

2010 Profile of HIV/AIDS in Michigan

Race and Ethnic Health Disparities

Data from HIV/AIDS Reporting System (eHARS) & US Census

Comparison by race/ethnicity:

The state of Michigan is similar to the rest of the country in that large racial and ethnic disparities are seen in HIV/AIDS rates. The epidemic disproportionately impacts black and Hispanic populations. In the black community HIV/AIDS has had the most devastating effect, with 58 percent of the HIV/AIDS cases occurring in this population. In addition to the black community, the Hispanic population is also disproportionately impacted with four percent of the reported cases occurring in this demographic. To put this in perspective, the state of Michigan's population is currently 77 percent white, non-Hispanic, 14 percent black, non-Hispanic, four percent Hispanic, and three percent Asian American/Pacific Islander/Native American, with the percentage of racial/ethnic minorities increasing each year. The black population is Michigan's largest minority group and the Hispanic population is one of Michigan's fastest growing; the importance of eliminating disparities is evident.

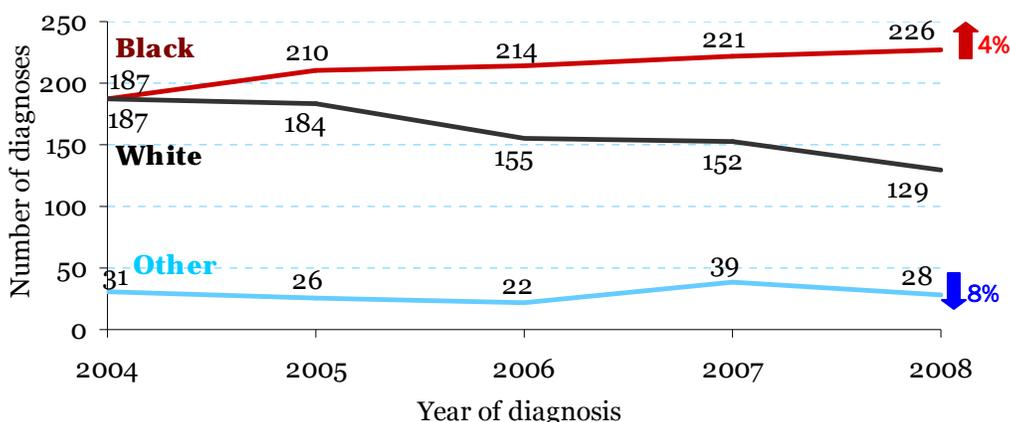
Focus: Young Black MSM

Data from HIV/AIDS Reporting System (eHARS), MDCH Vital Records, STD Reporting System, Medical Monitoring Project (MMP) & National HIV Behavioral Surveillance (NHBS) Young MSM Study

Age (Impact on Young Black MSM):

Nationally and in Michigan, the fastest growing population of HIV-infected persons are young black males. Surveillance data from the 33 states with confidential HIV reporting since 2001 show that HIV diagnoses among black MSM aged 13-24 increased by 93 percent between 2001 and 2006. Similarly, in Michigan, significant increases in the rates of HIV infection in Michigan were noted among 13-19 year olds, black males, and black MSM. Special analyses (Figure 24, page 3-39) show that of all teens diagnosed in the last five years, 85 percent are black compared to 60 percent of persons diagnosed at older ages. Furthermore, teens are significantly more likely to be black MSM compared to adults 20 years and older (62 percent v 23 percent). This continues to underscore a need for prevention campaigns tailored to young black MSM, as the differences we have been seeing over the last five years in this young group will likely widen the already large racial gap among persons living with HIV.

Figure 36: Race among MSM



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MSM behavior:

MSM were 46 percent of all HIV diagnoses between 2004 and 2008. Of these newly diagnosed MSM, 53 percent were black, while 40 percent were white. Figure 36 shows that the number of black MSM cases increased significantly during this period—the third consecutive five-year analysis. The number of white MSM cases decreased significantly for the second year in a row.

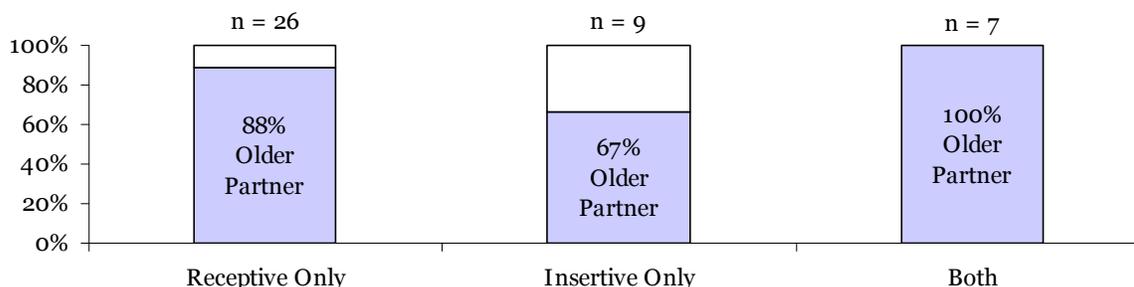
During the Young MSM Study of the MSM2 cycle of NHBS (2008), 52 mostly negative 13-17 years old males who ever had sex (anal or oral) with another male were interviewed about their last or most recent sexual encounter (anal or oral). Seventy-one percent were with their main partner compared to 25 percent who reported their last sexual encounter was with a casual partner. Eight-one percent of respondents (42) reported having anal sex at their most recent sexual encounter. Among respondents who had anal sex, about two-thirds used a condom during anal sex the whole time compared to five percent using a condom part of the time and 26 percent not using a condom at all (Table 4).

Table 4: Young Males who have Sex with Males Reporting Anal Sex During Most Recent Sexual Encounter

Condom Usage	No.	(%)
Anal sex , condom used the whole time	29	(69%)
Anal sex, condom used part of the time	2	(5%)
Anal sex, did not use condom	11	(26%)

Additionally, Figure 37 shows the 81 percent of participants (42 of 52) who reported having anal sex. About two-thirds (62 percent) had receptive only anal sex (26 of 42) compared to 21 percent who reported insertive anal sex only (9 of 42) and 17 percent reported having had both receptive and insertive anal sex (7 of 42) during last sexual encounter. Of those that engaged in receptive only sex, the majority (88 percent) reported their partners being older. Thirteen percent of participants had their first sexual encounter with another man at age 13 or younger, including one respondent reporting his first sexual encounter at 10 years of age.

Figure 37: Receptive and Insertive Anal Sex During Last Sexual Encounter Among Detroit YMSM Participants Relative to Age of Partner



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STDs:

In 2009, 2,025 chlamydia cases were reported among black males age 13 to 19. The rate of infection in this population is 2,087 per 100,000, or 3.5 times the rate of infection among all persons in Michigan. Following statewide trends, the number of reported cases has increased each year since 2007 for chlamydia cases reported among young black males. In terms of gonorrhea, 951 cases were reported in this demographic in 2009, with a rate of 980 per 100,000. In 2009, only 56 cases of gonorrhea were reported among white males in this same age group. This rate is 6.3 times the rate of infection in the general population, and nearly two times the rate of infection among those 13-19. Gonorrhea rates among young black males in cities such as Flint, Detroit, Kalamazoo, and Muskegon have rates showing even higher levels of disproportional impact.

In 2007, only three cases of syphilis were reported among black males between the ages of 13 and 19. This represented only three percent of male cases and two percent of the overall case load. In 2008, this increased to 19 young black males which was 12 percent of the male population and nine percent of the overall population. This increase was due mostly to increases in Genesee County and Detroit. In 2009, 15 young black males had primary and secondary syphilis, which was eight percent of the male population and seven percent of the total population. In 2008 and 2009, the young black male cases with primary and secondary syphilis were entirely MSM and more than half were co-infected with HIV.

General Risky Behavior:

Data from the 2009 YRBS show that black students (grades 9–12) were more likely to have had sexual intercourse than Hispanic and white students (66, 49 and 41 percent respectively). Black students were more likely than white students to: have sex in the past three months (49 and 31 percent, respectively); have four or more lifetime sexual partners (28 and 10 percent, respectively); and have sex before the age of 13 (12 and 3 percent, respectively). Black and Hispanic students were more likely than white students to have used heroin (10, 11 and 3 percent), and methamphetamines (12, 11 and 4 percent) one or more times during their life. Black and Hispanic students were also more likely than white students to use a needle to inject an illegal drug into their body one or more times during their life (8, 7 and 2 percent respectively).

Geographic Distribution:

While nearly two-thirds of persons living with HIV in Michigan are living in the Detroit Metro Area, nearly three-fourths of the new diagnoses among persons 13 to 19 years old are residents of the DMA. There are disparities even within this area as nearly half of persons 13-19 at HIV diagnosis are living in City of Detroit (49 percent), while 23 percent reside in the remaining parts of the Detroit Metro Area.

Death rates:

The epidemic is of special concern in the black community where the death rate from AIDS is 8.6 per 100,000; this towers above the rate for whites at 0.8 AIDS deaths per 100,000. If we separate the black rate by sex, black males have a death rate of 13.7 per 100,000 and the black female rate is 4.4 per 100,000. The black male rate is alarming because black males make up only seven percent of the total population, yet constitute 41 percent of the epidemic. The main mode of transmission in this group is MSM, however, IDU and heterosexual transmission also play a significant role. HIV/AIDS is also a serious area of concern for black women. The main mode of transmission for this group is heterosexual sex.

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Focus: Young Black MSM: Field Outreach Intervention

Data from Outreach, Prevention, and Care Services for Young African American MSM (YMSM)

Overview:

The Health Resources and Services Administration (HRSA) Special Project of National Significance (SPNS) project Brothers Saving Brothers (BSB) involved encouraging African American young men who have sex with men (YMSM) to learn their HIV status, and obtain information on possible barriers to HIV counseling and testing (HIV C&T). A motivation-based intervention (motivational interviewing; MI) was implemented in field outreach to encourage African American YMSM in the Detroit metropolitan area to know their status (i.e., receive HIV C&T and return for test results) and to compare two forms of field outreach (Field Outreach plus MI vs. Field Outreach Alone) to encourage HIV C&T and returning for test results. A web-based survey was also implemented as part of BSB to African American YMSM in the Detroit metropolitan area to assess the sexual behavior among online African American YMSM and to determine possible barriers to HIV C&T for this population. Both studies are discussed in detail below.

Field Outreach Intervention:

Participants were 188 African American YMSM aged 16-24. Participants were randomly assigned to one of the following intervention conditions: Field Outreach plus Motivational Interviewing (MI) (N=96) or Field Outreach alone (N=92). Both conditions encouraged HIV C&T and returning for test results (OraSure testing). A baseline survey inquired about: risk behaviors (i.e., sexual risk and substance use). Results indicated that African American YMSM in the Outreach plus MI condition received HIV C&T and returned for test results at a significantly higher rate than African American YMSM in the Field Outreach alone condition. There were no other significant differences between the groups. Overall, African American YMSM participants reported risk behavior in the past 90 days (i.e., unprotected intercourse and substance use) and being 'Unsure/Not Ready' to change some of these behaviors.

Internet Survey:

Participants were 270 African American YMSM chat room participants aged 18-24. The survey inquired about: sexual behavior (e.g., condom use, sexual partners, etc.); barriers to HIV C&T: structural barriers (e.g., transportation, etc.), stigma (e.g., I don't want others to know I am being tested, etc.), invulnerability (e.g., I don't think I have HIV, etc.); and preferred testing venues (e.g., health department, physician's office, etc.). Results indicated that 39 percent of African American YMSM engaged in sexual intercourse without a condom in the past 30 days. Barriers to HIV C&T included fear of testing and/or receiving the test results, and waiting too long for test results. Finally, African American YMSM endorsed a physician's office/professional setting or the privacy of home as more comfortable locations for HIV C&T.

Summary:

The addition of MI to field outreach is effective in encouraging a high-risk population (i.e., African American YMSM) to know their HIV status and increasing their awareness of risky sexual behavior. The data support the efficacy of an intervention based on individual motivation to reduce sexual risk in addition to traditional HIV C&T. Adapting prevention programming to the Internet can also be effective in targeting high-risk youth. These data support the need for more innovative outreach strategies to target high-risk and difficult to engage populations (e.g., the integration of Internet outreach with opportunities for HIV C&T in more private settings).

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Focus: Young Black MSM: Statewide Needs Assessment

Data from The Young Men's Health Study: A Statewide Needs Assessment of Young Black MSM

Daily Living:

These data paint a picture of young black MSM (YBMSM) in Michigan that reflects national data on older black MSM in many ways. The data show that many young men are well adjusted, successfully engaged in school and work, and have positive relationships with friends and family.

Family and Community:

We find that YBMSM in the state are enmeshed in a wide variety of local settings including schools, churches, work, and recreational and entertainment venues, so could be reached with prevention messages through many mainstream settings and channels. However, we also find that some of these settings are not perceived as safe or comfortable for young men. Specifically, YBMSM report mixed experiences within their racial community, families of origin, and churches. In examining young men's narratives about safety and acceptance and their reports regarding where and by whom they feel most supported, these data suggest that young men are heavily reliant upon the community of their peers. Strong reliance on peers may be a double-edged sword as these data also illustrate that peers may not always be a source of accurate HIV-related information and that peers may engage in unsafe sexual practices.

Mental Health:

Although many of the young men are proud of who they are and display strong positive self-regard, a troubling aspect of our data concerns the mental health of a sizeable minority of the young men. Men outside of Detroit report poorer mental health than men in Detroit. Additionally, far too many of the young men report being exposed to a diversity of traumatic experiences such as adolescents and young adults. Equally troubling is that, on the average, this sample of young men report clinically significant levels of problem substance use, which was more common among outstate residents than Detroit residents.

Young men reported coerced sexual experiences starting at an average age of 10, typically at the hands of family members and other adults. Consistent with other studies of MSM, we found that being a sexual assault survivor was associated with engaging in unprotected sexual intercourse. A consistent body of evidence indicates that among adult MSM, HIV positive status is strongly associated with having a sexual assault history. The very high rate of assault in this sample is of particular concern in light of the degree to which it is associated with later acquisition of HIV.

Condom Use:

On the whole, young men are concerned about HIV and most recognize that they are at risk of exposure to it. These YBMSM also possess relatively positive attitudes toward condoms, even though young men report a range of challenges in using condoms each and every time that they have sex. Nearly half of the young men had two concurrent sexual partners in the 90 days prior to being interviewed. According to their self-reports, men were less safe with their casual and one-time partners than with their steady partners, though rates of condom use could be improved across all types of partners. We also found that young men made their sexual debut early, with half reporting their first sexual experience occurred before they were 14 years old and probably before they had significant exposure to relevant, MSM-tailored HIV prevention information. Early sexual initiation is a documented risk factor for multiple partners, safer sexual practices, and STIs. Taken together, the data we have collected underscore the importance of increased prevention activity directed specifically toward young Black MSM.