

## Los Angeles HIV Prevention Planning Committee

Research Colloquia 2010

## Presenters By Priority Population

	HIV+	Youth	Men	Women	TG	SIPS
Mutchler		X	X			
Aynalem	X					
Yavante-Guess					X	
Williams		X	X			
Millett	X		X			
Das	X	X	X	X	X	X
Carlos			X			
Jefferys	X					

## Presenters By Co-Factors

	STDs	Stigma	Other Substance Use	Mental health	Sex Work	Sexual Assault	Violence
Mutchler							
Aynalem	X						
Yavante-Guess		X	X		X		
Williams				X		X	X
Millett	X	X	X				
Das							
Carlos	X	X	X				
Jefferys							

## 'Gay Boy Talk' meets 'Girl Talk': The Road to Risk is Paved With Good Intentions - Mutchler

- Priority Population: Youth
- Critical Target Population: Gay Men
- Cofactors: STDs

## Conclusion

- Young adults have good intentions to support safer sex norms
- Some heterosexual females felt uncomfortable discussing sex between men with their YGM friends, but gay males also felt uncomfortable discussing their sex with females.
- Conversations with female friends emphasized emotions and relationship issues, whereas YGM could discuss sex more explicitly with male friends.
- YGM's conversations about safer sex tend to alternate between condom urging and enabling or judging risk behavior.
- YGM sometimes avoided sexual health discussions when they anticipated judgmental talk or discomfort from friends.

## Conclusion---Cont.

- Both gay males and young women were complicit with the idea that women should be concerned with pregnancy and not so much with HIV
- YGM emphasized condom use to reduce HIV risk, whereas heterosexual females emphasized knowing your partners (by taking mini sexual histories) and monogamy
- YGM and their female friends talked about 'watching about for whores and sluts' as a way to reduce HIV/STI risk
- Yet, YGM do not seem to discuss 'relationship sex' very much with friends.
- Although participants value their friendships and support each other, there were few examples of safer sex supportive gay boy talk that went beyond condom urging or incomplete versions of negotiated safety

## Recommendations: SEXUAL HEALTH PROGRAMS FOR YOUNG ADULTS ARE NEEDED

How providers can build on friendships between YGM and their friends to support safer behaviors

- Address helpful and harmful Gay Boy Talk and Girl Talk
- Work with dyads to enhance communication strengths with males and females
- Address safer sex misconceptions and strategies, emphasize negotiation and communication skills
- Encourage comfort with discussions about sexual health
- Educate YGM to effectively challenge peers' sexual risk behavior with minimal judgment
- Talk about young adults' sexual health issues and needs, especially relationship sex

## STD/HIV Co-Infection: Effective Interventions Needed to Prevent Ongoing New Infections - Aynalem

- Priority Population: HIV-positive individuals
- Critical Target Population: NA
- Co-factors: STDs

## Conclusions

- STD infections among HIV infected persons are common and are likely to be a source of ongoing HIV transmission.
  - Nearly half HIV positive patients (47%) had one or more STD co-infection and 20% had two or more STI co-infections.
- The most common co-infection was early syphilis (40%).
- The prevalence of STD/HIV co-infection was higher in men (95%), Hispanics (45%), and among MSM (90%).
- We identified an interrelationship between gender, race/ethnicity, risk category, and STD/HIV co-infection ( $p < 0.001$ ).

## Conclusions

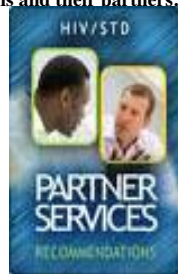
### Among HIV positive persons referred for Partner Services to the Health Department:

- MSM were **6.8 times** more likely to report an STD than heterosexuals (95% CI: 5.7 – 8.0).
- Injection drug users were **2.2 times** more likely to report an STD than no drug users (95% CI: 1.3 – 3.7).
- Men were **4.0 times** more likely to report an STD than women (95% CI: 3.5 – 4.5).
- Whites were **2.9 times** more likely to report an STD than Blacks (95% CI: 2.6 – 3.3).

## Recommendations (1)

To improve Health Department response to STD/HIV co-infections among HIV positive persons and their partners:

1. Early detection and treatment of curable STDs among **index cases and their partners** should become a major component of HIV prevention programs.
2. Targeted behavioral interventions and **partner services** for those who are co-infected should remain a priority.



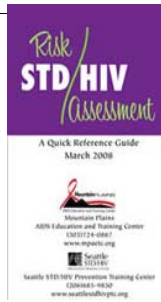
## Recommendations (2)

3. Better linkages between HIV and STD prevention and treatment
4. Messages for at-risk persons & providers
  - Other STDs increase HIV spread
  - Recognize & act on symptoms/sign
  - Most STDs asymptomatic; regular screening critical
5. Cross-training for STD & HIV staff in project areas with syphilis or GC rates > HP 2010 targets



### Recommendations (3)

6. Improved surveillance and monitoring of :
  - STD/HIV trends & interrelationship
  - The extent of overlap of STD- & HIV-infected populations; relative importance of STD treatment as HIV prevention strategy
7. Timely analysis & dissemination HIV/STD co-infection to policy makers, program managers, providers



### Recommendations (4)

8. Augmentation of HIV Community Planning Groups to focus on STD data issues, detection, & treatment in areas with syphilis or GC rates > HP 2010 targets
9. Implementation of Advisory Committee for HIV & STD prevention recommendations [MMWR 1998; 47 (No. RR-12)]



### SISTA, Are you Down With the “T”? – Yavante-Guess

- Priority Population: Transgender individuals
- Critical Target Population: All
- Co-factors: Discrimination, Other Substance Use, Sex Work

### BEING DOWN WITH THE “T” (BUILD IT AND THEY MIGHT COME)

- **Invest in Transgender Communities.**
  - Establish a Community Advisory Board (CAB).
  - Hire trans people throughout the agency.
  - Provide trans cultural competency training for both trans and non-trans employees.
- ✦ Attend the free SISTA training:  
<http://www.effectiveinterventions.org/>

### BEING DOWN WITH THE “T” CONT’

- In the community assessment, the community needs and wants were stated; allow the data to inform the adaptation.
- **CDC-funded capacity building & technical assistance is free .**
  - Working with CBA providers should be part of your adaptation .

### Childhood Sexual Experiences and Vulnerability to Intimate Partner Violence among African American MSMW - Williams

- Priority Population: Men, HIV-positive individuals
- Critical Target Population: Non-gay identified MSM
- Co-factors: Violence, Sexual Assault, Mental Health
- Race/ethnicity: African American/Black

## Conclusions

Understanding how NGI African American MSMW interpret early sexual experiences may have an impact on sexual decision-making, sexual identity formation, and ability to form healthy adult sexual relationships.

- The impact of early sexual experiences, especially those that include negative appraisal and coercion must be considered when developing HIV risk reduction interventions for NGI African American MSM/W.



## What is Driving HIV Incidence among Black MSM and What Can We Do About It? - Millett

- Priority Population: Men, HIV-Positive Individuals
- Critical Target Population: Gay and Non-gay identified MSM
- Co-factors: STDs, Stigma
- Race/ethnicity: African American/Black

### What Can We Do Now to Reduce HIV Incidence among Black MSM?

- Focus on sexual risk or substance use will not address disparity
- Address age of sex partners and sex partner concurrency
- Increased frequency of HIV/STI screening
- Address stigma/ mistrust



CDC

### What Can We Do Now to Reduce HIV Incidence among Black MSM?

- 'Test and treat'
- Post exposure prophylaxis
- Engage known positives who are not in care
- Address medication adherence
- Community viral load



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### Important Future Tools That May Lower HIV Incidence among Black MSM

- Pre-exposure Prophylaxis
- Rectal microbicides
- Vaccines



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### Next Generation of HIV Prevention Interventions

- Cohort studies that capture contextual factors for greater risk
- Intervention studies that combine behavioral and biomedical intervention approaches
- HPTN 061 (Brothers study)
  - Using social networks to recruit Black MSM
    - ID men with undiagnosed HIV infection
    - ID known positives who are not in care
    - Use peer health navigators for HIV+ MSM
    - Counseling and testing high risk negatives




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**The National HIV/AIDS Strategy will also Impact HIV Prevention for Black MSM**

**Purpose:**  
 Refocus attention on domestic epidemic.

**Goals:**

1. Reduce HIV incidence
2. Increase access to care for people living with HIV and optimize health outcomes
3. Reduce HIV-related disparities



CDC

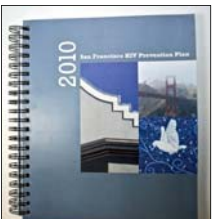
**Community Viral Load - Das**

- Priority Population: All
- Critical Target Population: All
- Co-factors: NA

**New Directions for HIV Prevention**

- Our vision is to end new HIV infections in San Francisco
- Our goal is to reduce new HIV infections by 50% by 2015
- Five Priority Areas
  1. HIV status awareness
  2. Prevention with positives (PWP)
  3. Syringe access
  4. Drivers of HIV
  5. Structural change

<http://www.sfhiv.org>



**Upcoming Structural Changes to SF HIV Testing Policies: Case Finding and Surveillance**

- Support for new testing models (events, networks, internet, incentives, etc.)
- Pre-test counseling not required but may be offered
  - For newly diagnosed, post-test counseling/required
- No DPH requirement for confirmatory test before linkage to medical care
- Health Department staff to collaborate with community test sites in conducting partner elicitation and notification: **all newly diagnosed HIV positive individuals will be offered DPH PS**

**A Comparison of Risk Behaviors Reported by Online Versus In-person MSM in Los Angeles County - Carlos, Bingham, Sey**

- Priority Population: Men, HIV-Positive Individuals
- Critical Target Population: Gay and Non-gay identified MSM
- Co-factors: STDs, Stigma, Other Substance Use

**WHBS vs. NHBS-MSM2 Conclusions**

- We observed significant differences in socio-demographic characteristics such as age and race/ethnicity, and we identified some differences in risk behaviors and self-reported HIV status across study populations.

### WHBS vs. NHBS-MSM2 Conclusions

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- Our findings suggest that, while it may prove more efficient to obtain larger samples of MSM using online methods, there are specific sub-populations, such as non-White and older MSM, that are more reliably sampled in public settings.

### WHBS vs. NHBS-MSM2 Conclusions

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- Additional benefits of venue-based studies include the ability to conduct HIV counseling and testing and to engage participants in longer and more detailed risk questionnaires.

### Recommendations for 2011 Colloquia

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- Presentations on Women, SIPS, Native Americans, Asian/Pacific Islanders
- Presentations on prioritized co-factors not addressed in 2010
  - Poverty
  - Racism
  - Educational Level
  - Incarceration
  - Homelessness
  - Immigration Status
  - Language