

# 2012 Profile of HIV in Michigan (Statewide)

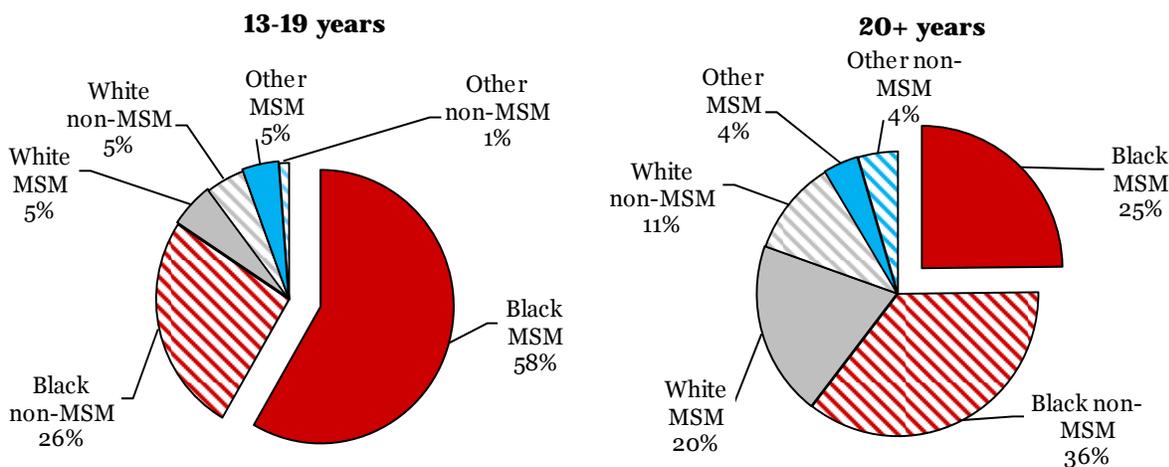
## Special Populations: Young Black MSM

Data from enhanced HIV/AIDS Reporting System (eHARS) & National HIV Behavioral Surveillance (NHBS) Young MSM Study

### Race/ethnicity and age:

Nationally and in Michigan, the fastest growing population of HIV-positive persons are young black males who have sex with males (MSM) (ages 13-24). Surveillance data from the 40 states with confidential HIV reporting since 2006 show that HIV diagnoses among black MSM ages 13-24 increased by 48 percent between 2006 and 2009, the only group with a statistically significant increase in diagnoses during that time periods (Centers for Disease Control and Prevention, *HIV Surveillance Supplemental Report*, Vol. 17, No.2, [http://www.cdc.gov/hiv/surveillance/resources/reports/2009supp\\_vol17no2/pdf/hssr\\_vol\\_17\\_no\\_2.pdf#page=3](http://www.cdc.gov/hiv/surveillance/resources/reports/2009supp_vol17no2/pdf/hssr_vol_17_no_2.pdf#page=3)). In Michigan, MSM (regardless of age) were 48 percent of all new HIV diagnoses between 2006 and 2010 (Trends). Of these newly diagnosed MSM, 55 percent were black. Of all teens diagnosed in the last five years, 84 percent are black compared to 61 percent of persons diagnosed at older ages (figure 90). Furthermore, teens are significantly more likely to be black MSM compared to adults 20 years and older (58 percent v 25 percent). These data underscore a need for prevention campaigns tailored to young black MSM, as the shift in new diagnoses to this young group will likely widen the already large racial gap among persons living with HIV.

**Figure 90: 13-19 year olds vs. persons 20 and older at HIV diagnosis by race and risk, 2006-2010**



### MSM behavior:

During the Young MSM Study of the 2008 MSM2 cycle of NHBS, 52 13-17 year 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. Eighty-one percent of respondents (42) reported having anal sex at their most recent sexual encounter. Among respondents who had anal sex, about two-thirds (69 percent) 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.

Figure 91 shows the type of anal sex experienced by the 81 percent of participants (42 of 52) who reported having anal sex at last sexual encounter. About two-thirds (62 percent) had only receptive anal sex (26 of 42) compared to 21 percent who reported insertive anal sex only (9 of 42). Seventeen percent

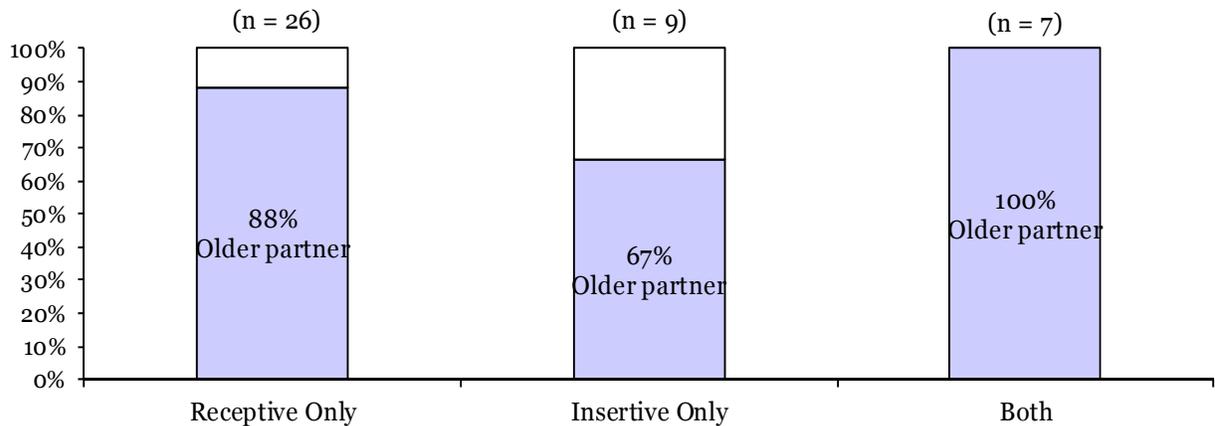
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Data from National HIV Behavioral Surveillance (NHBS) Young MSM Study & Michigan Disease Surveillance System (MDSS)

reported having both receptive and insertive anal sex (7 of 42) during last sexual encounter. Of those that engaged in receptive anal sex only, 88 percent reported that their partners were older than them. Participants who reported insertive anal sex only had a smaller proportion with older partners (67 percent). Participants who reported both types of anal sex at last intercourse all had partners who were older than them. Thirteen percent of participants had their first sexual encounter with another man when they were 13 years old or younger, including one respondent who reported his first male-male sexual encounter was at 10 years of age.

**Figure 91: Receptive and insertive anal sex during last sexual encounter among Detroit YMSM relative to age of partner (NHBS, 2008)**



### STDs:

In 2011, 14 cases of primary and secondary syphilis were detected among 13-19 year old black males. This is an increase from 2010 levels (7 cases). The 14 2011 cases represented four percent of the total male cases with primary and secondary syphilis. All but two were MSM and nearly 30 percent were HIV-positive. This population represented 6 percent of all male syphilis cases and 9 percent of black male cases (data not shown in tables).

In 2011, 1,775 chlamydia cases were reported among black males ages 13 to 19. The rate of infection in this population is 1,929 per 100,000, nearly 4 times the rate of infection among all persons in Michigan. In terms of gonorrhea, 627 cases were reported in this demographic in 2011 with a rate of 681 per 100,000. In 2011, only 505 cases of chlamydia and 51 cases of gonorrhea were reported among white males in this same age group. This rate is over five times the rate of infection in the general Michigan population, and nearly times the rate of infection among those 13-19. Gonorrhea rates among young black males in cities such as Flint, Detroit, Kalamazoo, and Ypsilanti have rates showing even higher levels of disproportional impact. NOTE: data on sex of sexual partner is not consistently reported for chlamydia and gonorrhea cases; therefore, the data in this paragraph pertain to all black males, not MSM only.

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

#### **Brothers Saving Brothers:**

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.

Participants for the field outreach intervention 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.

Participants for the internet survey 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.

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

### **Statewide needs assessment:**

Young men in the Young Men's Health Study were between the ages of 14 and 24, with a mean age of 20.4 (SD=2.3). Men aged 18 years and younger composed 23 percent of respondents. Most identified their sexual identity as gay (75 percent gay, 22 percent bisexual, 3 percent other) and their gender identity as male (93 percent male, 7 percent female). 22 percent had not completed high school (largely because they were still enrolled), 41 percent had a high school degree, 34 percent had completed some college, and 4 percent had a college degree. A majority was in school (62 percent) and employed (59 percent). Young men reported an average monthly income of \$648 (SD=\$800). Roughly half (51 percent) lived with a parent or other relative. The remainder of the young men lived independently in an apartment (36 percent) or dormitory (1 percent); a minority was unstably housed (8 percent). 59 percent of young men lived in the Detroit metropolitan area; 41 percent lived in the Out-State regions.

Although most young men reported positive relationships with their families of origin and felt that their families provided them a safe and supportive environment, a sizeable minority reported negative relationships with their family of origin resulting from their family members' disapproval of same-sex attractions. 87 percent had ever participated in a religious institution. However, only 52 percent participated in places of worship at the time of the interview. The dominant reason for leaving a religious institution was religious intolerance of homosexuality. Among those who participated in places of worship, 75 percent did not feel supported by their religious community. About 67 percent said they were part of a gay, lesbian, bisexual community, a majority of whom found it supportive. Young men relied heavily on their peers for general social support and, to a lesser extent, on their mothers. However, peers were the primary source of support for topics related to sex and sexuality. When asked where young men felt most safe they named their family of origin and the gay community; they felt least safe and supported in Black and religious communities.

Hospital emergency rooms were the most common source of health care, followed by private physicians. Although 62 percent of the participants were in school, school-based care was used infrequently. Young men reported limited use of specialized facilities for LGBT populations. Men frequently reported more than one location as their usual source of care. It was especially common for men to combine the use of hospital emergency rooms with visits to private physicians' offices (41 percent) and public health clinics (33 percent). For HIV and STD testing, public clinics and the health department were named as preferred locations.

The participants completed well-validated measures of substance abuse and depression. The substances that were most commonly used by men in the sample in the 90 days prior to their interview were alcohol (75 percent) and marijuana (47 percent). The average score for substance abuse was 3.1 on a scale where 2 indicates problem substance use; 54 percent scored in the abusive range. Thirty-three percent of the young men met clinical criteria for depression. Young men in the Out-State regions reported significantly more substance abuse and depression than men in the Detroit area. Young men reported high rates of exposure to multiple forms of violence: 32 percent reported they had been sexually assaulted, 74 percent had been exposed to physical abuse, and 91 percent had been exposed to emotional abuse. 75 percent had been exposed to more than one of these kinds of violence. Physical and emotional violence increased young men's risk of substance abuse and depression. Sexual violence and substance abuse increased their risk of inconsistent condom use.

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The average age at which young men had initiated sex was 14.3 years (SD=3.4). Ninety-four percent of men had been sexually active in the year prior to being interviewed, with an average of 4.7 sexual partners (SD=6.5). Among these men, 86 percent had exclusively male partners, 14 percent male and female partners, and 1 percent female partners only. Although attitudes toward condoms were positive on the average, twenty-six percent of men had not used a condom on their last intercourse occasion. One hundred fifty-five men reported having vaginal or anal sex in the prior 90 days with a total of 363 sexual partners. Fifty-four percent of sexual partners were casual or one-time partners. Having sex with partners who were not of a similar age or Black was associated with a pattern of high-risk substance use and sexual activity.