

Health care access and HIV testing frequency among at risk men who have sex with men (MSM) in Massachusetts

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OBJECTIVES

Despite Centers for Disease Control and Prevention (CDC) recommendations that all sexually active men who have sex with men (MSM) receive routine screening for HIV, many MSM remain unaware of their HIV status.

The current study assessed behavioral risk factors for HIV acquisition, health care access, and HIV screening rates among at risk HIV-uninfected MSM in Massachusetts.

METHODS

Design

- A modified respondent-driven sampling (RDS) method was used to recruit a sample of MSM.
- Between March 2006 - May 2007, participants (n=126) completed a quantitative survey assessing their sexual risk behaviors, access to health care services, and psychosocial and demographic variables.
- The subset of HIV-uninfected MSM (n=58) was used in the present analysis.

Eligibility criteria

- Participants were eligible if they were ≥18 years of age, a Massachusetts resident, and indicated they had sex with men.
- All project activities were approved by the Fenway Community Health IRB.

Recruitment

- RDS is a sampling strategy designed to analyze social networks by using initial study participants ("seeds") to recruit their peers.
- 10 MSM were selected as study seeds and asked to recruit up to 3 members of their network who in turn were asked to recruit a subsequent wave of up to 3 participants, and so on.
- Participants were compensated \$40 for their participation in the study and \$20 dollars for each eligible participant they recruited who completed a study interview.
- RDS was modified to terminate recruitment prior to the achievement of equilibrium to exploit the in-group recruitment tendencies of seeds to attain a highly diverse sample.

Study Instruments

- Demographic, sexual behavior, drug use, and HIV testing access questions were adapted from the Centers for Disease Control and Prevention's MSM Behavioral Surveillance Survey.
- Also assessed were symptoms of depression (CES-D), Post-Traumatic Stress Disorder (PTSD) (SPAN), social anxiety (SPIN), and alcohol dependence (CAGE).

Data Analyses

- Demographic comparisons were performed across seeds (n=10) and waves. To increase group size for chi square analyses, waves 9 through 14 (n=16) were combined resulting in 10 waves.
- Univariate distributions were examined.
- Odds ratios were calculated using bivariate logistic regression.

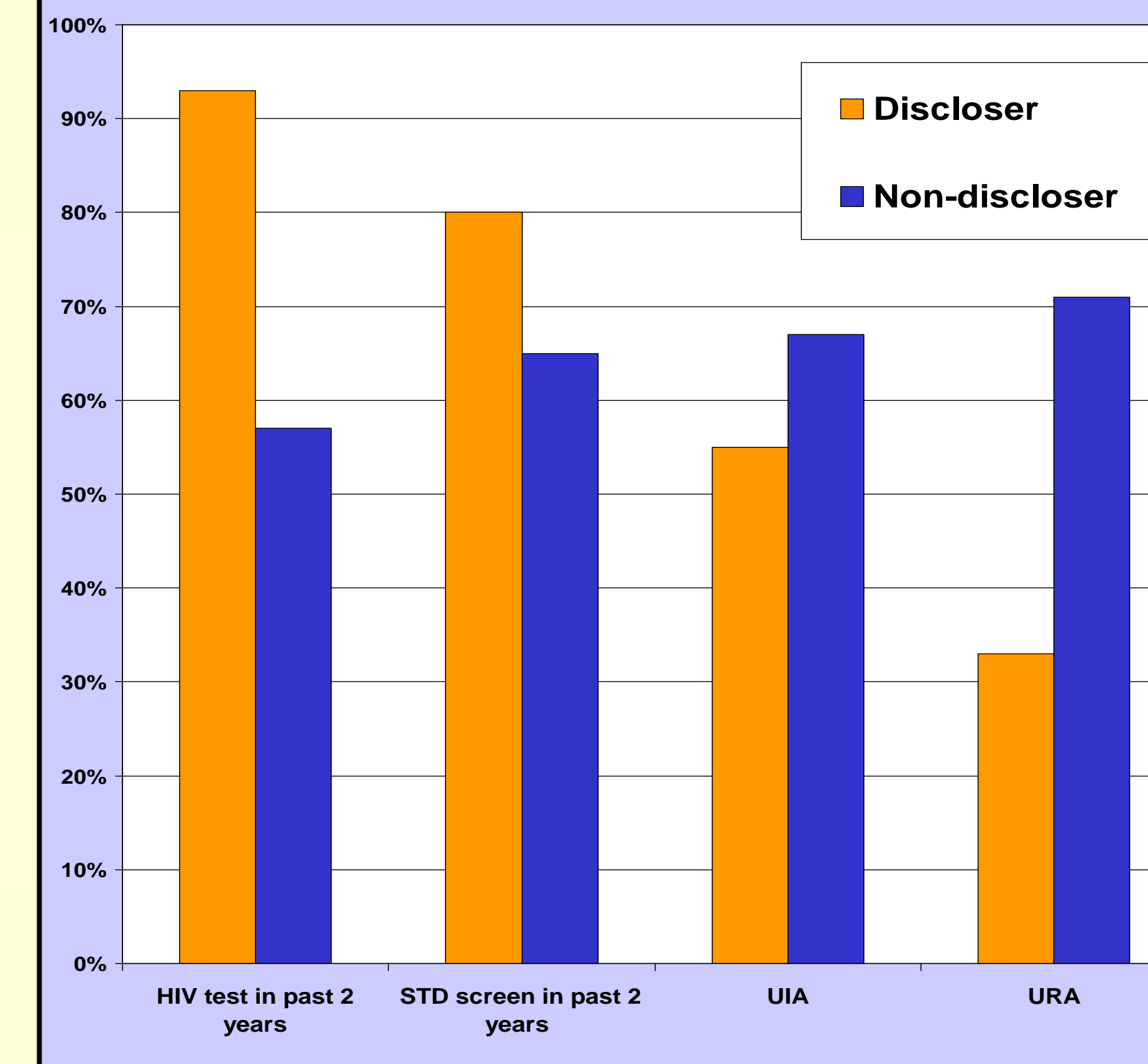
RESULTS

Demographics & risk factors of HIV-uninfected MSM (n=58)

Age	mean=42, SD=9, range=20-66
Race/Ethnicity	
Non-white (53% Black, 11% other)	64%
White	36%
Socio-economic position	
≤ high school diploma	43%
≤ \$12,000 annual income	36%
Unstable housing at some time in past 12 months	24%
Health insurance status	
Insured	95%
Uninsured	5%
Sexual self-identity	
Gay	43%
Bisexual	53%
Heterosexual	4%
STD history	
Prior history of one or more STDs	31%
Sexual risk in past 12 months	
Unprotected insertive anal sex (UIA)	57%
Unprotected receptive anal sex (URA)	33%
Substance use during sex in past 12 months	
Alcohol (sex while drunk)	66%
Marijuana	50%
Poppers	31%
Crystal methamphetamine	17%
Alcohol dependence	
Score of 2+ on CAGE	41%
Mental health	
Depression (scored 16+ on CES-D)	52%
Social anxiety (scored 6+ on SPIN)	57%
PTSD (scored 6+ on SPAN)	52%

MSM disclosers vs. non-disclosers (n=58)

Participants who disclosed being MSM to their health care providers were almost 6 times more likely to have been tested for HIV (OR=5.81; 0.005) and 3 times more likely to have been tested for STDs (OR=2.79; p<0.02) in the past 2 years, yet non-disclosures were more likely to engage in risky sexual behavior (UIA/URA; p<0.05).



Access to HIV/STD screening among HIV-uninfected MSM (n=58)

Health care access

Have regular primary care provider	76%
Visited healthcare provider in past 12 months	47%

Access to HIV testing

Offered HIV testing at last visit to health care provider	14%
Never offered HIV testing by primary care provider	77%
Not tested for HIV in past 2 years	19%
Never tested for HIV	3%

Access of STD screening

Offered STD screening at last visit to health care provider	24%
Never offered STD screening by primary care provider	69%
Not screened for STDs in past 2 years	28%
Never screened for STDs	24%

Disclosure of MSM sexual behavior to provider

Not out to health care provider	38%
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HIV testing in past 12 months

Community health clinics	68%
Private physicians' offices	42%
STI clinics	19%
ER or urgent care clinics	19%
Other settings (e.g., jail, mobile testing van, shelter)	21%

CONCLUSIONS

The current study demonstrates high rates of sexual risk taking and low rates of HIV/STD screening among a diverse sample of Massachusetts MSM, particularly among men who have not disclosed MSM sexual activity to health care providers.

In light of current discussions regarding routine HIV testing, these differences illustrate the need for clinicians and other health care providers to create environments where MSM patients are comfortable disclosing their sexual orientation, regardless how men identify or present themselves.

Clinicians need to encourage discussions about sexual risk taking behaviors and more routinely screen for HIV/STDs in sexually active men irrespective of disclosure of MSM history.

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