Identifying the complex care and treatment needs of HIV-positive African American men who have sex with men and women (AAMSMW) : Lessons from Bruthas Cohort

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Background

- African American men, particularly MSM, are disproportionately impacted by HIV
- There are few interventions for MSMW
- We collaboratively developed and are testing The Bruthas Project for AAMSMW
- We realized that men who were living with HIV needed more than 4 counseling sessions

Methods

- Out of N=400 recruited for RCT, N=52 reported living with HIV at baseline
- All completed baseline, 6 months, and 9 months follow up surveys
- We invited N=25 of our HIV+ participants to complete in-depth interviews about their experiences living with HIV

Methods

- Topics included: current living situation, disclosure practices, care and treatment, sexual risk behavior, and HIV-related stigma
- Interviews lasted between 45-100 minutes, and were professionally transcribed
- A team analyzed transcripts for pertinent themes and wrote analytic memos

Sample Characteristics (N=52)

- Mean age 46
- 80% Currently unemployed
- 40% Experienced homelessness past year
- 89% Monthly income less than $1000
- 85% Incarcerated in their lives
- Median time since diagnosis 10 yrs, 9 mos
- 51% Undetectable Viral Load (20% did not know VL)

Qualitative Findings

- Insufficient income to meet basic needs
- Lack of Affordable Housing
- Food security and nutrition were issues
- “Hustling” caused missed medical appointments
- Multiple chronic conditions can lead to overmedication and treatment disruptions

Lack of Sufficient Income

A: I'm on Social Security right now. 845 a month.

Q: 845. And how is it living on 845 a month?

A: Bad. Because my rent is 725 every month…I recycle…And I cut grass, do yard work you know that's the only way I can get through. (003)

Scarce affordable housing in the Bay Area

Every place I applied for housing that is 30 percent of your Social Security they all have waiting lists. And I think they should have more buildings you know. Because rent is high. And some people can't afford it you know. First and last deposit and **they used to have places a long time ago that would help you but now they don't.** (004)

Supplemental Food Sources were Vital

I do the AIDS food bank down there [in] downtown Oakland. They bring Meals on Wheels too. So you know that's a God send. You know what I'm saying? I will go to a food bank. I'll go to a soup kitchen. But the thing of it is, is I don't like going to places like that because, especially around here because I just feel like I'm taking from a little kid's mouth or something. (012)

Hustling instead of doctor appointments

Hustle, trying to get a buck or two you know. If somebody have to go to the doctor's appointment but you over here you want to make 20 dollars. Now if you don't make that 20 dollars you don't have nothing, you'll go to the doctor and **you'll be hungry when you meet a doctor**. And the doctor ain't gonna give you 20 dollars but you know you're gonna need it right now. **So you gotta do something to put some money in your pocket**. (015)

Chronic Conditions and Adherence

I cut everybody off for like two months, earlier this year. Yeah, doctors, and HIV meds. I got tired of taking them, man. And they just were, you know, I'd just go pick them up and pop them in and I said, man, I just stopped taking them…But you know I got into a depression state too. And you know every time I would open my cabinet I would see all these bottles….[I was taking] 12 pills every day…. I had to get to where I had to simplify the heart; the heart disease, the HIV, the diabetes. (018)

Implications

- **We must look beyond** viral load numbers to broadly assess treatment and care, and attend to basic needs, such as adequate income, affordable housing, and food.
- This is a population that is impacted by many other chronic illnesses also requiring medical management and medications. Complex and interacting medications can overwhelm participants, leading to treatment disruptions.

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