Exploring Health and Wellbeing in the US House Ball Community: A Systematic Review

Maria I. Olivas, DrPH(c), MPH¹, Sean C. Bear, DrPH(c), MPH¹, Abraham Johnson, MPH², Stacy Smallwood, Ph.D., MPH¹

¹ Department of Health Policy and Community Health, Georgia Southern University, Statesboro GA, USA, ² FHI 360, Durham, NC, USA

Abstract

Introduction: The House Ball Community (HBC) has a longstanding, unique history and place among the LGBTQ community. HBCs provide spaces where gender and sexual minorities find support, acceptance, and freedom for self-expression. Although the HBC has been the focus of extensive HIV-related research and intervention, a more holistic view of HBC member health is important. The purpose of this systematic review is to identify health- and wellbeing-related research studies among HBC members to inform future practice. Methods: A systematic review of literature published between 2006 and 2016 was conducted utilizing keywords applied to the CINAHL, PubMed, PsycINFO, and ProQuest databases. Inclusion and exclusion criteria were applied, and articles were scored by multiple
reviewers utilizing a developed scoring guide. **Results:** The review yielded 19 peer-reviewed full-text articles that met search criteria. A majority of studies were qualitative in nature and nearly half of the studies were based in Los Angeles. Studies of house structures and of HIV prevention were most common, followed by supportive social networks and structures, HIV interventions and new prevention approaches, and partnerships and collaborations. Three studies specifically identified stigma, resilience, and access to health care as factors contributing to the health status of HIV-positive individuals. **Conclusions:** The majority of HBC health research has focused on HIV prevention in urban areas. Future research should examine other health issues (e.g., mental health and substance use) to develop a more robust understanding of HBC health and foster opportunities for developing a variety of health interventions for the HBC.

**Keywords:** house ball community, health, wellbeing

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**Introduction**

The House and Ball Community (HBC) is a small, lively, and organized subpopulation consisting primarily of young men who have sex with other men (MSM) and transgender people of color (Kubicek, Beyer, McNeeley, & Weiss, 2013). The HBC grew out of the underground nightlife in Harlem, New York.
York City, during the 1920s (Phillips et al., 2011). In that era, Harlem represented a place where the Black gay male community felt liberated, in control, and free to express themselves as drag performers (Phillips et al., 2011). Hence, for this particular community, social stigma, marginalization, and discrimination associated with being gay continued to drive them to form their own enclaves. The current HBCs provide support, acceptance, freedom, culture, and a sense of belonging (Rowan & Stamler, 2013). HBCs are primarily located in metropolitan areas such as New York City, Los Angeles, Chicago, Philadelphia, and Miami (Dickson-Gomez et al., 2014; Holloway et al., 2014; Lemos, Hosek, & Bell, 2015; Murrill et al., 2008); however, the community has expanded into many other areas across the United States.

A House is defined as “a collective of people who share a communal lifestyle,” whereas a ball is “a social event in which houses and individuals engage in dance and performance competitions” (Murrill et al., 2008, p. 1074). Individuals experiencing similar social and family pressures (e.g., stigmatization, homophobia, discrimination, rejection) form Houses and create “alternative families” to support each other (Dickson-Gomez et al., 2014; Hosek et al., 2015; Kubicek et al., 2013). Furthermore, within the new

families, members also assume different roles such as mothers and fathers, with both providing emotional support and counseling to the members of the House, who are also referred to as House children (Dickson-Gomez et al., 2014). Other titled familial roles within the community include “aunts” and “uncles.” Roles or titles are not gender-specific, so individuals of any gender can fill any role. These newly formed families provide a sense of support and acceptance, serving as hubs of education related to HIV prevention, sex, and relationships (Dickson-Gomez, et al., 2014). Moreover, Balls provide avenues for self-expression and liberation where House members display their individuality and creativity by participating in multiple competitions (Kubicek, Beyer, McNeeley, & Weiss, 2013; Kubicek, McNeeley, Holloway, Weiss, & Kipke, 2013). Different Houses compete in “walks,” or elaborate fashion runways with a specific dance style known as voguing, a style that defines the HBC. Through competing in Balls, participants gain prestige for their respective Houses, win cash prizes, and gain personal status within the community (Kubicek et al., 2013).

The HBC has been found to be at higher risk of HIV infection as compared to the larger gender and sexual minority (GSM) community. This community often engages in specific behaviors resulting in an increased risk
for HIV infection, such as alcohol and drug abuse, unprotected sex, and exchange sex (Dickson-Gomez et al., 2014; Kipke, Kubicek, Supan, Weiss, & Schrager, 2013; Murrill et al., 2008; Phillips, Peterson, Binson, Hidalgo, & Magnus, 2011; Sanchez, Finlayson, Murrill, Guilin, & Dean, 2010; Schrager, Latkin, Weiss, Kubicek, & Kipke, 2014). Lemos et al. (2015) found that some members of the HBC engaged in sexual risk behaviors as a way of gaining acceptance and obtaining social status embedded in the social norms of the HBC. A large study of the HBC in New York City found that HIV testing within the community was approximately 60% for the previous 12 months, and among those 17% tested positive with 75% unaware of their positive status (Murrill et al., 2008). In addition, 40% of participants engaged in unprotected sexual intercourse with a male, 9% reported exchange sex, and drug use (e.g., marijuana, cocaine, methamphetamines, and Ecstasy) was reportedly used with increased frequency when associated with intercourse (Murrill et al., 2008). Stress and feelings of depression were also identified among members of this community (Murrill, 2008). Historically, the GSM community has faced stigma and homophobia and endured the rejection of society-at-large, all factors that add to stress levels and overall well-being. Wong et al.

(2014) reported that support and social networks decrease the effects of stress experienced among this population. Although an extensive body of literature has focused on HIV-related issues among HBC members, little is known about the overall health and well-being of this community. Hence, the purpose of this systematic review is to examine health research that has been conducted within the HBC in the United States in order to inform the development and implementation of future interventions and research studies related to the overall health and well-being of the HBC.

Methods

Keywords and Databases

Key terms were developed in relation to the scope of the study topic and population. Articles were identified from EBSCO’s Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed of the US National Institutes of Health Library of Medicine, PsycINFO of the American Psychological Association, and ProQuest using the following keywords: “House and Ball community” & health; “House and Ball community” & well-being; “house community” & health; “house community” & well-being; “ball community” & health; “ball community” & well-being; “house and ball” &
health; “house and ball” & well-being; transgender & “House and Ball”; “transgender & House and Ball” & well-being; MSM & “House and Ball”; “MSM & House and Ball” & well-being; “physical health” & “House and Ball”; and “mental health” & “House and Ball”. The bibliographies of selected articles were reviewed for additional relevant articles.

**Screening Process**

All authors independently reviewed the search results and agreed upon the final selection of articles for inclusion within the analysis (Figure 1). Throughout the process, articles were screened to ensure congruence with the study topic and population. Many articles included the search term criteria but were not representative of the HBC. An initial filter considered article titles and abstracts, while a subsequent second filter employed a full-text review. Further analysis and utilization of a scoring guide (Figure 1) reduced source materials into our final work selections, which were included in the final analysis.

**Inclusion Criteria**

Articles were included in the review if they were published between 2006 and 2016 and listed within the selected databases, peer-reviewed, with full-text literature published in the United States. Additionally, the published
studies must have focused on House and Ball Communities operating within the United States. Only articles written in English were included in the final analysis.

**Exclusion Criteria**

Articles unrelated to the study topic or population were excluded from analysis. This study focuses on the health status and well-being of HBC members residing within the United States; as such, those articles that discussed HBCs without a focus on health or well-being were excluded. Several articles returned from our initial search mentioned HBCs only in passing without description or in support of other investigations; these too were excluded.

**Analysis**

Final articles selected were reviewed independently by multiple readers and information related to the study question, design, methodology, and results was extracted. Additionally, each article was scored for quality and alignment with study objectives along the following criteria: clarity of aims of the research; study population; application of inclusion/exclusion criteria; appropriateness and strength of design; recruitment of participants; rigor of data collection and analysis; outcome measures and findings; and
consideration of limitations. Resultant themes were identified through review of research discussions and recommendations.

Results

Overview

Table 1 summarizes the study design, purpose, data collection method, inclusion and exclusion criteria, sample size, and main findings of the nineteen peer-reviewed studies identified for evaluation regarding health and well-being of HBCs. The table lists the articles in alphabetical order by
first author. The studies focused on Ball attendees, House members, community leaders, and other partners who provided services to the HBC in seven different areas in the United States. The majority of the studies were conducted in Los Angeles (9 studies) and New York (4 studies), with additional areas represented such as Chicago, San Francisco, Philadelphia, North Carolina, Milwaukee, Cleveland, and Miami. Sample sizes ranged from 15 to 504 participants, mostly adults over the age of 18. Only four studies included participants at least 15 years of age and older. All of the studies employed a cross-sectional approach. While the majority collected only quantitative data (11 studies), six included either both qualitative and quantitative, and one only collected quantitative; also, one study was a literature review (Rowan, DeSousa, Randall, White & Holley, 2014).

**Study-specific Findings**

The majority of the work completed with the HBC has emphasized the structure of the Houses and their role in HIV prevention (Dickson-Gomez et al., 2014; Kipke, Kubicek, Supan, Weiss, & Schrager, 2013; Murrill, 2008; Phillips, Peterson, Binson, Hidalgo, & Magnus, 2011; Sanchez, Finlayson, Murrill, Guilin, & Dean, 2010; Schrager, Latkin, Weiss, Kubicek, & Kipke, 2014); supportive networks and social structures (Arnold, Sterrett-Hong,
Jonas, & Pollack, 2016; Holloway, I. Schrager, Wong, Dunlap, & Kipke, 2014; Holloway, Schrager, Wong, Dunlap, & Kipke, 2014; Wong, Schrager, Holloway, Meyer, & Kipke, 2014); interventions and new prevention approaches (Holloway et al., 2012; Hosek, 2015; Kipke, Kubicek, Supan, Weiss, & Schrager, 2013; Lemos, Hosek, & Bell, 2015); and, partnerships and collaborations (Alio et al., 2014; Castillo, Palmer, Rudy, & Fernandez, 2012). The remaining studies addressed specific health topics related to HIV, such as stigma, (Galindo, 2013), resilience (Kubicek et al., 2013), and access to health care (Rowan, DeSousa, Randall, White, & Holley, 2014).
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Table 1. Summary of House and Ball Community-related Publications, 2006-2016

<table>
<thead>
<tr>
<th>Author (year)</th>
<th>Study Design</th>
<th>Purpose</th>
<th>Data collection method</th>
<th>Inclusion/ Exclusion</th>
<th>Sample Size</th>
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<tbody>
<tr>
<td>Alio et al. (2014).</td>
<td>Cross-sectional (Quantitative and qualitative)</td>
<td>To develop a partnership with the HBC and other community organizations, develop and implement tailored HIV prevention interventions, assess use of HIV prevention methods and knowledge of HIV vaccine research among the HBC</td>
<td>Meetings notes, pre-and-post survey, and informal evaluation</td>
<td>Inclusion: Community agencies, working with the community with the HBC and leaders of the HBC</td>
<td>N=15 (HBC leaders)</td>
</tr>
<tr>
<td>Arnold et al. (2016)</td>
<td>Cross-sectional (Quantitative and qualitative)</td>
<td>To examine the social support networks in the San Francisco Bay Area HBC, exploring the relationships of network structures and social support, including provision of HIV-specific forms of social support for regular HIV testing and condom use, to prevalence of sexual risk and testing behaviors</td>
<td>Convenience sampling survey</td>
<td>Inclusion: Being African American identified; gay or bisexual sexual identity, or transgender female identity; age 18–29; having attended a ball in the past two years; being a member of a house or a gay family; and having had sex with a man in the past three months</td>
<td>N=274 (attendees of balls)</td>
</tr>
<tr>
<td>Castillo et al. (2012)</td>
<td>Cross-sectional (Qualitative)</td>
<td>To discuss the formation of a community coalition to address the HIV related needs of YMSM members of the House and Ball Community with the goal of decreasing HIV transmission among adolescents, age 13 to 24 through structural level changes in the environment where they interact</td>
<td>Documentation of coalition process, meeting and discussion notes</td>
<td>Inclusion: Agencies and key informants who worked or were part of the targeted community</td>
<td>N/A</td>
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</table>
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<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Study Design</th>
<th>Methods</th>
<th>Inclusion</th>
<th>Sample Size</th>
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<tbody>
<tr>
<td>Dickson-Gomez et al. (2014)</td>
<td>Observation (Qualitative)</td>
<td>To evaluate the structure of different constructed families of AAMSM living in Milwaukee, Cleveland, and Miami who either belong to the HBC or not</td>
<td>In-depth 90-minute interviews Inclusion: Key informants who worked or provided services to this population (AIDS serves organizations, health department, community-based orgs, managers of clubs and social venues, parents of the House, and other leaders of the community); sample was recruited from local venues identified by key informants</td>
<td>N= 96 key informants and N= 100 AAMSM</td>
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<tr>
<td>Galindo (2013)</td>
<td>Cross-sectional (Qualitative)</td>
<td>To reported on the effect of HIV-related stigma in the lives of the HBC in New York City</td>
<td>Referral recruitment, snowball sampling, and in-depth interviews Inclusion: Self-identified members of the NYC HBC, 18 years of age and older</td>
<td>N=20</td>
</tr>
<tr>
<td>Holloway et al. (2014)</td>
<td>Cross-Sectional (Quantitative and qualitative)</td>
<td>To evaluated sexual health communication patterns among AAYMSM and others in the Los Angeles House and Ball Communities by evaluating the composition and function of their social support and sexual networks and their correlation on sexual health advice seeking and alcohol and illicit drug use</td>
<td>Self-administered 30-45-minute survey Inclusion: Individuals attending balls in Los Angeles during the time of the study and who had not participated in the study before. Exclusion: duplicate surveys of individuals with previous participation</td>
<td>N=26</td>
</tr>
<tr>
<td>Holloway et al. (2012)</td>
<td>Mixed-methods approach (Quantitative and qualitative)</td>
<td>To evaluate the participation in HIV prevention activities of a sample from the Los Angeles House and Ball community in order to describe the types of HIV prevention activities utilized by HBC and attendance, gain community leaders’ perceptions of prevention approach, and offer recommendation for future prevention with the HBC</td>
<td>Survey of HBC participants; Semi-structured one-on-one interviews with HBC leaders Inclusion: Anyone attending Balls in Los Angeles during the period of the study with no previous participation in the survey.</td>
<td>N=263 (unduplicated surveys); N= 26 (semi-structured interviews)</td>
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<tr>
<th>Study</th>
<th>Study Design</th>
<th>Purpose</th>
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<th>Inclusion/Exclusion</th>
<th>Sample Size</th>
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<tr>
<td>Hosek et al. (2015)</td>
<td>Exploratory quasi-experimental with no control group (Qualitative)</td>
<td>To evaluate the feasibility, acceptability, and efficacy of a tailored evidence-based Popular Opinion Leader (OL) intervention in the Los Angeles House and Ball communities</td>
<td>Surveys at five different points of the intervention</td>
<td>Inclusion: Black youth ages 15-24 attending the School of Pulence at the time of the assessment. Exclusion: Duplicate surveys</td>
<td>N=50 (OLs); N=428 (survey respondents)</td>
</tr>
<tr>
<td>Hwang &amp; Nuttbrock (2007)</td>
<td>Cross-sectional (Qualitative)</td>
<td>To examine the behavioral and social structural factors that contribute to risk of HIV infections among three different male-to-females transgender ethnocultural communities, low-income African American/Black and Latina(o) House and Ball community, low-income immigrant Asian sex workers, and middle-class White cross-dressers</td>
<td>Observations; formal, semi-structured in-depth interviews; informal interviews</td>
<td>N/A</td>
<td>N=15 (formal interviews), N=35 (informal interviews)</td>
</tr>
<tr>
<td>Kipke et al. (2013)</td>
<td>Cross-sectional (Quantitative and qualitative)</td>
<td>To identify the assets and risks in the Los Angeles House and Ball Communities to inform future interventions targeting AAYMSM</td>
<td>Participant observations, qualitative interviews, and an Audio computer-assisted self-interviews (ACASI)</td>
<td>Inclusion: Individuals who interact with the Los Angeles house-ball community and attended a H-B event</td>
<td>N=26 (interviews); N=252 (surveys)</td>
</tr>
<tr>
<td>Kubicek et al. (2013)</td>
<td>Cross-sectional (Qualitative)</td>
<td>To better understand how HBCs may protect or increase participant risks for HIV infection.</td>
<td>Participant observations at Balls, meetings, and other events; semi-structured, qualitative interviews</td>
<td>Inclusion: All scheduled Ball events, as well as monthly Alliance meetings (held with the Los Angeles House parents and leaders)</td>
<td>Interviews: N=26; Observations: 135 hours at 37 events</td>
</tr>
<tr>
<td>Kubicek et al. (2013)</td>
<td>Cross-sectional (Quantitative and qualitative)</td>
<td>To identify aspects of resiliency within the House and Ball communities in order to identify supportive mechanisms that can be leveraged for intervention development</td>
<td>Surveys, focus groups, and semi-structured qualitative interviews</td>
<td>Inclusion: Persons involved in the Los Angeles House and Ball communities; young men who attend the Balls but choose not to be a House member</td>
<td>Surveys: N=263; Focus-groups: N=45; Ball spectator focus group: N=24</td>
</tr>
<tr>
<td>Study</td>
<td>Design Type</td>
<td>Research Question</td>
<td>Methodology</td>
<td>Inclusion</td>
<td>Sample Size</td>
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<tr>
<td>Lemos et al. (2015)</td>
<td>Cross-sectional (Qualitative)</td>
<td>To explore perceptions of HIV risk behaviors and how HIV prevention services can be tailored to be culturally appropriate and effective for the HBC</td>
<td>Focus group discussions</td>
<td>Inclusion: Chicago HBC leaders; Chicago HBC youth members aged 17-24, self-identified as Black</td>
<td>N=37 (16 community leaders and 21 youth)</td>
</tr>
<tr>
<td>Murrill et al. (2008)</td>
<td>Cross-sectional (Qualitative)</td>
<td>To identify patterns of HIV prevalence and risk behaviors within the NYC HBC</td>
<td>Risk-behavior survey</td>
<td>Inclusion: HBC members at NYC House and Ball events; at least 15 years old; resided in NYC or its contiguous counties in Long Island, New York State, and New Jersey; reported having a male sexual partner in the previous 12 months</td>
<td>N=504</td>
</tr>
<tr>
<td>Phillips II et al. (2011)</td>
<td>Literature review (Qualitative)</td>
<td>To describe the house/ball culture as it relates to adolescent AAMSM and transgender people, in order to identify potential testing, prevention, and care collaboration opportunities</td>
<td>A comprehensive peer-reviewed literature and web-based search</td>
<td>Inclusion: Search terms on Scopus and PubMed included (&quot;house&quot; and &quot;ball&quot;) and [&quot;transgender&quot; or &quot;MSM&quot; or &quot;gay&quot; or &quot;homosexual&quot;] and “HIV&quot;]. Additional articles were identified through a review of reference lists of pertinent publications. Publicly accessible websites and those identified by grantees and others in the field were also examined</td>
<td>Unknown</td>
</tr>
<tr>
<td>Rowan et al. (2014)</td>
<td>Cross-sectional (Qualitative)</td>
<td>To assess house/ball members’ perceptions of their experiences with HCPs and their assessment of barriers to care due to their affiliation with the house/ball subculture</td>
<td>Semi-structured qualitative interviews</td>
<td>Inclusion: YBMSM (ages 18 to 30) and transgender women in HBCs in the Charlotte, North Carolina region</td>
<td>N=16 (12 from HBC and 4 from HIV service providers)</td>
</tr>
<tr>
<td>Sanchez et al. (2010)</td>
<td>Cross-sectional (Qualitative)</td>
<td>To estimate the prevalence of HIV infection and related risk behaviors among the NYC House and Ball community, and to identify demographic, behavioral, and psychosocial correlates to both HIV infection and related risk behaviors.</td>
<td>The House and Ball Survey</td>
<td>Inclusion: Individuals who crossed an imaginary boundary; 15 years of age or older, residing within NYC or its contiguous counties in either New York or New Jersey. Only respondents who had sex with a man in the preceding 12 months were included in the analysis</td>
<td>N=361 (301 MSM, 60 transgender women)</td>
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<thead>
<tr>
<th>Study</th>
<th>Study Design</th>
<th>Hypothesis</th>
<th>Data Collection</th>
<th>Inclusion Criteria</th>
<th>Sample Size</th>
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<tbody>
<tr>
<td>Schrager et al. (2014)</td>
<td>Cross-sectional (Qualitative)</td>
<td>Hypothesis: House members are more likely to use condoms to protect their in-group. Having sexual partners that are House members will also protect against sexual risk but only when those sexual partners were reported to be highly influential within the HBC</td>
<td>Audio, computer-assisted self-interview (ACASI) survey</td>
<td>Inclusion: Los Angeles House and Ball community members who attended an event during the study period and had not previously participated in the research survey</td>
<td>N=233</td>
</tr>
<tr>
<td>Wong et al. (2014)</td>
<td>Cross-sectional (Qualitative)</td>
<td>Hypothesis: The support and connection from HBC social networks have a positive impact on members' psychological well-being and buffer the negative effects of minority stress</td>
<td>Audio, computer-assisted self-interview (ACASI) survey</td>
<td>Inclusion: Los Angeles House and Ball community members who attended an event during the study time period and had not previously participated in the research survey</td>
<td>N=233</td>
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Although the main outcome of this systematic review is to explore the health of HBC and to identify health issues prevalent to this community, the majority of researchers only focused on stigma, depression, and other HIV-related issues in the HBC. One study, however, further highlighted the impact of health care providers in the lives of the HBC member.

According to Alio et al. (2014), Project VOGUE demonstrated successful partnerships between HBCs and community organizations that resulted in increased overall understanding of HIV and vaccine awareness. They also documented an improved willingness to participate in HIV vaccine trials from HBC members associated with the partnership. The partnership showed that community-based participatory research yields strengthened interventions and the community would benefit from improved training for more focused accuracy of information shared. The study also pointed out that HBC leaders highlighted the lack of access to other health-related services for their HBC members; as such, support of the community should extend beyond HIV prevention (Alio et al., 2014).

Arnold et al. (2016) found that having a social network, supportive of HIV testing, was positively correlated with having recently tested for HIV and with reduction of unprotected anal intercourse (UAI). Additional findings
revealed a relationship between delayed HIV testing and participant age, increased frequency of UAI among HIV-positive individuals compared to negative individuals, and the suggestion that higher social support was not associated with House membership (Arnold et al., 2016).

The unpredictability of Balls and the hours during which balls make it difficult to connect HIV-positive individuals with health care providers, according to Castillo et al. (2012). Their article focused on risk factors that impact HBC youth. In addition to poor health care access, other factors included unknown HIV status/low rate of HIV testing, coercion, crime, needle sharing, and multiple partners.

Further, the study found that there is a high prevalent of sex exchange, as this population attempts to pay for participation in Balls or secure food and shelter. Dickson-Gomez et al. (2014) evaluated the structure of different constructed families of AAMSM living in Milwaukee, Cleveland, and Miami who either belong to the HBC or not. They found increased homophobia within the African American community, homeless, poor educational attainment, and the development of mental health issues. Despite this, few HBC members reported constructed family relations or the “prototypical” coming out story in which a YAAMSM is thrown from his home and disowned.
by his family. Regardless of the participants' association with real or constructed families, the HBC strong familial bonds, social and emotional support, and protection for the younger members. HIV transmission among family members was seen as betrayal. The authors recommend utilizing an asset-based approach when examining HBCs and limiting use of Balls as intervention sites.

Galindo (2013) reported on the effect of HIV-related stigma within HBCs in New York City. He found that members internalized feelings of shame associated with HIV-status and HIV-related physical appearance. Members also reported increased stigmatization within the House for HIV status compared to the stigmatization they experience for gender identity, race, or homosexuality. HIV-positivity was identified as a threat to attaining and maintaining Ball status resulting in members hiding their HIV-status in order to climb the status hierarchy. Higher positions within the HBC, such as reaching Legendary status, served as a protective factor against stigmatization.

There are substantial differences between social and sexual networks of HBC members, according to Holloway et al. (2014); sexual networks extend beyond HBCs which may help explain HIV transmission patterns.
Social support networks were more likely to be approached for sexual health advice than were sexual networks. Individual alcohol consumption reflected the consumption levels of the greater social network.

Further, Holloway et al. (2012) identified types of STI/HIV prevention activities and evaluated their participation rates. Activities included testing and treatment, community-member prevention recommendations, and organizational prevention-based education. Despite high STI and HIV testing rates, few Los Angeles HBC members reported participation in HIV prevention programs. Testing at Ball events was cited as intrusive and public; discretion should be maintained when dealing with this sensitive health topic. Holloway et al. (2012) also found that, despite being well connected with HBC members, HBC leaders are not always comfortable with serving as preventionists within their communities, yet outside entities are frequently met with skepticism and lack of trust when working with the HBC.

Hosek et al. (2015) tailored an evidence-based popular opinion leader intervention to the Los Angeles House and Ball communities to evaluate the feasibility, acceptability, and efficacy of the intervention among this population. They found the participants reported increased learning from the trainings and an increased self-efficacy level suggesting that interventions
from within the community are most ideal given member experiences with homophobia and stigmatization from outside of the community.

To examine the behavioral and social structural factors that contribute to risk of HIV infections, Hwahng and Nuttbrock (2007) studied three different male-to-female (MTF) transgender ethnocultural communities: low-income African American/Black and Latina(o) HBCs, low-income immigrant Asian sex workers, and middle-class White cross-dressers. HBC MTF members were at highest HIV risk compared with Asians and Whites and reported a higher perceived need to engage in sex work due problems related with drug addiction, poverty, or lack of education. Further, the study found that MTF individuals in NYC are more connected to their ethnocultural community than to a gender- or sexual-minority community. By prioritizing economic survival, these individuals relied on their communities to maximize necessary resources such as food, clothing, and shelter.

Kipke et al. (2013) sought to conduct a risks and assets assessment of Los Angeles HBCs. They found that alcohol and marijuana are the most common substances used among HBC members. Additionally, there is a substantial demand for culturally and developmentally relevant HIV prevention interventions. Combating this issue, HBCs provide a system of
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Social support for AAYMSM, a notably absent support system that can be lacking among non-HBC YMSM. The authors encourage leveraging the support systems available in the HBCs to develop and/or advocate for new programs tailored to these communities.

Acceptance, lack of judgment, safety, and shamelessness was cited as primary reasons for joining HBCs (Kubicek et al., 2013). HBCs primarily support African American and Latino individuals of diverse sexual and gender identities (Kubicek et al., 2013). Respondents reported instances of discrimination based on gender or sexuality and described the HBC as a refuge providing freedom, acceptance, and validation (Kubicek et al., 2013). Respondents also discussed the negative impact of drug use on the community, and results suggested that improving status within the HBC can increase risk for HIV as members engage in "escort" or sex exchange (Kubicek et al., 2013).

Rejection, racism, and homophobia were common experiences among AAYMSM members and individuals with higher involved in the House/Ball (Kubicek et al., 2013). Therefore, not surprisingly, Kubicek and colleagues (2013) also found that gaining social support, validation, and walking in Balls were statistically significant reason for these individuals to be part of the
House Ball community. The authors suggest that joining the HBC can be perceived as a way to be resilience to the negative factors surrounding the members (Kubicek et al., 2013).

Youth reported discontinuing condom use with regular sexual partner; however, house leaders noted that regular partners change frequently with youth experiencing multiple sexual partner (Lemos et al., 2015). In addition, the study found that exchange sex increased HIV risk and that youth were paid more for condomless sex (Lemos et al., 2015). Youth reported that new medications reduced the health threat of HIV; they report that HIV could affect your social status within the HBC, and that “prevention fatigue” as a contributing factor against regular condom use (Lemos et al., 2015).

A risk behavior survey conducted within HBC members demonstrated that nearly half of respondents had a household income of less than $10,000 per year. 40% of respondents reported engaging in unprotected sexual intercourse with a male; 9% reported engaging in exchange sex (Murrill et al., 2008). Moreover, although 85% had past history of HIV screening, drug use (marijuana, cocaine, methamphetamines, and Ecstasy) was reported with frequent use during intercourse (Murrill et al., 2008). Latino participants and participants of other race/ethnicity were less likely than Black
participants to be HIV infected; participants older than 29 years were almost 6 times more likely to be HIV infected than participants 19 years or younger; and those who had not had an HIV test during the previous 12 months were 4 times more likely to be HIV positive than were those who had been tested (Murrill et al., 2008).

Phillips II et al. (2011) conducted a review of the literature that described the house/ball culture, as it relates to adolescent AAMSM and transgender people, in order to identify potential testing, prevention, and care collaboration opportunities. The authors found that HBCs provide a social support structure for YMSM of color and transgender people. These individuals are frequently of low income, many engage in commercial sex, often in most dangerous forms of sex, increasing their risk for HIV and other STIs. In addition, many HIV prevention efforts are housed within Houses, and they incorporate their prevention efforts into balls and encourage Legends-status members within other houses to support their message (Phillips II et al., 2011).

HBC members perceived that prevention balls can be effective, however most attendees believe that the message can be lost in ball-related festivities (Rowan et al., 2014). Results suggested that personal, cautionary
stories related to HIV were perceived as more effective than slogans and other prevention campaigns, and that HBC participation was needed for the disseminating of prevention-related information (Rowan et al., 2014). In addition, healthcare professionals’ unfamiliarity with HBCs, financial constraints, and lack of transportation were identified as key barriers to healthcare among this community (Rowan et al., 2014).

Sanchez et al. (2010) estimated the prevalence of HIV infection and related risk behaviors among the HBC and found that transgender women were more likely than MSM to report engaging in exchange sex. Also, respondents reported high rates of unprotected anal sex with a man and drug use before or during intercourse, and more than one-third exhibited signs of clinical depression during the seven days prior to the interview (Sanchez et al., 2010).

Schrager et al. (2014) found that House-ball membership served as a protective factor against high-risk sex. A history of sexually transmitted infection and a greater number of sexual partners (particularly inside the social network) were significant risk factors associated with high-risk sexual activity. Choosing House members as sexual partners is not protective (Schrager et al., 2014).
Self-administered surveys revealed that levels of distal minority stress, among House and Ball community members who attended an event, were affected by general stressors such as financial difficulties, violence, and threats to personal safety (Wong et al. (2014). In addition, distal minority stress increased levels of internalized homophobia were predictors of depressive symptoms. Gay or other same-sex sexual identification was associated with greater distress. However, support from and connection to social networks decreases the effects of minority stress among this population (Wong et al., 2014).

Discussion

The content of the studies included in this review can be summarized using four domains: health issues, protective factors, stigma, and implications for future research and practice.

Health Issues

The content of the studies in this review indicate that the vast majority of health research involving HBC members has focused on HIV/AIDS and sexual health. Sexual health risk factors addressed in these studies included number of sexual partners, sexual commerce/sex exchange, needle sharing, and condom use. This is not surprising, given that MSM and transgender women of color are both populations at disproportionate risk for HIV infection.
However, other health issues emerged. For example, substance use and abuse were addressed in roughly one-third of the studies. The substances of interest were primarily alcohol and marijuana; however, substance use was mostly investigated as a correlate for HIV risk as opposed to being a standalone issue. An additional health-related issue was providers’ knowledge of the HBC. It is important that providers who work with GSM be culturally competent and aware of the unique structures, norms, and vulnerabilities of HBC members.

In addition to the physical health issues addressed in these studies, there were also mental health issues that were investigated. Three studies included mental health outcomes as part of their research, mostly focused on depressive symptomology and psychological distress. However, only one study examined the role of minority stress as an influence on mental health outcomes (Wong et al., 2014).

**Protective Factors**

Although there are significant health issues discussed in these studies, there are also strengths and assets that have been highlighted in the literature. Based on study results, being a part of the HBC has provided a “family of choice” for many GSM members who have been rejected from their
biological families (Dickson-Gomez et al., 2014; Kubicek et al., 2013). Within the HBC are social networks that provide vital social support to its members. For example, each house is led by a house mother and house father. These parents are respected to the highest regard and offer guidance to the younger members of the house (Holloway et al., 2012). Additionally, many HBC members who are ostracized by their biological families are able to find shelter (Hwahng & Nuttbrock, 2007); belonging (Kubicek et al., 2013); and guidance in their respective houses (Kipke et al., 2013). Another significant theme that emerged was the notion of trust afforded to house leaders and hierarchy (Galindo, 2013). HBC members acknowledged the value of the mentorship they received from house leaders as an asset to their well-being (Kipke et al., 2013).

**Stigma**

Based on the study results, stigma and discrimination emerged as significant contributors to health issues among HBC members. Specifically, studies pointed to the ways in which racism and homophobia intersect to produce unique vulnerabilities for HBC members. Five of the included studies explicitly addressed racial and sexual stigma as contributors to
negative health outcomes among HBC members (Galindo, 2013; Hosek et al., 2015; Kubicek et al., 2013; Lemos et al., 2015; Sanchez et al., 2010).

Limitations

This review is not without limitations. Publication bias may be a challenge in this study, as the search only identified studies that had been published in peer-reviewed scientific journals; as such, there may be additional knowledge about the HBC community that was not incorporated into this review. Despite this limitation, we believe that this review provides an accurate portrait of the extant research related to HBC members, and provides some concrete recommendations for future health research and practice with this important, yet often-invisible, population.

Implications for Future Research and Practice

The findings from this systematic review have significant implications for future research and intervention work among HBC members. First, the preponderance of studies in the literature focused on factors related to HIV-related behaviors and outcomes. Although it is appropriate to examine these factors and outcomes, HBC members are more than simply sexual beings; their racial, sexual, and gender identity intersections render them vulnerable to multiple negative health outcomes. For example, few studies have
examined tobacco use, alcohol use, and chronic disease among this population. Future studies should investigate a more robust physical and mental health landscape in order to understand the unique factors that may influence HBC members’ experiences of these health issues. Collaborative research efforts should focus on addressing the social factors that affect the overall health and wellbeing of the HBC population.

Young et al. (2017) found that regardless of HBC membership, young Black men who have sex with men (YBMSM) experience socio-structural factors that increase their HIV risk such as criminal justice involvement, housing instability, unemployment, and financial hardship. However, current HIV prevention efforts neglect to address some of the socio-structural barriers that affect this community (Hotton, Quinn, Schneider, & Voisin, 2018). Furthermore, these factors are critical barriers that impact the overall health of MSM (Schneider, Lancki, & Schumm, 2017); therefore, research on these areas warrant the attention of public health researchers.

In addition to examining health issues that are salient to HBC members, it is also important to critically consider the avenues through which public health interventions can be delivered. A community-based participatory research (CBPR) approach should be considered when
conducting research and employing interventions with members of the HBC. CBPR is a collaborative approach that engages multiple areas of the community, public and private sectors, with shared interested in the health issues at stake. In addition, CBPR provides an equitable process where all the parties involved, including research participants, are engaged in the decision making and execution of each phase of the project (Israel, Schulz, Parker, Becker, 1998). Most of the research with members of the HBC that has utilized a CBPR approach has focused on identifying HIV risk factors (Murrill et al., 2008); behaviors (Sanchez et al., 2010), the promotion of safer sex practices (Lemos & Hosek, 2013), and the need for culturally tailored HIV interventions (Lemos, Hosek, & Bell, 2015). Only one intervention with the HBC (Alio et al., 2014), that employed CBPR, also assessed the social factors that affected the overall health of this community (e.g., general education, employment, substance abuse programs, housing, and mental health services).

Nevertheless, these findings demonstrate the need to increase CBPR when working with the HBC. Young et al. (2015) found that HBC members were more likely to engage in non-formal HIV interventions that naturally happen in the Houses. Hence, interventions through CBPR can collaborate
with the House leaders to address the overall health of this population. Furthermore, HBC members are statistically more likely to have health insurance, be aware of PrEP, and have a primary care doctor, as compared to non-HBC members (Young et al., 2015). Therefore, CBPR collaborative efforts to address the overall well-being of the HBC should also focus on developing stronger partnerships with community PrEP navigators and primary care doctors.

Conclusion

Balls are a space in which HBC members regularly convene and interact, providing a convenient space in which to deliver HBC-focused interventions. However, as evidenced in previous research, many HBC members resist the use of balls as a public health intervention space, because it detracts from the healing and communal purposes of the spaces in which they congregate. As researchers, we must think critically about the ways in which we engage with community members in a way that does not disrupt or devalue the purpose or integrity of their communities.

Conflict of Interest to Declare

The authors have no conflicts of interest to disclose.

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References


Families of African American Men Who Have Sex with Men. *AIDS and Behavior, 18*(11), 2156-2168. doi: http://dx.doi.org/10.1007/s10461-014-0836-6


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*Journal of Sex Research, 50*(2), 178-189. doi:
10.1080/00224499.2011.637248


10.1080/10538720.2015.988837


Wong, C. F., Schrager, S. M., Holloway, I. W., Meyer, I. H., & Kipke, M. D. (2014). Minority Stress Experiences and Psychological Well-Being: The Impact of Support from and Connection to Social Networks Within the Los Angeles House and Ball Communities. *Prevention*

*Science, 15*(1), 44-55. doi: [http://dx.doi.org/10.1007/s11121-012-0348-4](http://dx.doi.org/10.1007/s11121-012-0348-4)