How J. Donté Prayer Fights HIV Stigma in North Carolina

"We must address racial and social justice issues with regard to medical access, care and treatment for people of color."

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When he isn't working on advocacy and outreach, J. Donté Prayer has a passion for fashion and entertainment. The North Carolina–based HIV advocate serves as a health access coordinator at the North Carolina AIDS Action Network in Charlotte.

"HIV continues to have disproportionate impact in the Black community," Prayer shared. "We must continue to encourage that HIV health screenings as a part of our routine care, for there is power in knowing. … We must address racial and social justice issues with regard to medical access, care and treatment for people of color."

Prayer is a part of AIDS United's first-ever class of the Fund for Resilience, Equity and Engagement and the Transgender Leadership Initiative Leadership Development Program. These leaders were chosen through AIDS United's grantee partner organizations as representatives of transgender and gender-nonconforming people and Black gay, bisexual, queer and same-gender-loving men — populations in our communities most disproportionately impacted by HIV.

We caught up with Prayer to learn more about his story and how he works to mobilize his community to stop HIV together.

How did you get into this work?

Even as a young child, I knew I wanted to be a catalyst for change or to inspire people. Those are the reasons why I decided to embark upon a career in public health, focusing on sexual health and awareness. I get joy from empowering and helping others, being the voice for my community and doing community engagement and mobilization. This work allows those capacities.

What are some of the barriers preventing Black gay, bisexual and queer same-gender loving (GBQ/SGL) men from accessing care?

There are many barriers that prevent Black GBQ/SGL men from accessing care, and the impact of the barriers may look slightly different among individuals depending on a host of circumstances, including proximity to resources and ZIP code.

If I were to touch on just three that cut across the socioecological model, they would be:

1. Perception of risk and access.
2. Social-cultural norms about health care, health-seeking behaviors and the strain of perceived gender roles.
3. Stigma, social isolation and discrimination.

How do we start to reduce those barriers?

Providing education, culturally competent health care providers, equitable access to services and fully addressing all social determinants of health will help reduce the barriers faced by Black GBQ/SGL men.

HIV continues to have disproportionate impact in the Black community. We must continue to encourage that HIV health screenings are a part of our routine care, for there is power in knowing. Let’s encourage prevention and safer sex practices, provide education, awareness and advocacy—and eliminate stigma!

We must address racial and social justice issues with regard to medical access, care and treatment for people of color. We must holistically support individuals who are living with the disparity because together we can eradicate HIV!

What are some of the challenges preventing Black GBQ/SGL men from being in executive leadership roles? What are some of the solutions to addressing those challenges?

To start, the pipeline to leadership is limited and virtually non-existent in some settings. A lack of access to appropriate mentorship exacerbates this limitation. In predominantly white organizations especially, there are near non-existent opportunities for Black GBQ/SGL men to ascend to executive leadership.

Overall, there is limited support for front-line workers to gain additional skills and leadership opportunities in people of color organizations. Fostering viable mentoring programs will assist in combating these challenges.

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