

Project LINC



AIDS Institute, Division of Epidemiology, Evaluation and Research, Bureau of HIV/AIDS Epidemiology

LINC

Long Islanders Now Connected

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National HIV Behavioral Surveillance System, Men who have Sex with Men Cycle, Long Island NY, 2008

The National HIV Behavioral Surveillance System (NHBS) is a joint effort between the Centers for Disease Control and Prevention and the Bureau of HIV/AIDS Epidemiology, AIDS Institute, New York State Department of Health (NYSDOH). Twenty-one municipalities across the country participated in this national effort to monitor behaviors that put men who have sex with men (MSM) at risk for HIV infection. Long Island, New York is the geographic focus of NYSDOH's effort. Locally, HIV behavioral surveillance is known as Project LINC (Long Islanders Now Connected). Risk behavior data is collected approximately once every three years and this report summarizes data collected in 2008.

Venue-Based Sampling

Participants were recruited using venue-based sampling, a form of time-space sampling in which individuals are recruited and enrolled at specific times and locations within a defined geographic area. Sixty-three venues frequented by MSM were identified by project staff during a formative research phase that preceded data collection; 13 venues met our minimum criteria (MSM comprise at least 75% of attendees and minimal safety concerns at the venue). Data collection was limited to days and times of peak MSM attendance. Locations and times were randomly selected, on a monthly schedule, for MSM recruitment activities; special events such as film festivals and gay pride events were included as non-random sampling events.

Eligible participants were male (excluding transgender), at least 18 years of age or older, not previously interviewed in the current MSM cycle of NHBS, current residents of Nassau or Suffolk county (Long Island) and able to complete the interview in English or Spanish. Data collection was via in person interviews and participants were offered HIV testing. All interviews and tests were anonymously administered by trained staff; participants received nominal compensation for each component.

Analysis Inclusion Criteria and Participant Distribution

Of 582 men approached to participate in the study, 324 (56%) met the eligibility criteria and were interviewed. Forty-four men were excluded from analyses because they did not have sexual intercourse in the previous 12 months, had sex with females only or their interviews were lost due to technical error. In addition, participants with long standing HIV infection were excluded, yielding a final sample of 263 men. Un-weighted results are presented in this report.

Although the sample is geographically diverse (Figure 1), the eastern end of Long Island remained largely under-represented in the final sample. Men from Brentwood, Bay Shore and Central Islip were well represented in the sample.

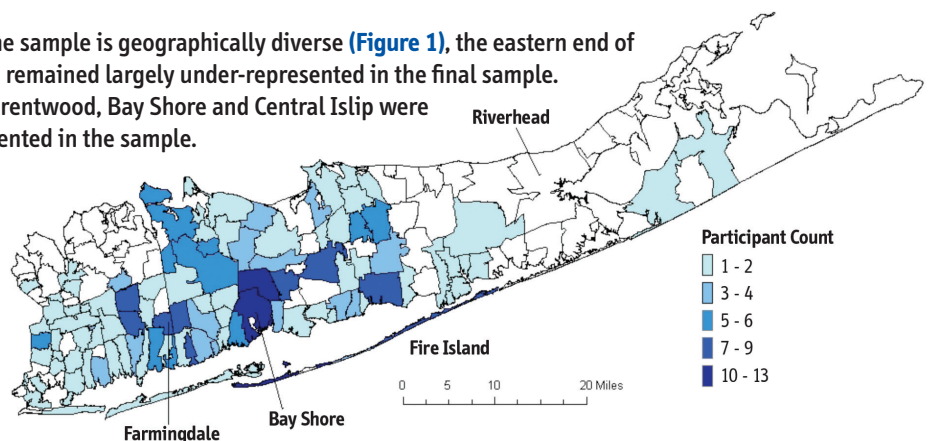


Figure 1. Distribution of Participants by Zip Code, Long Island, NY

HIV Prevalence and Testing History

Two hundred and forty-two participants accepted the offer of HIV testing. Nineteen confirmed cases of HIV were identified for a prevalence of 8% (19/242); five (26%) were unaware of their HIV infection. Slightly less than half of the final sample (46%) reported testing for HIV in the past 12 months (Figure 2). Of those who reported testing in the past 12 months, 81% reported testing to make sure they were HIV negative (Figure 3) and 63% reported testing regularly. Notably, about one-third sought testing because they were concerned about a recent exposure. Of the 118 who did not test, almost 70% felt that they were at low risk for HIV (Figure 4). Individuals aged 18-24 years (p -value=.005), those with a 12th grade education or less (p -value=.001) and those without full or part-time employment (p -value=.003) were significantly less likely to have ever tested for HIV outside of this study (data not shown).

Figure 2. HIV Testing History

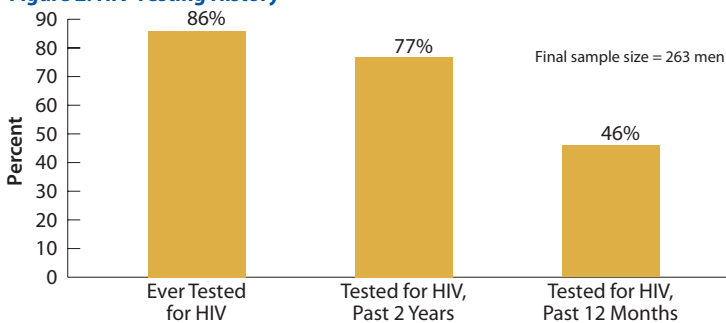


Figure 3. Reasons for Testing HIV, Past 12 Months

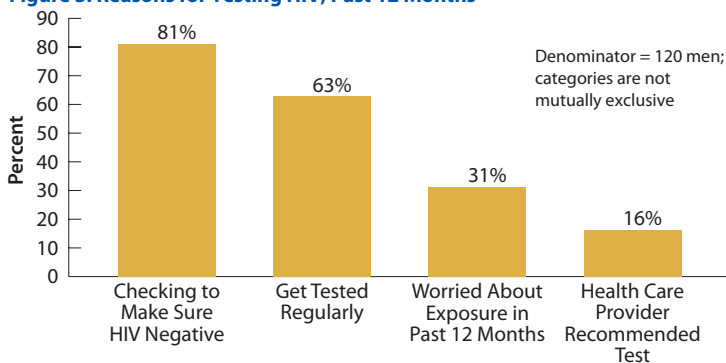
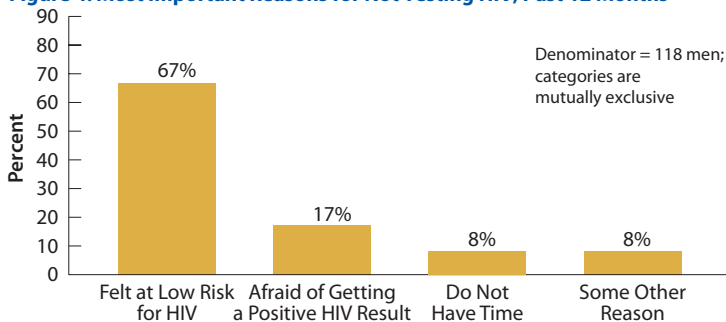


Figure 4. Most Important Reasons for Not Testing HIV, Past 12 Months



Sample Characteristics

Forty-four sampling events were conducted between September and December 2008. The majority of recruits (56%) were enrolled from bars (Table 1). Participants were predominantly non-Hispanic white (65%), well educated (75% with some college, Bachelors or higher degree) and employed (79% employed full or part-time). Almost 60% reported an annual income of \$50,000 or more and the mean age was 36 years (standard deviation = 13 years).

Approximately 80% of men reported having health insurance, mainly through private carriers (68%). A large majority (86%) reported visiting a health care provider in the past 12 months (Table 2). Of these, about one-third were offered an HIV test, but most (82%) indicated that it was rare for a physician to take their sexual history (159 participants queried). The prevalence of self-reported hepatitis and sexually transmitted infections was 8% and 9%, respectively.

Table 1. Sample Characteristics of NHBS MSM 2008*

	Number	Percent
Types of venues sampled		
Bars	148	56
Social organizations	78	30
Gay pride or similar events	25	9
Sex establishment or environments†	12	5
Age (in years)		
18-24	61	23
25-34	73	28
35-44	66	25
45 and older	63	24
Race/Ethnicity		
White, non-Hispanic	172	65
Hispanic	54	21
Black, non-Hispanic	18	7
Multiple Races	5	2
Asian	3	1
American Indian/Alaska Native	4	2
Native Hawaiian/Pacific Islander	1	<1
Other	6	2
Education		
12th grade education or less	67	25
Some college	99	38
Bachelors or higher degree	97	37
Employment Status		
Employed full/part-time	207	79
Other	56	21
Annual Household Income		
< \$20,000	26	10
\$20,000- < \$40,000	41	16
\$40,000- < \$50,000	23	9
\$50,000- < \$75,000	51	19
\$75,000 or more	105	40
Missing	17	6
County of residence		
Nassau	96	36
Suffolk	167	64
Country of Birth		
United States	222	84
Other	41	16

*Final sample size = 263 men; see text for detailed exclusion criteria

† Locations attended for the purpose of engaging in sex with other men e.g., sex clubs and cruising areas.

Sexual Behaviors in the Past 12 Months

The majority of the sample self-identified as homosexual (80%) (Table 3). Multiple sexual partners were common (75%), with three out of four reporting having sex with a new partner in the past 12 months. On average, participants reported four sexual partners when both male and female partners were considered and three when only male partners were considered.

Overall, 72% of participants reported having casual sex partners (i.e., a sexual partner that the participant did not feel committed to or did not know very well), 66% reported having main partners (i.e., a sexual partner that the participant felt committed to above anyone else) and very few (<1 %) reported having exchange partners (i.e., a sexual partner that the participant had sex with in exchange for things like money or drugs). When combinations of partner types were examined, four mutually exclusive categories of sexual partnerships were identified: 1) men who reported having main and casual sex partners (38%), 2) those with only casual sex partners (33%), 3) those with only main sex partners (28%), and, 4) those with main, casual and exchange sex partners (<1%). Of the 218 men reporting anal sex, more than half reported unprotected anal intercourse. Unprotected anal intercourse was twice as common with main (68%) compared with casual (36%) partners.

Alcohol and Drug Use

The majority of study participants (89%) reported consuming alcohol in the past 12 months and half reported binge drinking in the past 30 days (Table 4, see page 4). Non-injection drug use was relatively common (43%); the most commonly used drugs were marijuana (81%), cocaine (39%), amyl nitrate or “poppers” (32%), non-prescription pain killers (24%) and downers (17%); only 5% reported crystal meth use.

Table 2. Selected Characteristics*

	Number	Percent
Visited healthcare provider, past 12 months	227	86
Healthcare provider offered an HIV Test	71	31
Ever had Hepatitis vaccine	110	42
Healthcare provider told you that you had Hepatitis	20	8
Sexually transmitted infection diagnosis, past 12 months†	23	9
Doctor takes sexual history (n= 159)		
Every/almost every time	26	16
Sometimes, rarely	131	82
Did not have a regular checkup	2	1
Experienced intimate partner violence in most recent relationship	15	6
Used internet at least once a week to meet sex partners	74	28

*Final sample size = 263 men
 † Diagnosed with syphilis, gonorrhea, chlamydia, herpes, HPV, or other STI.

Use of Local HIV Prevention Services in the Past 12 Months

The majority of men (70%) reported receiving free condoms (Table 5, see page 4). Although self-identified homosexuals were significantly more likely to receive free condoms compared to self-identified bisexuals (74% v. 51%, $p=0.001$), no difference in the use of free condoms was observed (70% respectively, data not shown). Only a quarter of men reported participating in HIV behavioral interventions.

Limitations

There were few public venues on Long Island that catered specifically to MSM and only a small proportion of those (mainly bars) were suitable for conducting this health survey. Although Fire Island is a popular gathering place for MSM during the summer months, many visitors do not reside in the catchment area and their non-resident status makes them ineligible for the survey. Enrollment was therefore limited to the men who frequent a relatively small number of venues. Additionally, certain population subgroups, such as African American men, with less frequent attendance at the venues, are not well represented in this sample. Therefore, the findings are not generalizable to all population subgroups as they may differ from study participants on important factors such as socioeconomic status and social pressures. Although men from the eastern region of the island are not well represented, findings remain applicable to communities of men with characteristics similar to those of study participants.

Table 3. Selected Sexual Characteristics*

	Number	Percent
Sexual Identity		
Homosexual	210	80
Bisexual	53	20
Number of sexual partners, past 12 months		
One	66	25
Two or more	197	75
Sex with new partner(s), past 12 months	201	76
Anal sex, past 12 months	218	83
Unprotected anal sex, past 12 months	131	60
Type of partner† at last sexual encounter		
Main	125	47
Casual/Exchange	138	53
Sexual behaviors with main partners		
Anal sex, past 12 months	149	57
Unprotected anal sex, past 12 months	102	68
Sexual behaviors with casual partners		
Anal sex, past 12 months	131	50
Unprotected anal sex, past 12 months	47	36
Participant knew partner's HIV status	159	61
Participant had concurrent sexual partners	126	48
Participant reported ever having sex with a woman	150	57
Participant reported having sex with a woman, past 12 months	40	27

*Final sample size = 263 men
 † See section titled “Sexual Behavior in the Past 12 Months” for definition.

Table 4. Alcohol and Drug Use*

	Number	Percent
Any alcohol use, past 12 months	235	89
Any alcohol use, past 30 days	221	84
Binge drinking	115	52
Heavy drinking	37	17
Ever injected drugs	5	2
Any non-injection drug use, past 12 months	113	43
Any non-injection drug use, past 12 months	113	43
Type(s) of non-injection drugs (n=113)		
Marijuana	91	81
Powdered Cocaine	44	39
Poppers	36	32
Pain Killers	27	24
Downers	19	17
Crystal Meth	6	5

*Final sample size = 263 men

Table 5. Use of Local Prevention Services, Past 12 Months*

	Number	Percent
Received free condoms	183	70
Used free condoms received	126	68
Participated in HIV behavioral interventions†	65	25

*Final sample size = 263 men
† Includes group and individual level discussions.

Conclusions

In this analysis of well educated, predominantly non-Hispanic white males, new sexual partners, multiple partners and casual sex were common. Men routinely engaged in unprotected anal intercourse but did so predominantly with main sexual partners and to a lesser extent with casual partners. Given the prevalence of HIV testing, it appears that sustained targeted prevention campaigns aimed at increasing testing acceptance have been successful. However, based on the reasons given for testing in the past 12 months, it appears that prevention messages around reducing unprotected sex are less successful. The reported high prevalence of alcohol consumption is likely related to the recruitment of the majority of participants from bars. Finally, given the recent spotlight on Viagra and crystal meth use among MSM, we assessed frequency of use in this analysis. We observed that although non-injection drugs were common, little Viagra or crystal meth use was reported. This analysis precedes the New York State 2010 HIV Testing Law which stipulates the universal offer of HIV testing by virtually all health care providers; if the law is successful, the proportion testing due to the recommendation of a health provider should increase in the next cycle of MSM NHBS.

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