

# AFRICAN AMERICAN AIDS TASK FORCE



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Brothas Reaching Out (BRO) Program



The BRO Peer Advocates are members of the AAMSM.

### CONTEXT

**Goal:** African American AIDS Task Force's (AAATF) BRO Program, aka Community PROMISE, decreases the incidence of HIV and Sexually Transmitted Infections (STIs) among African American Men who have Sex with Men (AAMSM) in the Twin Cities 7-county metropolitan area.

**Causes:** Stigma has deep roots in the AAMSM community resulting in HIV/AIDS & STI rates that are the highest in the nation. The stigma is a deterrent for consistent condom use and disclosure with sexual partners & loved ones due to a fear of medical systems, systemic racism and historical trauma.

**Population:** Approximately 5 million people live in Minnesota, including 300,000 African Americans in the 7-county metro region. Of the 284 persons diagnosed with HIV or AIDS in 2017, 48% were African American or African-born.

**Issue:** African American and African-born persons make up 5% of the population in Minnesota and represented nearly half of all new HIV/AIDS cases in 2017.

### APPROACH



AAATF implements the Centers for Disease Control and Prevention's (CDC) Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies, aka, BRO Program), an evidence-based, community-level STD/HIV prevention intervention that relies on Role Model Stories and Peer Advocates from the target population. The objective is increased consistent condom use in the AAMSM population through the distribution of Role Model Stories by Peer Advocates.

#### ROOT CAUSES/ CONDITIONS FOR HEALTH

Addresses the social and economic conditions for health (also known as the social determinants of health). This often happens by changing local, regional or state policy, changing the way systems work or changing the environment.

#### ORGANIZATIONAL/ INSTITUTIONAL CHANGE

Addresses a health area by changing policies or systems in a school, clinic, hospital, etc. to support healthy behaviors and individual risk/protective factors.

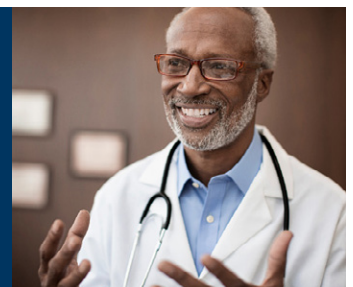
#### HEALTH PROMOTION/ DIRECT SERVICE

Addresses individual or family-level risk/protective factors through health education, programming, case management, etc.

### IMPACT

- 485 African American MSM received BRO Program Role Model Stories including:
  - 166 who accessed, read and discussed stories one-on-one with Peer Advocates
  - 319 who accessed and read stories via HIV/AIDS organizations and other community agencies
- Peer Advocate referrals were made to AAATF and other HIV/AIDS organizations for HIV counseling and testing (n=27), and STI screening and treatment (n=16).

**43 AAMSM**  
received HIV/AIDS and  
STI counseling and testing





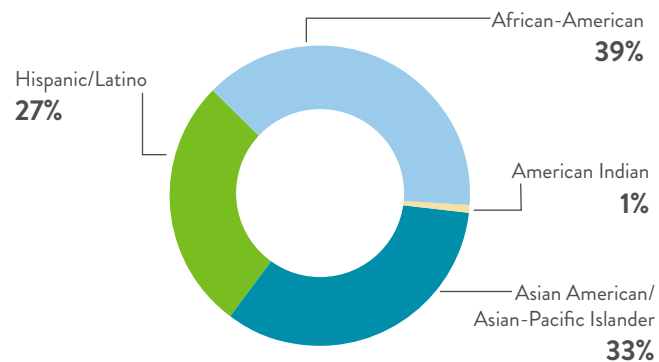
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The BRO Peer advocates are members of the AAMSM community and work hand-in-hand with AAATF program staff to deliver the intervention.

### PRIORITY HEALTH AREA SPOTLIGHT

Currently, an estimated 8,215 Minnesotans are living with HIV/AIDS. In 2015, there were 25,986 diagnosed cases of sexually transmitted infections (STIs) in the state, an all-time high. Communities with limited access to HIV testing and prevention programs had higher rates of HIV, chlamydia, and gonorrhea infections. Access to programs and services is hindered by long-standing social, medical, and income disadvantages, which disproportionately affect communities of color and American Indians. Syphilis infection rates are higher among men who have sex with men (all races) and American Indian and African American women.

Collective Impact: 44,201 individuals were reached through the work of seven grantees addressing this priority health area in 2017-18. The proportions of individuals reached by race/ethnicity are shown in the figure below.



EHDI grantees addressing HIV/AIDS and sexually transmitted infections identified common measures to track and report. Collective results include:

- ★ 324 people tested for HIV/AIDS or STIs
- ★ 88% of program participants had someone to talk to about HIV/AIDS or STIs
- ★ 84% of sexually active participants planned to use barrier methods to prevent the spread of HIV/AIDS and STIs.

### MDH ELIMINATING HEALTH DISPARITIES INITIATIVE

The Eliminating Health Disparities Initiative (EHDI) grant program was created to address health inequities for populations of color and American Indians across eight different priority health areas. Since 2001, the EHDI approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. Every few years, the program reallocates the competitive grants to organizations and tribes across the state of Minnesota. The current grant cycle is from 2016-2019.