

# **Recent HIV Seroconversion and Prior Use and Satisfaction with HIV Prevention Services Among African American MSM**

# Background

- HIV incidence is high among AAMSM
- Compared with non-Hispanic White Americans, African Americans:
  - 🚩 Have less access to health care
  - 🚩 Receive less preventive and medical health care
  - 🚩 Are less satisfied with the health care they receive
- Limited research on potential racial differences in use of and satisfaction with HIV prevention services among MSM
- Unknown whether racial disparities in use of HIV prevention services contributes to higher HIV incidence among AAMSM

# Analysis Objectives

- Among MSM who recently acquired HIV, do AAMSM compared with ORMSM report less prior use and satisfaction with HIV prevention services?
- To what extent are there missed opportunities for HIV prevention among recently tested AAMSM and ORMSM?

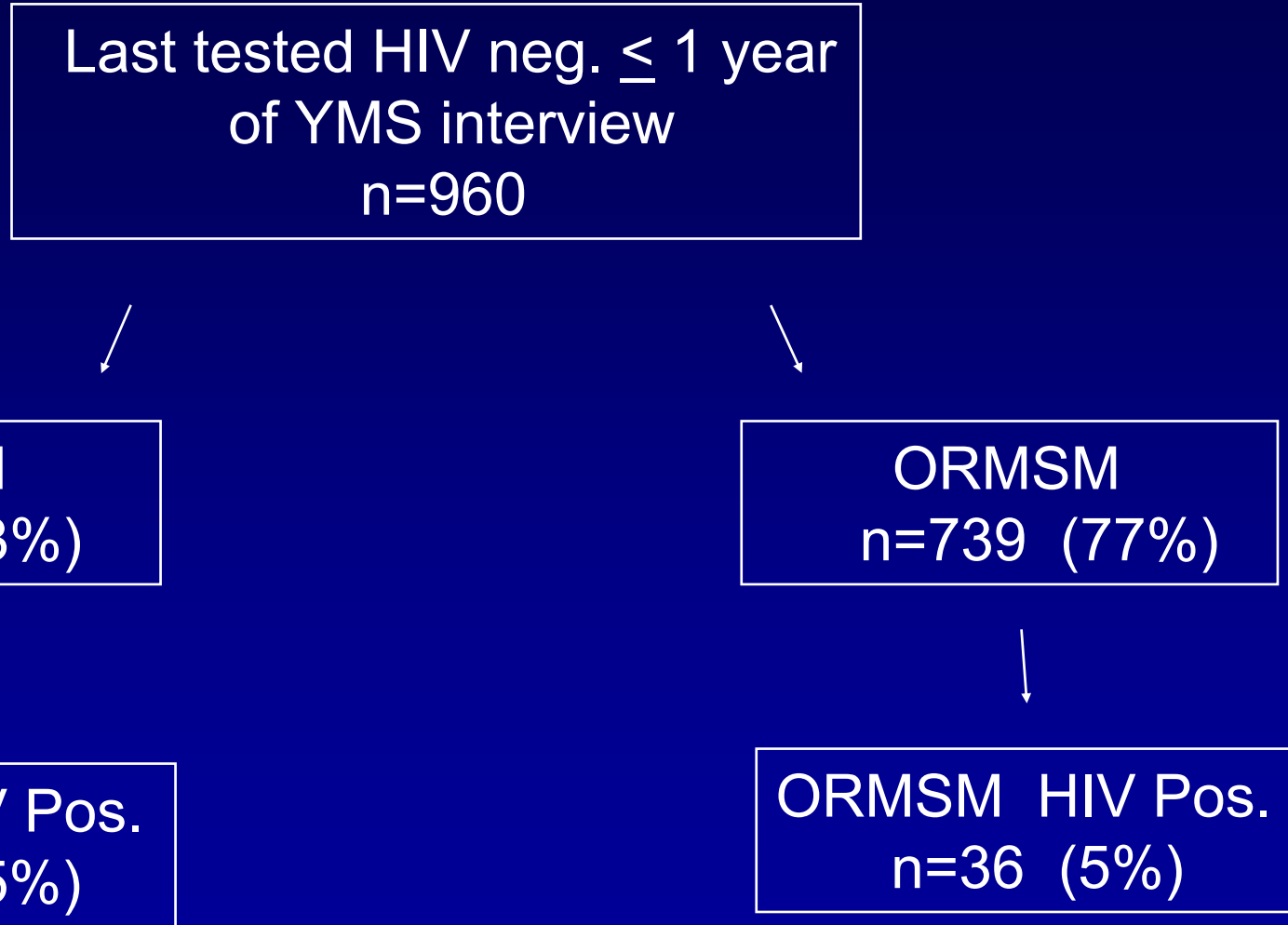
# Methods

- YMS Phase II
  - ⊗ Venue-based sample survey of young MSM, ages 23-29, conducted in seven U.S. cities from 1998-2001
  - ⊗ Constructed monthly sampling frames of gay-identified venues and times
  - ⊗ Randomly selected venues and time periods
  - ⊗ At sampled venues, counted all men who appeared < 30 yrs of age
  - ⊗ Consecutively approached and screened counted men for eligibility
  - ⊗ Interviewed, counseled, and tested participants in nearby van
- Analyses restricted to 4 sites that enrolled  $\geq 50$  AAMSM

# YMS Sampling Outcomes

Metropolitan Areas	4	
Sampling Events	761	
Counted	21,020	
Approached	14,200	(67%)
Accepted intercept	12,631	(89%)
Eligible	3,602	
Enrolled	2,139	(59%)
MSM Enrolled	2,044	

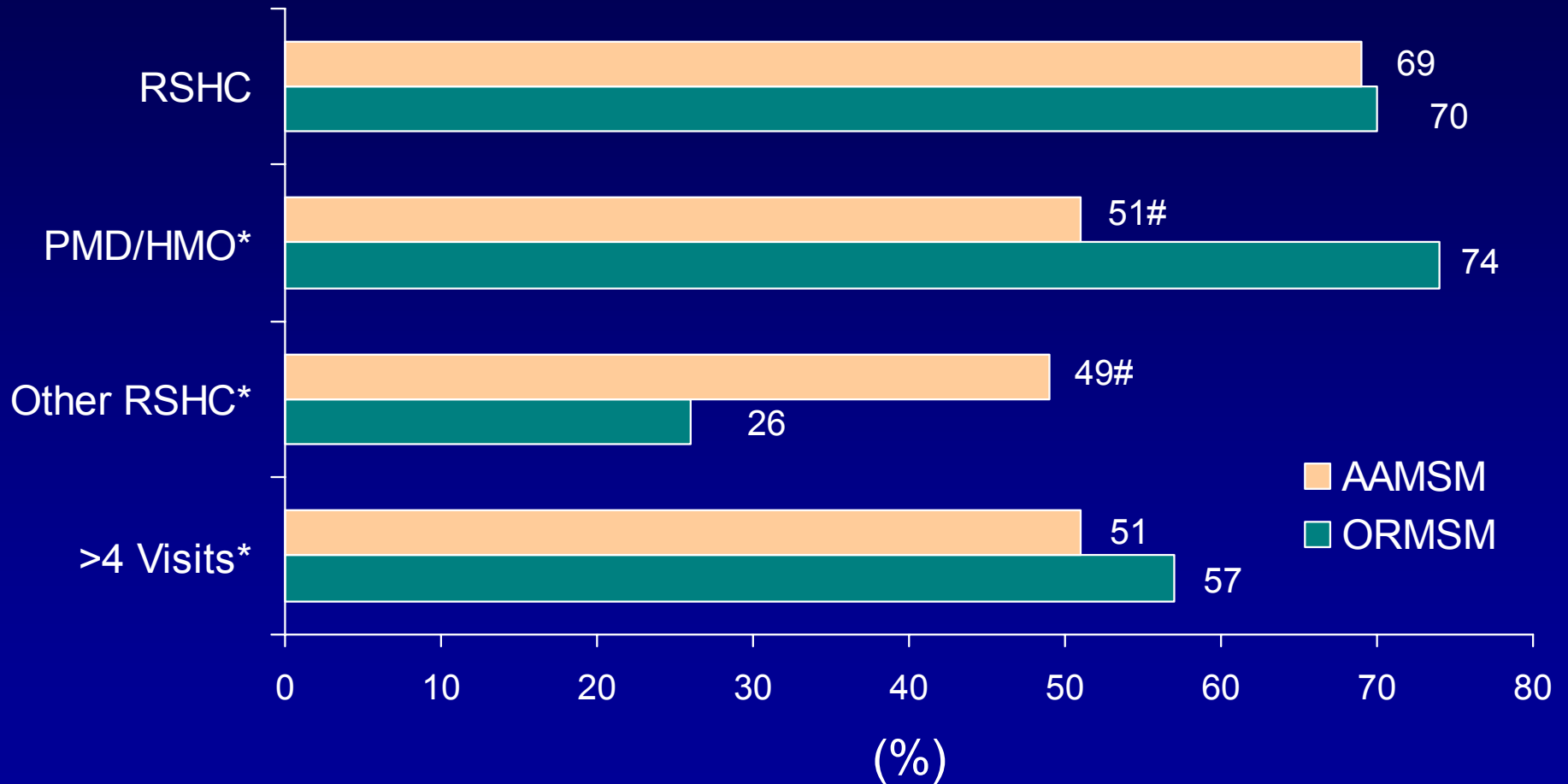
# Analysis Groups



# HIV Prevention Service Outcomes

- Received full or partial HIV prevention counseling at their regular source of health care and at their last negative HIV test
  - Explain how HIV causes AIDS or how it is passed between people
  - Ask about risky sex and drug-use practices
  - Ask about condom use
  - Discuss ways to reduce risk behavior
  - Discuss need for HIV testing or re-testing
  - Discuss telling test results to sex partners
- Importance and satisfaction with HIV prevention counseling
- HIV repeat testing ( $\geq 3$  tests)
- Combined outcomes

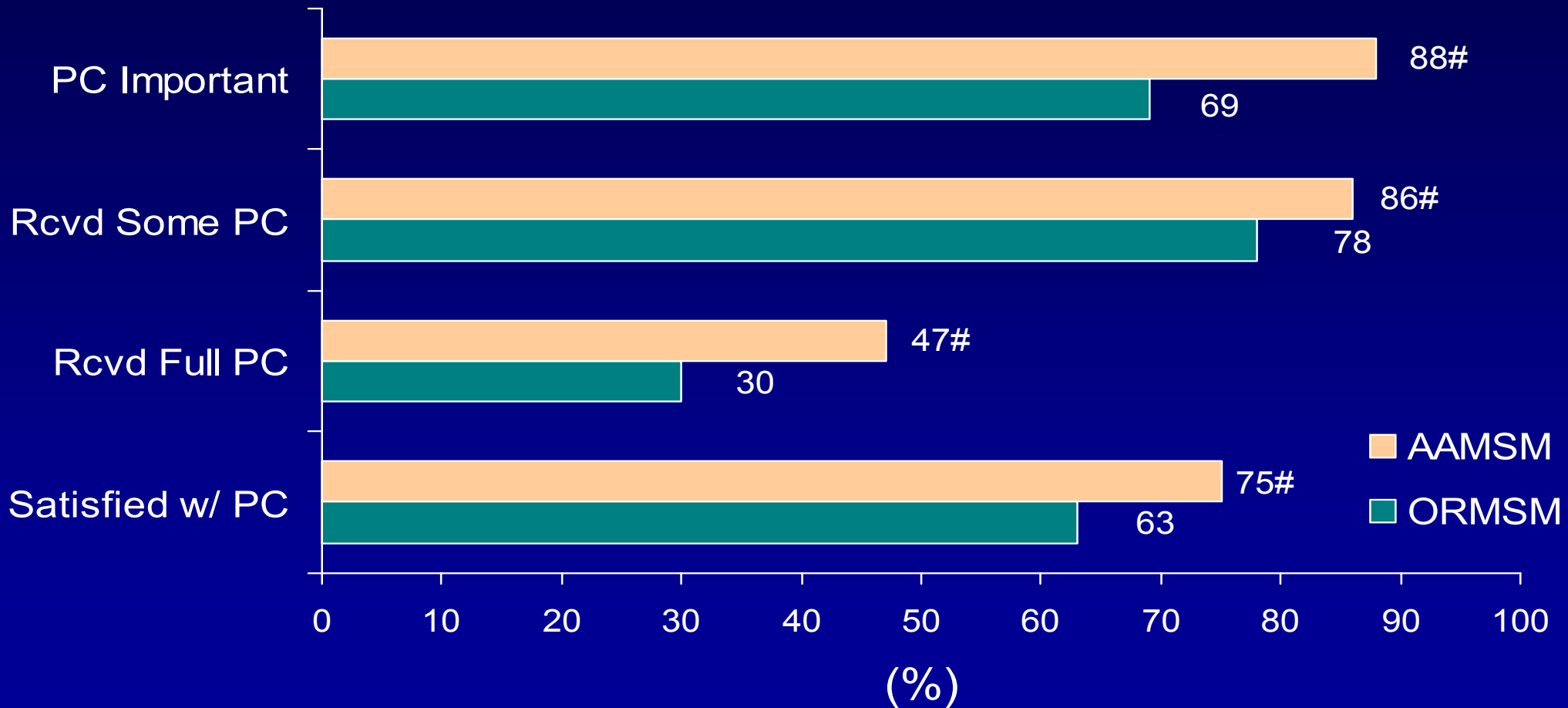
# Regular Source of Health Care (RSHC)



\* Among 669 MSM (153 AAMSM; 516 ORMMSM) with RSHC

# P < 0.05

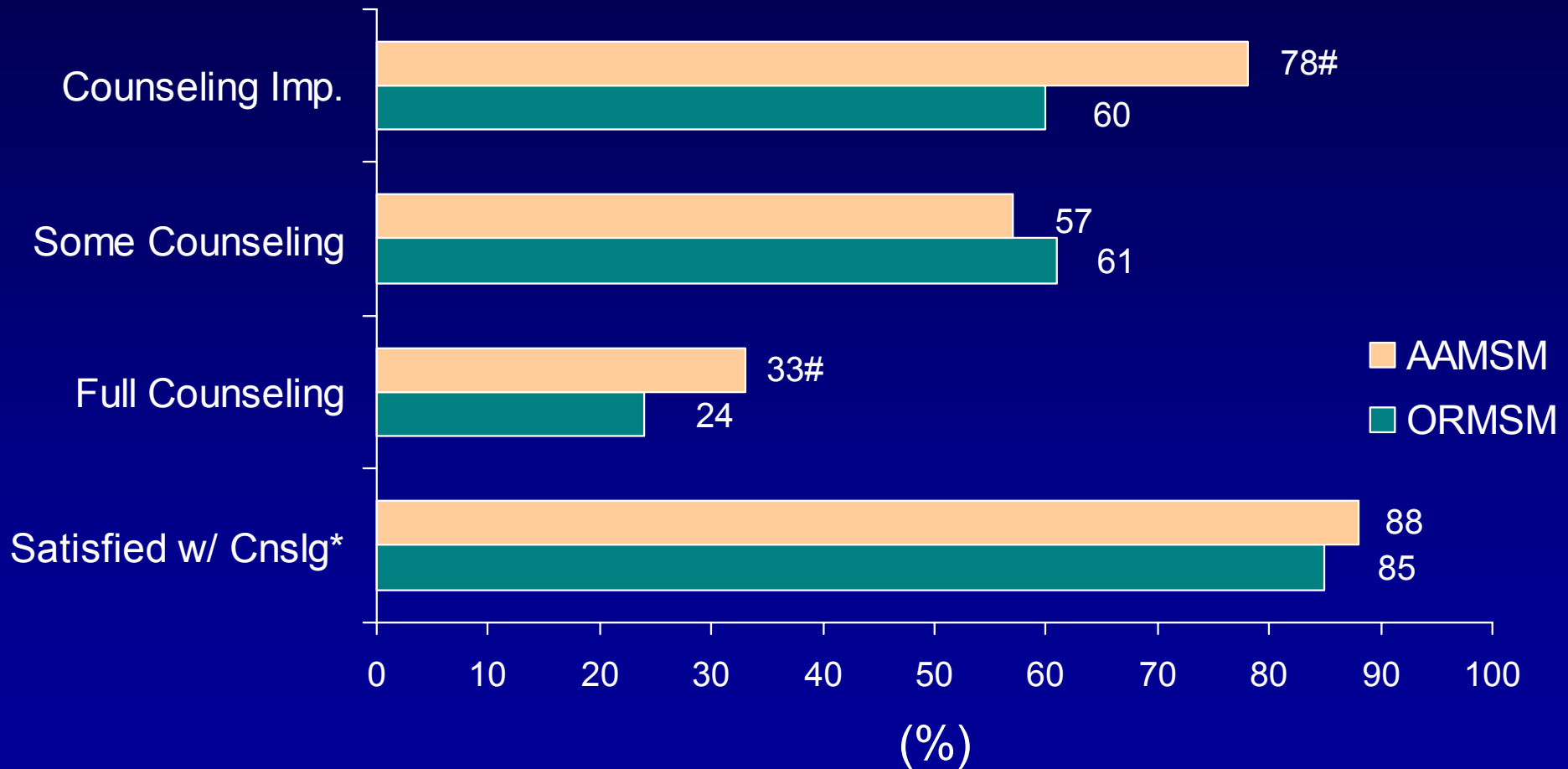
# Perceptions & Experiences with HIV Prevention Counseling (PC) at RSHC\*



\* N=669 MSM (153 AAMSM; 516 ORMSM) with RSHC

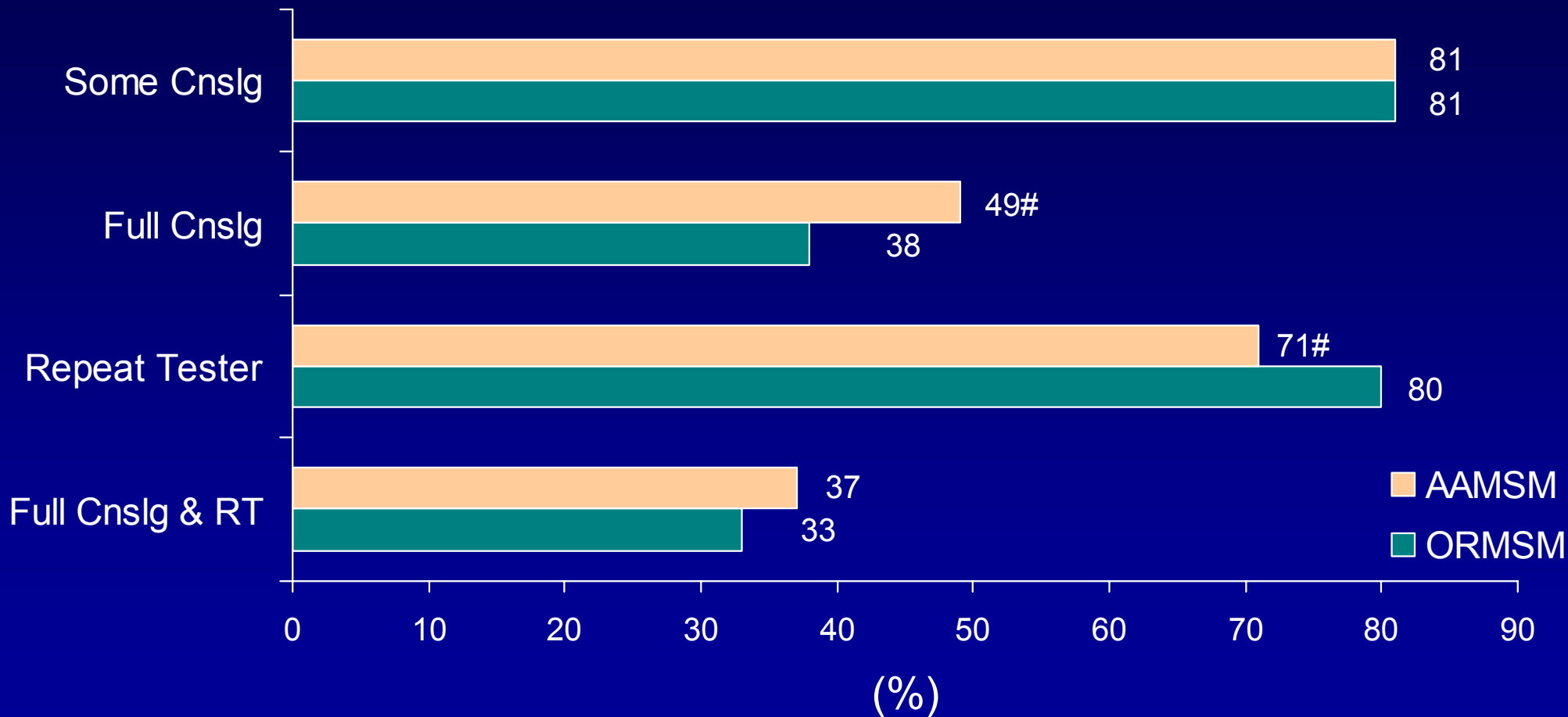
# P < 0.05

# Counseling Perceptions and Experiences at Last Negative HIV Test



\*Among 578 MSM (128 AAMSM; 450 ORMSM) with some counseling  
# P < 0.05

# Combined HIV Prevention Services Outcomes\*



\*N=960 MSM (221 AAMSM; 739 ORMMSM)

# P < 0.05

# Analysis Groups

Last tested HIV neg.  $\leq$  1 year  
of YMS interview  
n=960

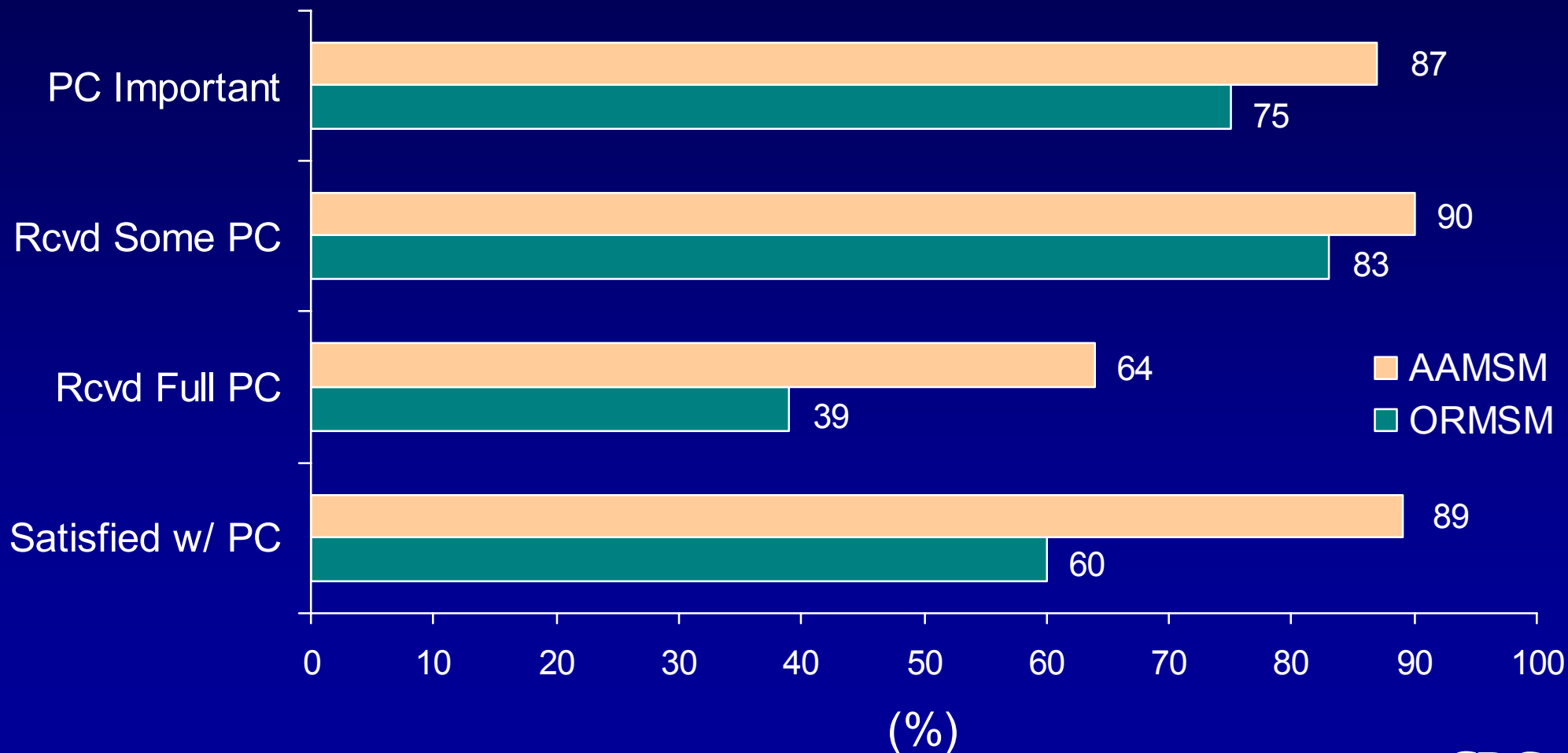
AAMSM  
n=221 (23%)

ORMSM  
n=739 (77%)

AAMSM HIV Pos.  
n=55 (25%)

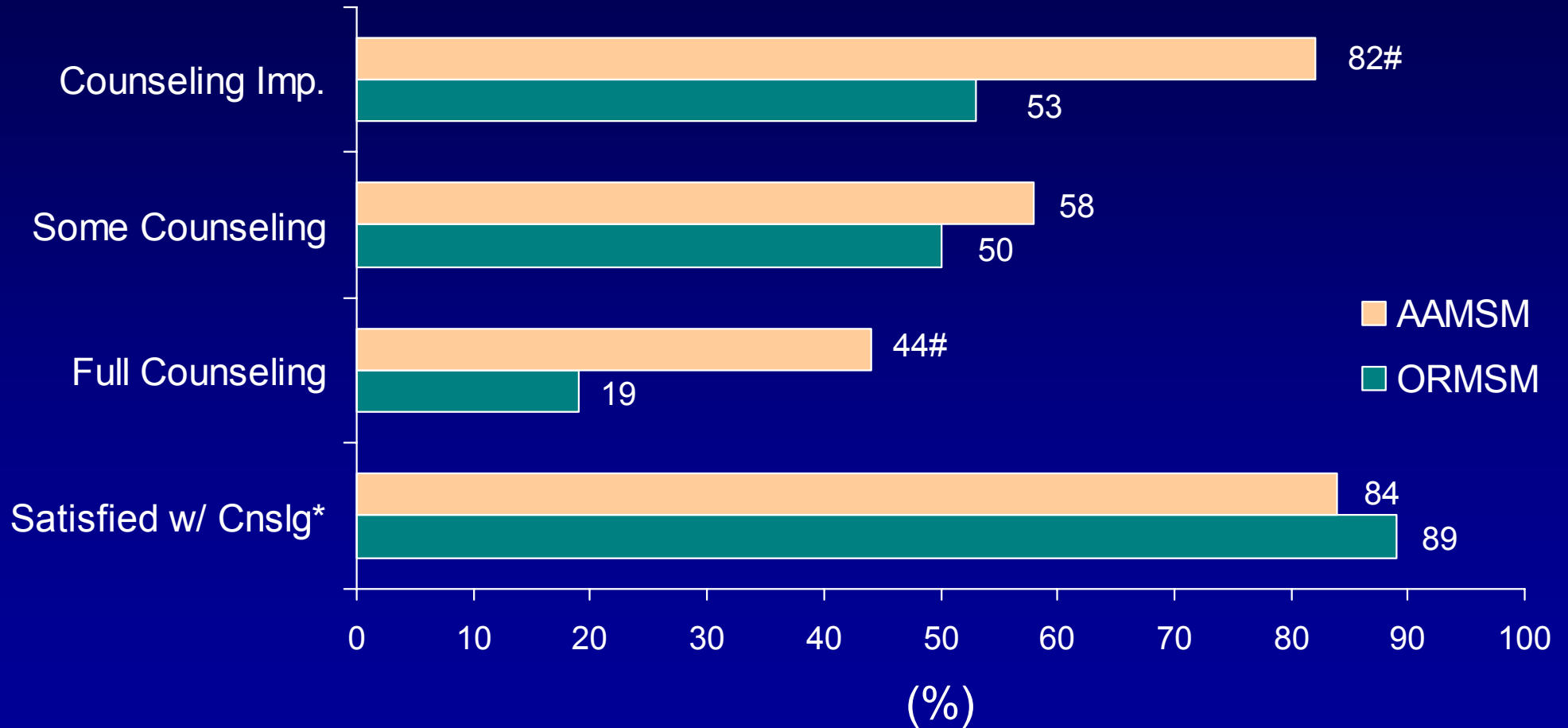
ORMSM HIV Pos.  
n=36 (5%)

# Prevention Counseling (PC) at RSHC (Recent Seroconverters)\*



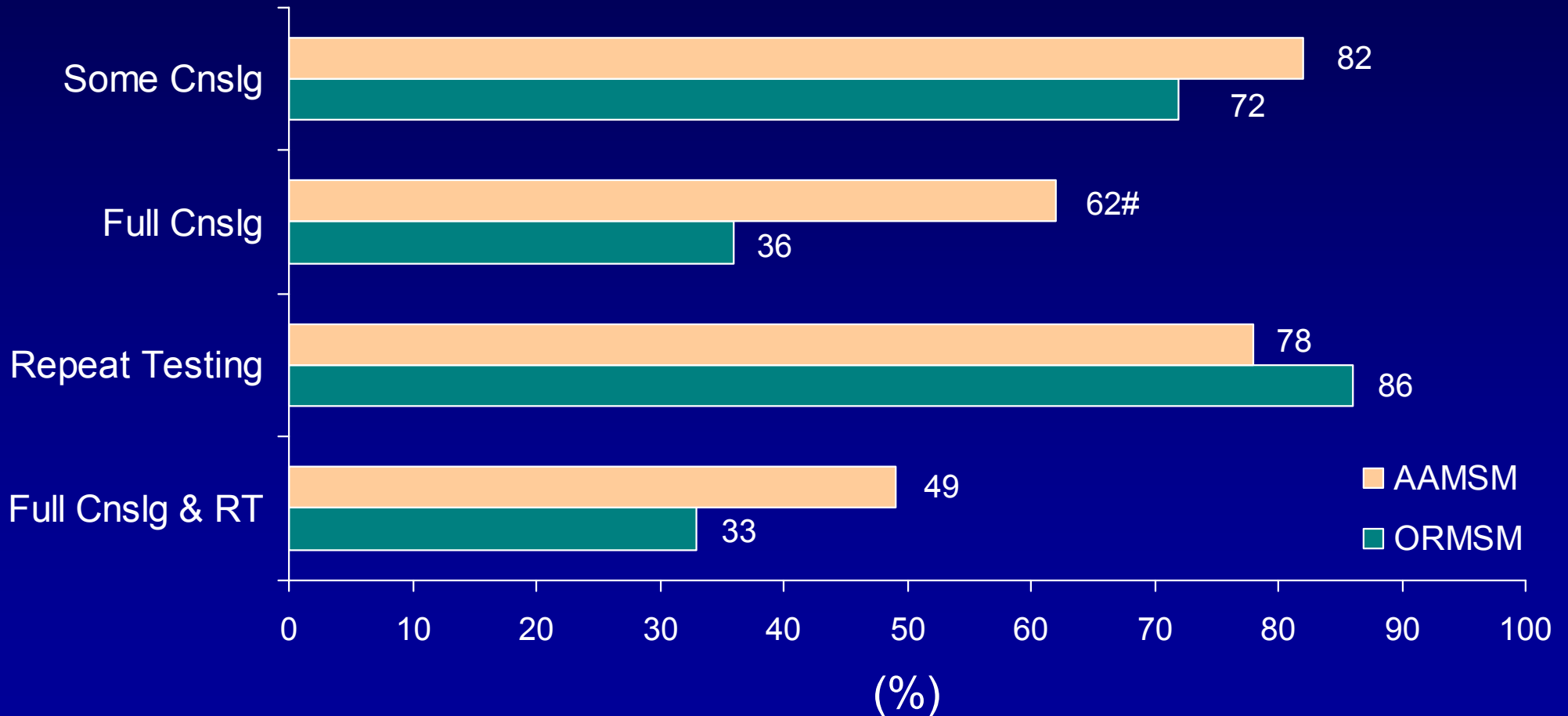
\*N=62 MSM seroconverters (39 AAMSM; 23 ORMSM) with RSHC

# Counseling at Last Negative HIV Test (Recent Seroconverters)



\*Among 50 MSM seroconverters (32 AAMSM; 18 ORMSM) with some counseling

# Combined Prevention Services Outcomes (Recent Seroconverters)\*



\* N=91 (55 AAMSM; 36 ORMSM)

# Conclusions

- Compared with ORMSM, AAMSM were approximately 5 times more likely to acquire HIV, yet reported similar if not greater use of and satisfaction with HIV prevention services
- Health care and HIV testing providers missed considerable opportunities to deliver prevention services to both AAMSM and ORMSM
- Delivered prevention services failed to prevent many recent infections, particularly among AAMSM
- Evaluation and improvement in the practice of HIV prevention for MSM, and in particular, AAMSM, is urgently needed

# Limitations

- Limited generalizability
  - ⊗ Less than optimal enrollment rate (59%)
  - ⊗ Very small sample size of seroconverters (n=91)
  - ⊗ MSM who do not attend gay-identified venues (not sampled)
  - ⊗ Very young and older MSM (not sampled)
  - ⊗ Metropolitan areas other than: LA, Dallas, Baltimore, & NYC (not sampled)
- Reliance upon self-report of previous negative HIV status, and exposure to and content of prevention services within past year
- Quality of prevention services were not directly measured

# Recommendations

- Increase support for the development and implementation of effective HIV prevention services and programs for MSM, especially AAMSM
- Enhance efforts to monitor the content and quality of HIV prevention services for MSM, especially AAMSM
- Increase focus on providing quality prevention counseling and referral services to repeat testers
- Additional research on the extent and underlying reasons of missed HIV prevention opportunities for MSM

# YMS Phase II Collaborators

## YMS Sites

Baltimore, MD: John Hylton, Karen Yen, David Celentano

Dallas, TX: Douglas Shehan, Santiago Pedraza, Anne Freeman

Los Angeles, CA: Trista Bingham, Denise Johnson

Miami, FL: Henry Artigues, Marlene LaLota

New York City, NY: Vincent Guilin, Beryl Koblin, Lucia Torian

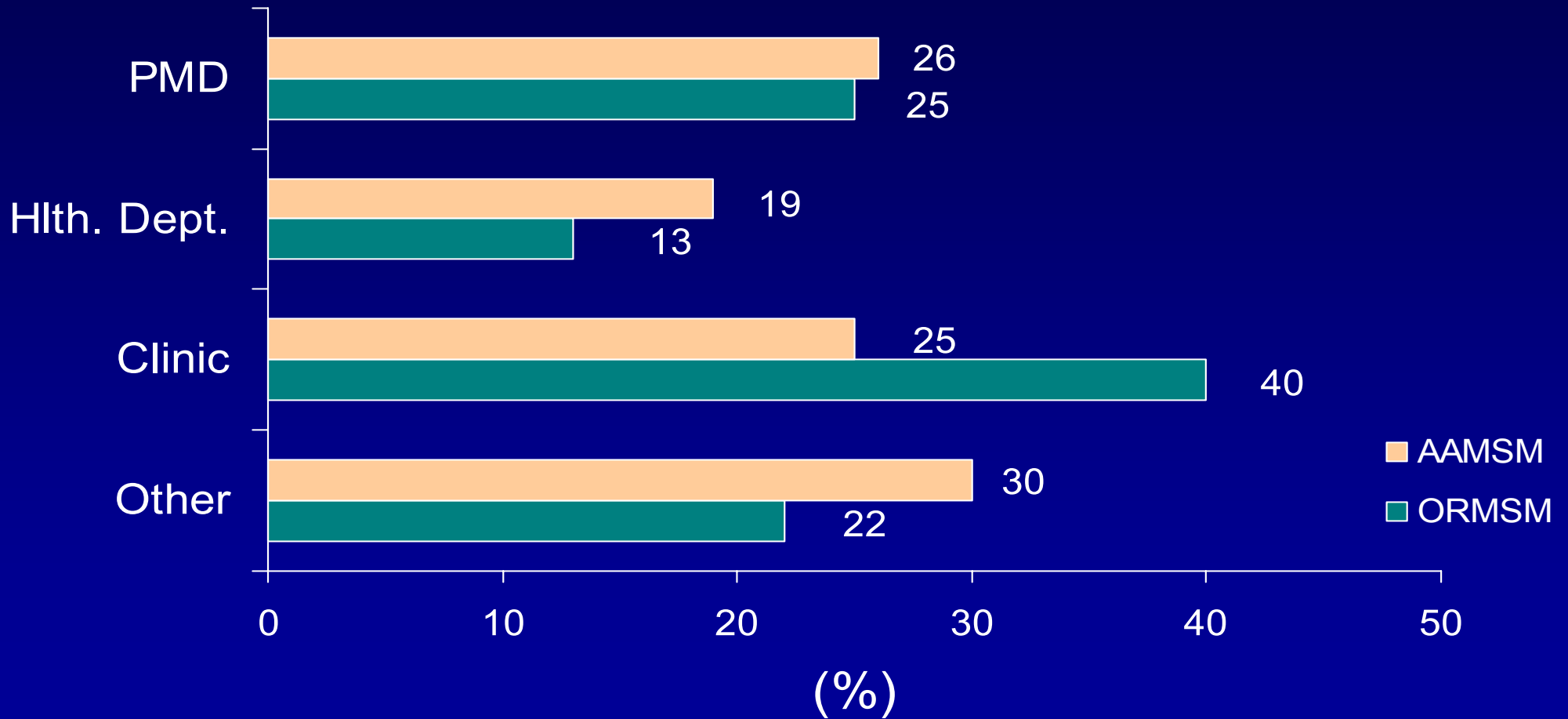
San Francisco, CA: Kyung-Hee Choi, Willi McFarland

Seattle, WA: Tom Perdue, Hanne Thiede

## CDC

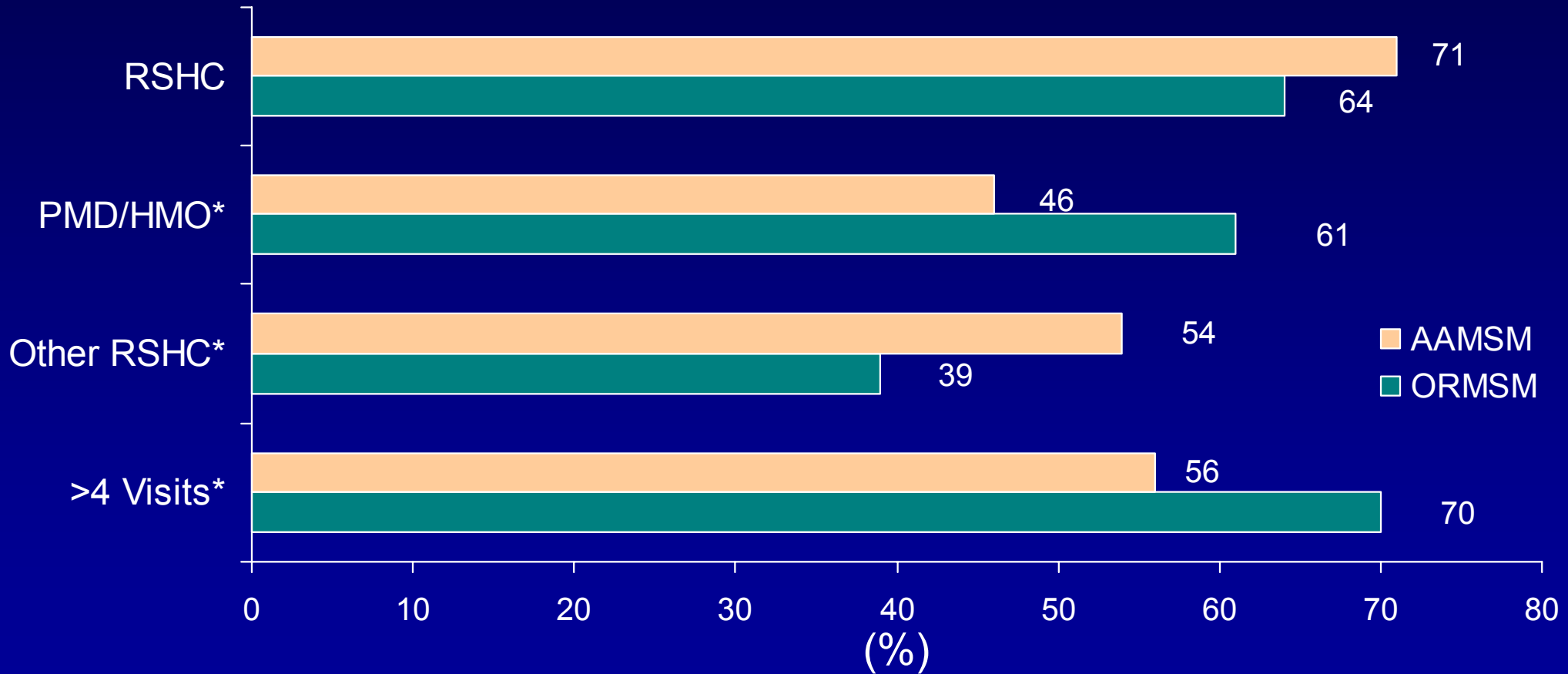
Atlanta, GA: Linda Valleroy, Gina Secura, Stephanie Behel

# Testing Provider at Last Negative HIV Test\*



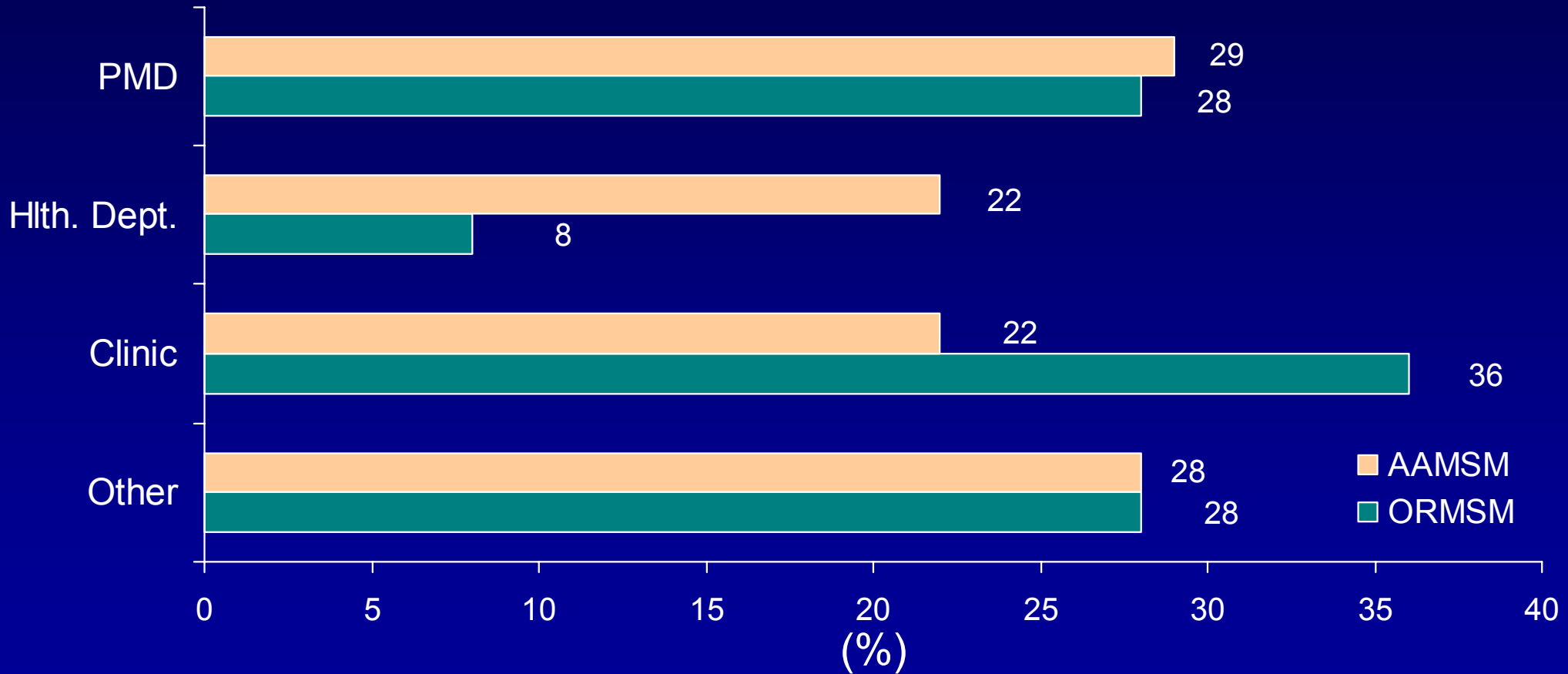
\*N=960 MSM (739 ORMSM; 221 AAMSM)

# Regular Source of Health Care (RSHC) (Recent Seroconverters)



\*Among 62 MSM seroconverters (39 AAMSM; 23 ORMMSM) with RSHC

# Testing Provider at Last Negative HIV Test (Recent Seroconverters)



\*N = 91 MSM seroconverters (55 AAMSM; 36 ORMMSM)

# Measures

RSHC: Is there a particular doctor's office, HMO, hospital or some other place that you usually go if you are sick or need advice about your health?

ORMSM: 6% Asian

<1% Native American, Alaskan Native

25% Hispanic

1% Pacific Islander

61% White

7% Other

# Questions on Potential Biases

What proportion of AAMSM who recently tested is of all AAMSM and how does that proportion compare with ORMSM?

What are the comparative proportions of infections among AAMSM and ORMSM who had not previously tested.

What % of AAMSM and ORMSM had not previously tested?

What is the median number of days between last prevention encounter and YMS interview (AAMSM vs. ORMSM).

What is the median person-day exposure between ORMSM and AAMSM?