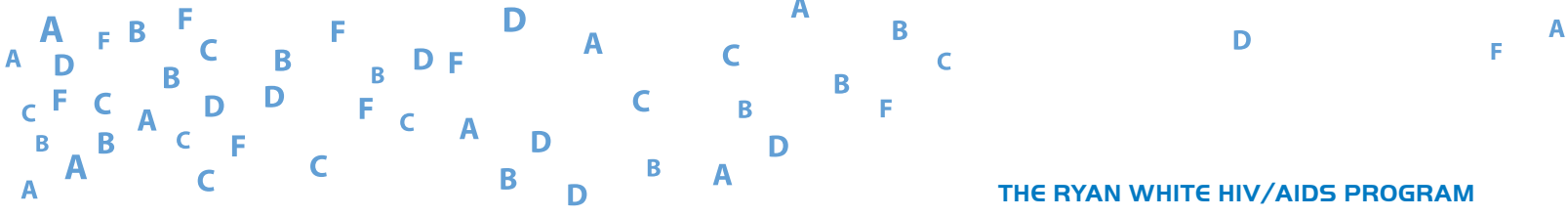
In one study on prevention targeting Black MSM (BMSM), respondents called this population “hidden” because of a lack of “gay-affirming” venues in the community or a fear of being “out” in public.² In addition, many minority MSM identify with their racial identity more than their sexual identity; thus, messages aimed at the gay community often do not reach them.⁵

For MSM of color who date within their race, increased prevalence, coupled with a smaller dating community, place them at increased risk. This is particularly true for BMSM as HIV incidence is highest among this population.²

In a five-city study on MSM by the Centers for Disease Control and Prevention (CDC), 25 percent of participants tested positive for HIV. Approximately one-half (48 percent) of the HIV-positive MSM (among whom young BMSM were disproportionately represented) were unaware of their status.⁶ MSM, especially younger men, may underestimate their personal risk and make inaccurate assumptions about their partner’s HIV status. For young BMSM, partnering with older Black men (among whom HIV prevalence is high) may also lead to increased risk.⁴



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The phenomenon of Black men on the “down low” has garnered much attention in recent years. CDC studies, however, have found that a small proportion of the overall Black male population engages in bisexual activity and that other risk factors are much more prevalent in HIV transmission among the Black community.⁷

THE RESPONSE OF THE HIV/AIDS BUREAU

The HIV/AIDS Bureau (HAB) supports a range of activities to address HIV/AIDS care needs among MSM of color. Some are funded through the Minority AIDS Initiative. Examples include services to improve access and reduce disparities in health outcomes, and outreach and education services to increase minority access to HIV/AIDS medications. HAB also funds technical assistance to expand the capacity of agencies to deliver HIV/AIDS care to minority persons and training to expand the pool of minority providers in underserved communities.

Health care agencies funded through the Ryan White HIV/AIDS Program have undertaken many different strategies to engage and retain MSM in HIV/AIDS care. These programs seek to deliver high-quality, nonjudgmental services to help MSM acknowledge their risk, get tested, and stay in care over time. HAB has funded a Special Projects of National Significance initiative, entitled Outreach, Care, and Prevention to Engage HIV Seropositive Young MSM of Color, to identify techniques that work for MSM infected with HIV/AIDS (see hab.hrsa.gov/special/ocp_index.htm). Ryan White HIV/AIDS Program grantees are making efforts to bring MSM into care in the earliest stages of disease. And Part A and B grantees are striving to achieve greater involvement of MSM of color in the community planning process.

For population-specific technical assistance materials, see HRSA’s www.careacttarget.org.

NOTES

¹ Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report, 2008*. 2010;20. Table 4b.
² National Alliance of State and Territorial AIDS Directors. *Findings from targeted interviews on HIV prevention activities directed toward Black men who have sex with men*. 2008. Available at: www.nastad.org/Docs/highlight/2008521_NASTAD%20Black%20MSM%20Issue%20Brief%20No.%203.pdf. Accessed April 10, 2010.
³ CDC. *CDC analysis provides new look at disproportionate impact of HIV and syphilis among U.S. gay and bisexual men*. Press release. March 10, 2010. Available at: www.cdc.gov/nchhstp/newsroom/msmpressrelease.html. Accessed April 25, 2010.

⁴ CDC. *HIV and AIDS among gay and bisexual men*. Fact sheet. March 2010. Available at: www.cdc.gov/nchhstp/newsroom/docs/FastFacts-msm-final508comp.pdf. Accessed April 25, 2010.
⁵ Clarke-Tasker VA, Wutoh AK, Mohammed T. HIV risk behaviors in African American males. *Assoc Black Nurs Faculty J*. 2005;16:56-9.
⁶ CDC. HIV prevalence, unrecognized infection, and HIV testing among MSM—Five U.S. cities, June 2004–April 2005. *MMWR*. 2005;54:597-601.
⁷ National Public Radio. *Myth: HIV/AIDS rate among Black women traced to “down low” Black men*. October 28, 2009. Available at www.npr.org/templates/story/story.php?StoryID=114237523. Accessed July 30, 2010.

This publication lists non-Federal resources to provide additional information. The views and content in those resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its components.