HIV PREVENTION STUDY FOR BLACK HETEROSEXUAL MEN AND WOMEN IN OTHER MAJOR US CITIES

As an African American registered nurse who works at a public health facility, I would like to thank the researchers for conducting this important quantitative research study to “identify the impact of a strengths-focused HIV prevention program among high-risk heterosexual Black men.”¹ I also would like to express my appreciation for the fact that the research study supports the United Nations Sustainable Development Goal 3, which promotes healthy lives and well-being for all ages—more specifically, Sustainable Development Goal 3.3.1, which promotes a reduction in the number of new HIV infections per 1000 uninfected population by sex, age, and key populations.² In 2017, Black people accounted for 13% of the US population but represented 43% of newly diagnosed HIV-positive patients.³ I would like to know if the researchers plan to continue their HIV awareness and intervention programs or perhaps expand their efforts to other locations.

As pointed out by Wilson et al.,⁴ scarce amounts of published literature have focused on interventions aimed at HIV awareness and prevention specifically for Black heterosexual men. More importantly, the research study targeted the population in a familiar and frequently visited social atmosphere—the barbershop. The Black barbershop has a special meaning to Black men. It is a psychological home for Black men where they can socialize and relax.⁴ The barbershop was the perfect location to conduct a research study of this magnitude considering the increase in HIV cases among this population.

Although the researchers identified one of the major limitations of the study as the generalizability being limited to the patrons of barbershops located in neighborhoods with large HIV disparities, the findings are substantial considering that this is the population experiencing a higher newly infected rate compared with other ethnicities.¹ Replicating the research study in other major US cities that are experiencing an increase in HIV infections among heterosexual Black men would be beneficial in identifying some of the social determinants that are contributing to the sexual behaviors of this population. Perhaps the researchers could perform a similar research study in Black women who frequent beauty salons that are equivalent to the barbershops, because in 2017 Black women accounted for 59% of newly diagnosed HIV infections in the United States.³

Missia Lee, MSN-Ed, RN

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CONFLICTS OF INTEREST

The author has no conflicts of interest to disclose.

REFERENCES


WILSON AND FRASER RESPOND

We would like to express gratitude to Lee for this thoughtful letter. Barbershops and salons have become increasingly recognized as important spaces in which to conduct primary and secondary prevention services with priority populations that might not otherwise have exposure to these interventions. Effective public health and small business partnerships require sustained community engagement, mutual respect and trust, and ongoing capacity-building efforts. These efforts enhance the ability of public health practitioners to respond to shared community and epidemiological priorities as they arise and also allow for integration of evaluation activities to ensure that programs are achieving their desired impact.

As Lee notes, a natural extension of the Barbershop Talk with Brothers project would involve adapting and implementing the program in salons. This suggestion is consistent with feedback that we have received from our community advisory group, from barbers who worked with us in implementing the project, and from individual customers who served as study participants.

In addition, barbers and barbershop owners have asked to be engaged in other health initiatives that they see as important to their families, friends, and customers, including efforts focusing on diabetes, hypertension, and depression. Of note, in a series of interviews conducted after the
intervention, barbers also discussed the importance of an emphasis on social determinants of health, including housing, food, and employment. Collaboration on these social determinants is an important area for innovation, and we look forward to extending work in these directions and to learning from other groups and coalitions as they work to ensure health equity both within and outside the walls of traditional clinical and public health organizations.

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