Advancing Together: Engaging Communities in Research to Improve Health

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We have the tools to end the HIV epidemic in the United States

HIV Response Plagued by Racial Inequities

- Black Americans face the most severe burden of disease
 - 13% of US population
 - >40% new HIV infections
 - Lifetime HIV risk among Black MSM 1 in 3
 - Lifetime HIV risk among Black men 1 in 22



Advances continue to benefit the same communities

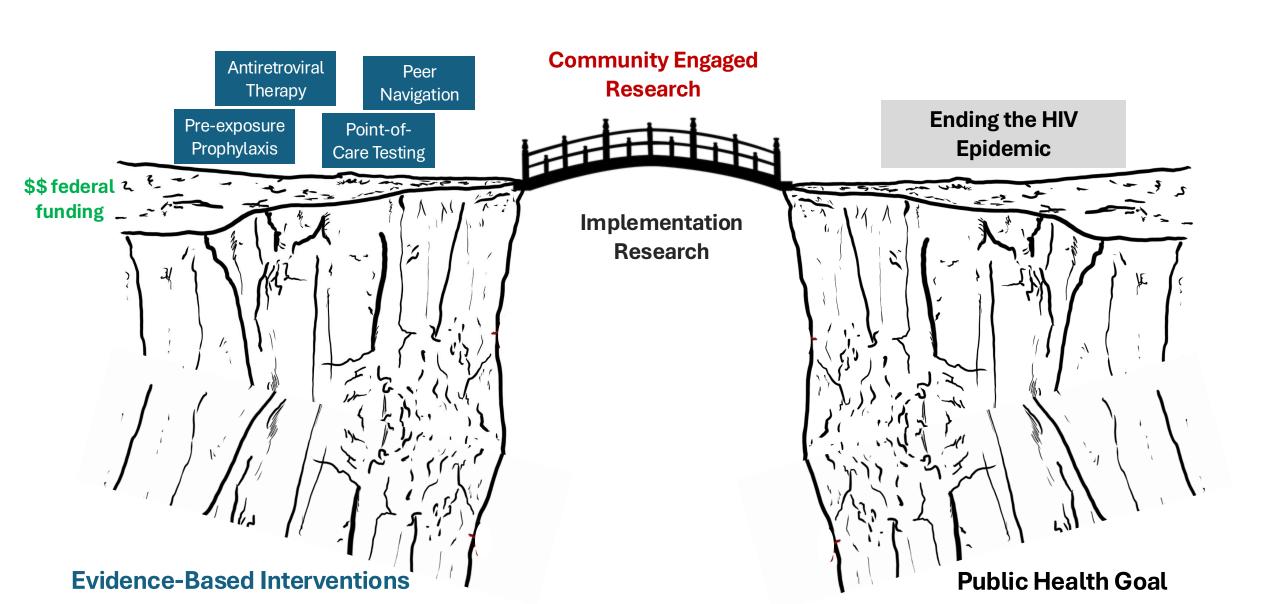


HIV in Tennessee

- 20,200 people living with HIV
- 71% of new infections are in 4 of 95 counties
- Memphis (Shelby County) 2nd highest incidence in country
- Poorest linkage to care in the country (69%)
 - Very st How do we find Black men ent
- Young Bla with HIV who are hidden
- Black indi
 from care?
 - Black individuals 6-/X greater incidence and mortality
 - Incidence among Black females 14X greater than white
 - Incidence among Black males 6X greater than white



Bridging the Know-Do Gap



Developing an Academic-Community Partnership

Give-Get Grid



	Expected Contribution	Expected Benefit
Community Partner		
Academic Partner		
Public Health Partner		









Shared Leadership Model

- Community partners included on study team
- Acknowledgement of mutual contribution, benefit, & voice
- Community partners compensated as content experts
- Publications
- Presentations



HIV/AIDS/STIs - Original Article

Establishing an Academic-Community Partnership to
Explore the Potential of Barbers and Barbershops in the
Southern United States to Address Racial Disparities in HIV
Care Outcomes for Black Men Living With HIV

Chidiogo Nwakoby¹, Leslie J. Pierce², Robert Crawford³, Donaldson Conserve⁴, Jessica Perkins¹, Sharon Hurt³, and Aima A. Ahonkhai (b) ^{2,5}





Nate King & Steve Nelson
Barber Investigators
presenting at National HIV
Meetings











Why Barbers? Meeting Men Where They Are

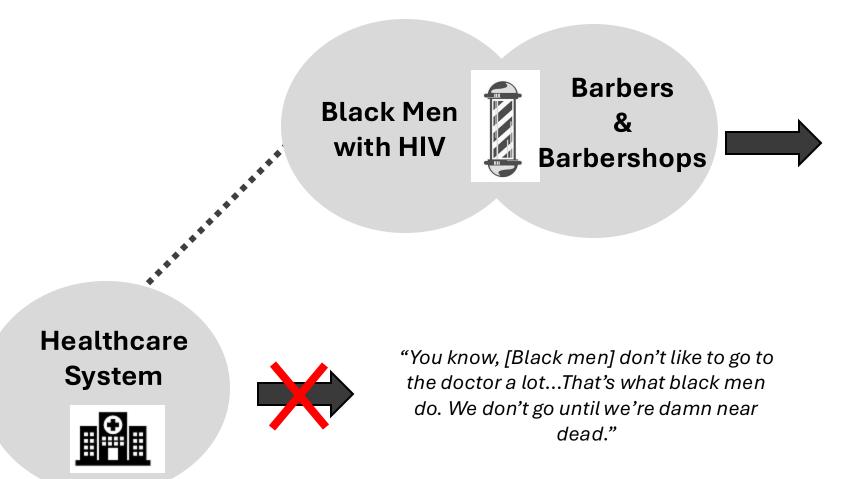
MD visits in a year

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Barbershop visits in a year

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Out of the Ivory Tower to Trusted Spaces



"You know, barbers, we're like the bartenders, you know, and like, the doctor before the doctor, you know...and like psychiatrists because, people come to us, and they feel like we're trusted and sharing things with us."

Listening & Learning to Innovate

Linkage to Care Stigma Reduction

- "I'd rather get shot than say I got AIDS."
- "So, it's one of those things that honestly, I feel as though it would need to be recategorized, like repainted ... to come up with a different name for something instead of AIDS... The name it's something where we built it to be in our head is what I'm saying. So, this is we built it up, we built it to issue [where] we scare ourselves... You have to rename it. I don't know. I don't want to hear AIDS."





Study Objectives

- Develop multimedia stigma reduction campaign (print, video, and social media).
- Recruit and train a cohort of Black barbers in TN to become barbershop-based men's health ambassadors
- Assess implementation and preliminary effectiveness of a 6-month intervention in the highest burdened and/or EHE priority counties in TN.



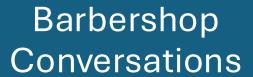
Emerging Themes from Qualitative Data

6 Focus Group Discussions and 3 In-Depth-Interviews with (n=33) Black barbers, Black men living with HIV, and community members

HIV

Relevance of HIV

• Entrenched nature of stigma



- We talk about sex but.....
- Maintain masculinity
- Positive framing



Media Preferences

- Capture attention discretely
- Spark conversation
- Multimedia



Intensive Men's Health Ambassador Training

TRAINING CURRICULUM

Men's Sexual Health

Understanding the HIV Care Continuum

How Stigma Causes Sickness

HIV and the Church

Preventing HIV with PrEP

Living with HIV today

Mental Health

Role and Impact of Community Health Workers

Communication Strategies

Community Resources for Health





Baseline Implementation Outcomes: Barber Perspective

Recruited and trained 67 Barbers 38 Nashville, 29 Memphis

Measure	Scale	Score (Memphis)	Score (Nashville)	Score All
Enthusiasm	0-100	94.69	90.08	92.05
Readiness	1-5	4.56	4.67	4.63
Acceptability	1-5	4.89	4.92	4.90
Appropriateness	1-5	4.73	4.72	4.60
Feasibility	1-5	4.79	4.61	4.69

Baseline Implementation Outcomes: Barber Perspective



Measure	Scale	Score (Memphis)	Score (Nashville)	Score (All)
Pre training	0.04.0	14.3	15.1	14.8
Post training	0-21.0	15.7	17.7	16.8

Baseline Implementation Outcomes: Barber Perspective

- "I feel very prepared because it's already came naturally to me.... I talk to them about their health, their hair health and everything. So just involving sexual health, this is, it's your whole body, you know... I want my clients to be able to continue to come back. So it will be easy to integrate it into my regular conversations like I have already."
- "I feel good about that..... just by me saying something could make the smallest change in the statistics over the years. So I mean, I'm excited to share... It helps me feel good, like I'm, you know, fulfilling my purpose."





Multimedia Campaign

Social Media Post HEALTHY RELATIONSHIPS 09/20/2024 (FRIDAY) | 5PM - 6PM



CAPTION

Choppin' it up in the barbershop is good for both the mind and soul. It's important that we foster healthy relationships with black men, and look out for each other's wellbeing. Lets keep these convos going, and continue to "Cut the Stigma."

HASHTAGS

#CuttingOutStigma
#HIVAwareness #HIVPrevention
#Nashville
#NashvilleBarbers
#NashvilleBarbershop
#EndHIVStigma
#BlackMenMatter
#CommunityHealth





Moving the Needle on Stigma

	Individual stigma	Community stigma	Total stigma
Barbers & patrons combined (155)	1.5	2.28	1.79
Barbers (67)	1.56	2.58	1.94
Patrons (88)	1.46	2.06	1.68
p-value	0.1	0.0001*	0.0008*
Patrons, Nashville (80)	1.46	2.03	1.67
Patrons, Memphis (8)	1.48	2.4	1.82
p-value	0.7	0.005*	0.03*

Scale: 1-4 (1 = low stigma, 4 = high stigma)

Where We Are Now

Patron surveys Patron surveys Patron interviews Recruitment & Barber interviews **Training** Launch September 9th June – August 6-Month Pilot August 26th & March 9th September 9th Study End **Barber Orientations**

Pre-launch social

media activities

CONCLUSIONS

- We have the tools we need to end the HIV epidemic in the US
- Still 1 in 3 Black MSM will get HIV in their lifetime!
- Community engaged & empowered research (through academiccommunity-public health partnerships) is vital to address health inequities in minoritized communities.
- Effectiveness and sustainment will involve appropriate training and financial support



Acknowledgements

Street Works

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MGH/MPEC

Katie Rich Ruitian Hu Caleb Eliazer Dessie Tien Leslie Pierce Emily Hyle Ingrid Bassett

Ken Freedberg Grace Keele Shantaal Lovera Jada McMeo Magda Agwa

George Washington University

Donaldson Conserve

University of Louisville

Jelani Kerr





of Health

Scan here for **Cutting Out Stigma** Video









Moving the Needle on Stigma

Patrons	Individual stigma	Community stigma	Total stigma
Patrons, Nashville (80)	1.46	2.03	1.67
Patrons, Memphis (8)	1.48	2.4	1.82
p-value	0.7	0.005*	0.03*
Patrons, High school or less (23)	1.54	1.86	1.66
Patrons, more than high school (63)	1.43	2.14	1.69
p-value	0.1	0.03*	0.6
Patrons, Age: 36 and under (45)	1.47	2.12	1.71
Patrons, Age: 36+ (43)	1.45	2	1.65
p-value	0.7	0.02*	0.1
Patrons, No religion affiliation (36)	1.43	1.99	1.63
Patrons, With religion affiliation (46)	1.49	2.1	1.71
p-value	0.1	0.08	0.02*

Barbers	Individual stigma	Community stigma	Total stigma
Barbers, Nashville (38)	1.57	2.51	1.92
Barbers, Memphis (29)	1.56	2.67	1.97
p-value	0.6	0.006*	0.09
Barbers, High school or less (22)	1.57	2.55	1.93
Barbers, more than high school (45)	1.56	2.6	1.94
p-value	0.4	0.5	0.8
Barbers, Age: 40 and under (34)	1.5	2.61	1.91
Barbers, Age: 40+ (33)	1.63	2.54	1.97
p-value	0.0003*	0.3	0.1