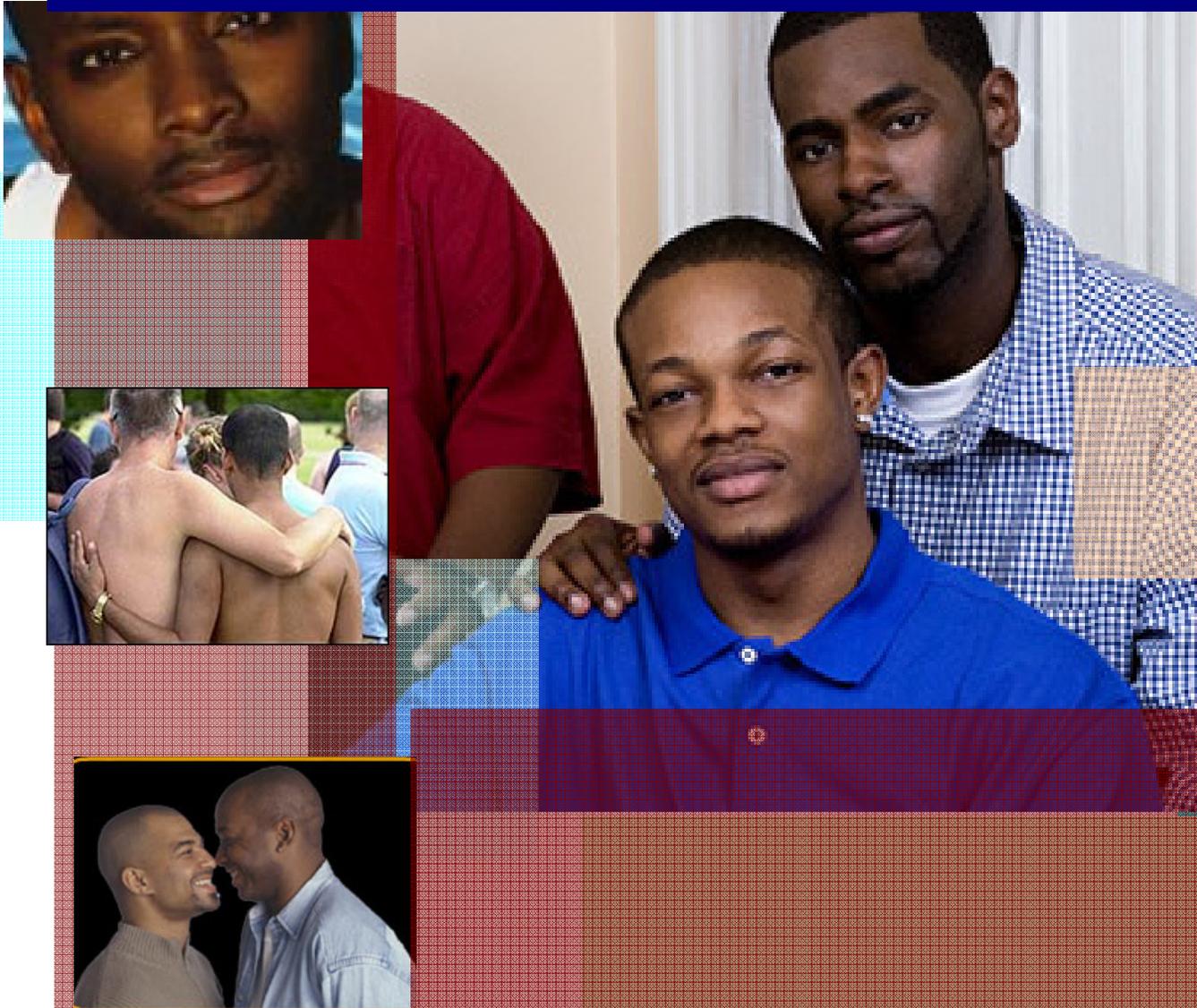




DC HIV Behavior Study Series #2

MSM in DC:

A Life Long Commitment to Stay **HIV** Free



Government of the
District of Columbia
Adrian M. Fenty, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA



Executive Summary

The HIV/AIDS epidemic in DC remains as complex as ever. The District's modern epidemic is large at 3% of all adults and adolescents living with HIV/AIDS, impacting every age group, neighborhood and mode of transmission. A significant portion of the HIV/AIDS epidemic has affected men who have sex with men. Of all the 16,513 persons living with HIV/AIDS in DC as of 2008, 40% or 6,722 have as their mode of transmission men who have sex with men. One model of estimating the population of men who have sex with men in a new study by the Southern AIDS Coalition MSM Project estimates that 36,500 residents of the District of the Columbia are men who have sex with men. With that estimated population, about 19% of all men who have sex with men in Washington, DC are diagnosed and living with HIV/AIDS. This number is similar to the results of this study that showed 14% of men who have sex with men were HIV positive.

In social networks or communities of men who have sex with men with high rates of HIV, it is not enough to occasionally take precautions to protect yourself against traditional HIV risk behaviors. This study found that men of color had higher rates of HIV even

though they engaged in fewer high risk behaviors. When there is a lot of HIV in your social network, even more caution is needed to stay HIV free.

This second report in the series on DC HIV behaviors conducted among men who have sex with men shows that a complacency that the HIV/AIDS epidemic is under control for men who have sex with men has taken a toll.

In this study we examined the community in two different ways – we compared

younger (ages 18-29) with older (ages 30 and higher) and we compared white men with men of



color – and new facts emerged, dispelling some myths.

Contrary to some perceptions, younger men generally had safer sex behaviors; while older men got tested less and used condoms less and had more sex partners. Though white men were more likely to engage in higher risk sexual behavior, more men of color were impacted with HIV. We also learned that missed opportunities continue among medical providers for diagnosing men with HIV.

Here are the major findings of the 500 study participants:

HIV Positive

- More than 14% were confirmed HIV-positive, with nearly 75% being older men.
- More than 40% were unaware of their diagnosis prior to the study.
- More men of color were HIV positive than white men, and among young men who were HIV positive, nearly all were men of color.

HIV Testing and Missed Opportunities

- Nearly all men had been tested for HIV – 70% within the past 12 months, with younger men more likely to be tested (71%) compared to older men (62%).
- The Study showed that older men are more likely to be HIV positive, yet among those testing newly HIV-positive who had seen a doctor only slightly more than one-third were offered an HIV test by their health care providers. Medical providers must not conclude that age provides protection against HIV.
- Among those newly diagnosed, 70% had seen a healthcare provider at least once in the past 12 months and had not been diagnosed.



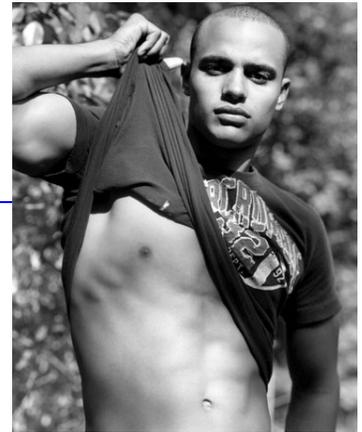
Behavior

- More than one-third of men did not know their last sex partner's HIV status.
- Over 40% of men did not use a condom at last sex, though men of color used condoms nearly twice as much as white men.
- Younger men who have receptive anal sex ("bottoms") and older men who have insertive anal sex ("tops") were less likely to use condoms.
- Younger men were twice as likely to have an older partner (54% versus 28%) and older men were more likely to have more sex partners.
- Over half (52%) of men reported using non-injection drugs; among those using drugs, crystal meth use 15%, lower than reported by MSM in other cities.

The numbers in this study are staggering, but they are changeable. We are convinced that there are no foregone conclusions to getting HIV for men who have sex with men. Young men who have sex with men do not have to get HIV as they get older. Similarly, older men get no immunity from HIV because they are older.

There are practical steps men who have sex with men can take, but there are no easy outs, such as HIV testing alone does not protect you from HIV. The take home messages for men who have sex with men come in threes:

- 1. DC recommends getting tested for HIV twice a year.**
- 2. Age does not provide immunity to HIV.**
- 3. Condoms, condoms, condoms.**



Study Basics: Who, What and Where

The District of Columbia is one of the 21 cities in the country participating in the U.S. Centers for Disease Control and Prevention (CDC) funded National HIV Behavioral Surveillance (NHBS) system to learn more about what puts people at risk for HIV. The CDC identified three target populations for the national system: heterosexuals at high risk of HIV infection, men who have sex with men and injecting drug users. The DC Department of Health (DOH) contracted with the George Washington University School of Public Health and Health Services, Department of Epidemiology and Biostatistics, to conduct the study. Locally, it is named WORD UP (Washington Outreach Research Drive to Understand Prevention) study. DOH has named the local version of the NHBS studies as the DC HIV Behavioral Study Series. The first report covered heterosexuals; this second report addresses men who have sex with men, and the third will be on injection drug users.

Following the CDC protocol for men who have sex with men, the DC HIV Behavior Study used a community-based recruitment method to recruit over 500 men at open air venues, gyms, bars, restaurants, and clubs men who have sex with men tend to frequent. Participants were interviewed at these venues which were located in Wards 1, 2, 5, 6 and 8. Only men who had sex with men in the past 12 months were included in this analysis. The study results are representative of the population of men who attended the venues in those community locations, and also highlight behaviors that may be relevant to all District men who have sex with men.

The chart below provides the demographic characteristics of the study participants. The participants were evenly distributed between those 18 to 29 years old and 30 and older, and white men and men of color. For this report, we considered men of color to include African-American, Hispanic, Multiracial, Asian/Pacific Islander and Native American. Most men identified as homosexual or gay. Among men who self-identified as bisexual, 82% were men of color and 62% were 18 to 29 years old.

Demographic Characteristics	Total (N=500) %
Age Group	
<30	49.4
≥30	50.6
Race/Ethnicity	
White	48.2
MSM of color	51.8
Sexual Orientation	
Homosexual	85.0
Bisexual	14.6
Heterosexual	0.4
Education	
High school or Greater	97.6
Employment Status	
Unemployed	6.2
Yearly Household Income	
< \$10,000	6.7
Housing	
History of Homelessness	4.8
Ever Incarcerated	
<i>Lifetime: Ever been to jail, prison, or juvenile detention</i>	17.0

High Rate of HIV

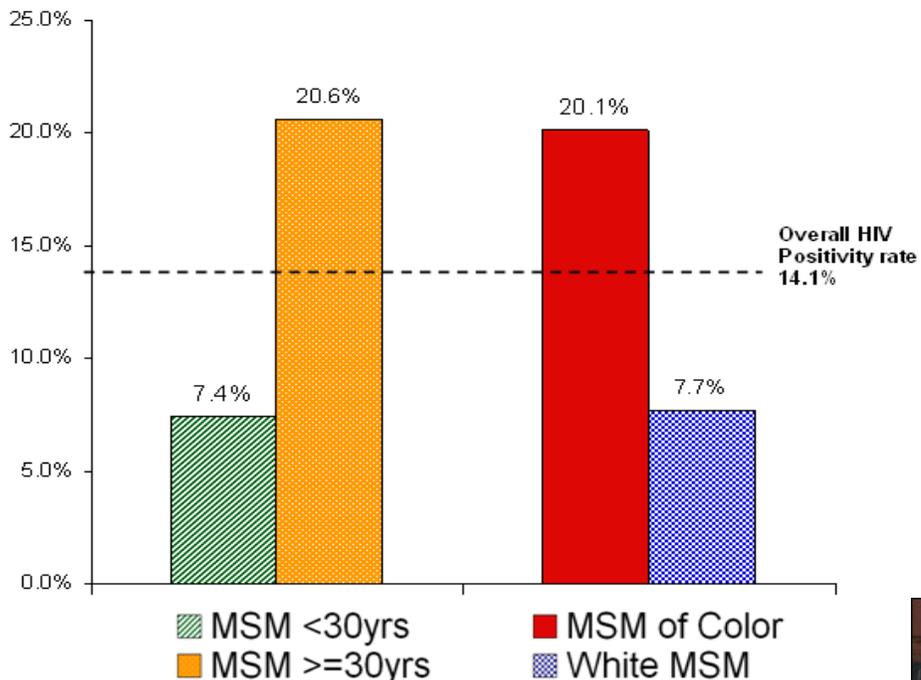
The Study found that overall 14% of the participants were HIV positive. This figure is well above the 3% overall rate of HIV/AIDS among District residents and exceeds the 1% threshold for a severe epidemic as defined by the World Health Organization.

The data show that older men and men of color had HIV positivity rates nearly three times higher than younger men and white men. Men of color who were 30 years or older had the highest rate, more than twice the overall HIV positivity rate. By race and all ages, over a quarter (25%) of black men who participated in the study were HIV positive, more than any other racial group. Over 10% of men who identified as multi-race (11%) and other (10%) were HIV positive and 8% of white males who participated in the study were HIV positive.

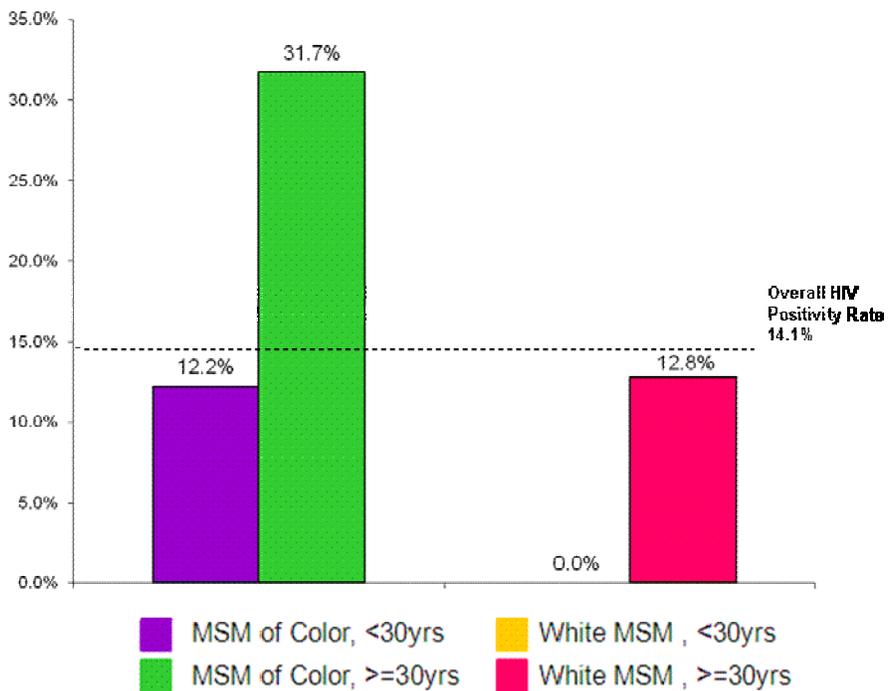
As mentioned previously, this study did not reach all men who have sex with men and may under-represent some groups, as evidenced by the fact that of the nearly 100 white men younger than 30, none were HIV-positive (see next page). It demonstrates that there is a need to do more studies of men who have sex with men using methods that can reach a wider population.

DC HIV Behavior Study #2

HIV Prevalence by Race/Ethnicity and Age, DC HIV Behavior Study, 2008, N=500



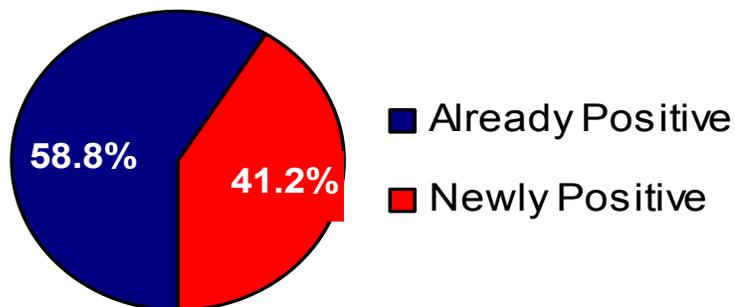
HIV Prevalence by Combined Race/Ethnicity and Age, DC HIV Behavior Study, 2008 N=500



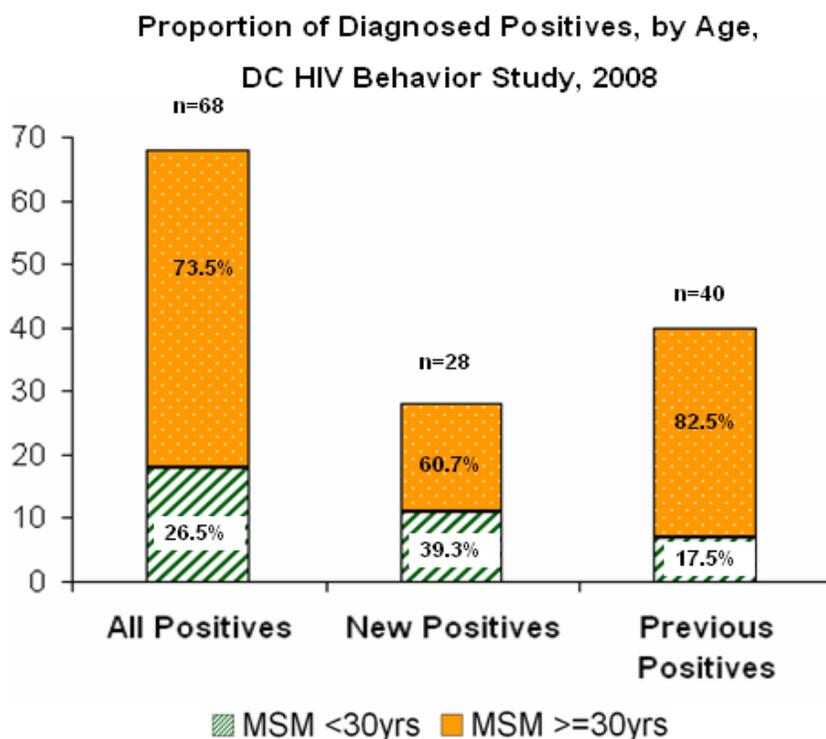
DC HIV Behavior Study #2

Consistent with the overall numbers, older men were more likely to be HIV positive. However, a higher proportion of younger men were newly diagnosed compared to older men.

Knowledge of HIV Status, DC HIV Behavior Study 2008
Knowledge of HIV Status Among positives
n=68



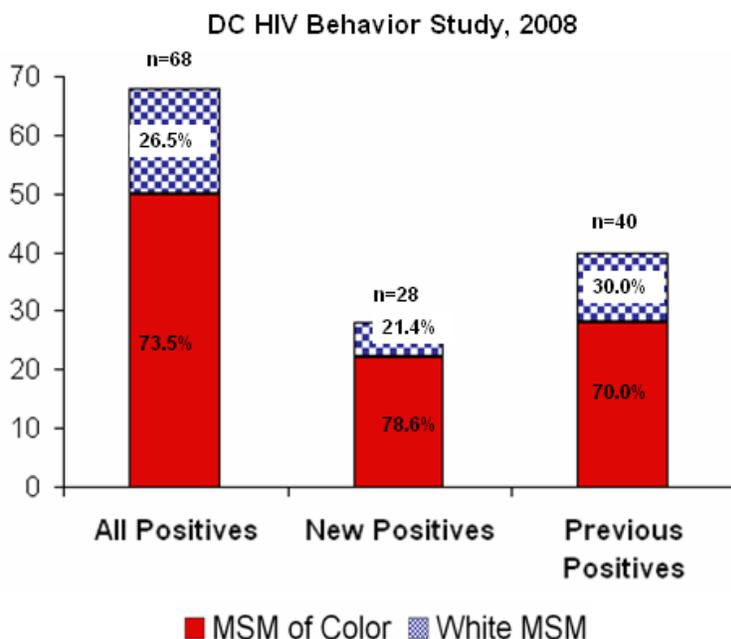
As part of the study, all men who participated were tested for HIV. Of those participants who tested positive, more than 40% were previously unaware of their status.



DC HIV Behavior Study #2

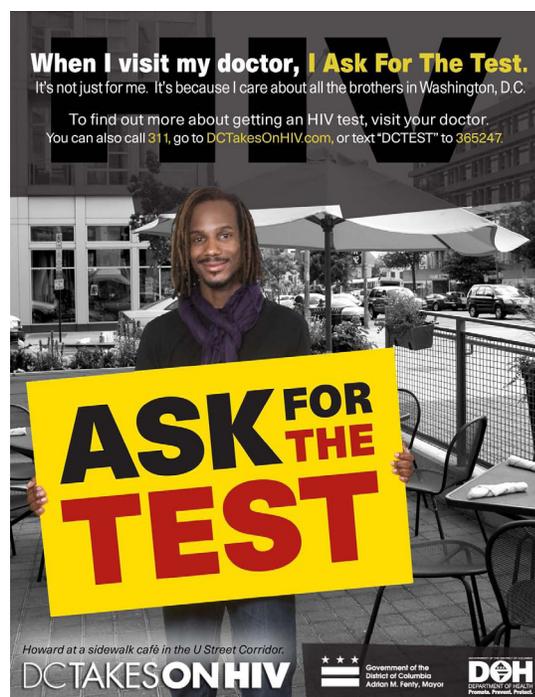
Similarly, men of color were more likely to be HIV positive overall and among persons newly diagnosed and previously diagnosed. Also, across all the groups, nearly two-thirds of participants stated they knew their HIV status based on a test in the last 12 months.

Proportion of Diagnosed Positives, by Race/Ethnicity,



HIV Testing

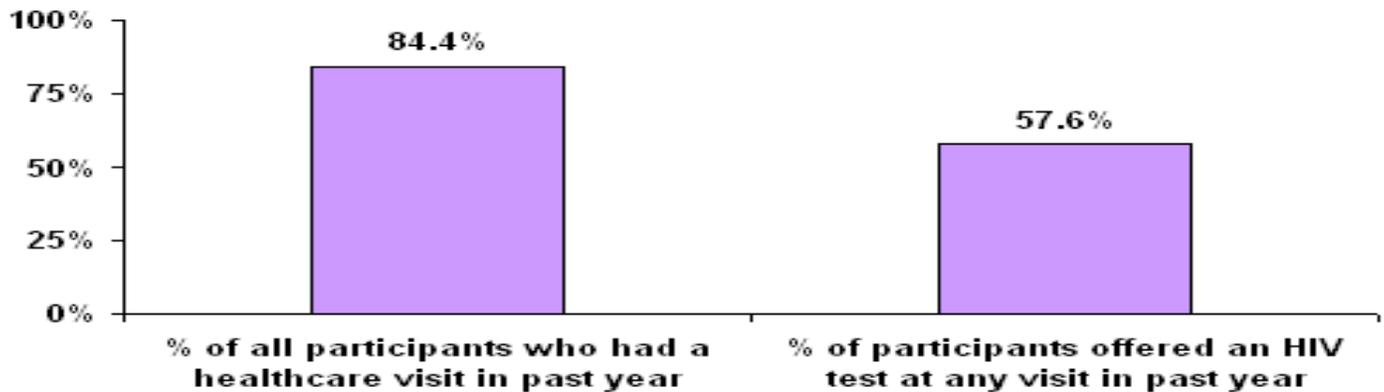
The DC Department of Health has said before that being tested for HIV once is not enough. From this study and other surveys, most men who have sex with men said they have been tested at least once for HIV. However, there is a slight difference between younger men and older men when tested in the past year, with 71% of men ages 19 to 29 versus 60% of men older than 30 having been tested. Even with these relatively high testing rates, 40% of men were unaware of their current diagnosis. That figure is double the percentage the CDC estimates (20%) for people who do not know they are HIV positive. Washington, DC is the first city in the country to implement a policy of routine annual HIV testing for all adults and adolescents. The data for this study was collected two years after the policy in DC was established. The results show that there continue to be missed opportunities to test and diagnose DC residents and more work to be done with DC medical providers to implement routine HIV testing.



DC HIV Behavior Study #2

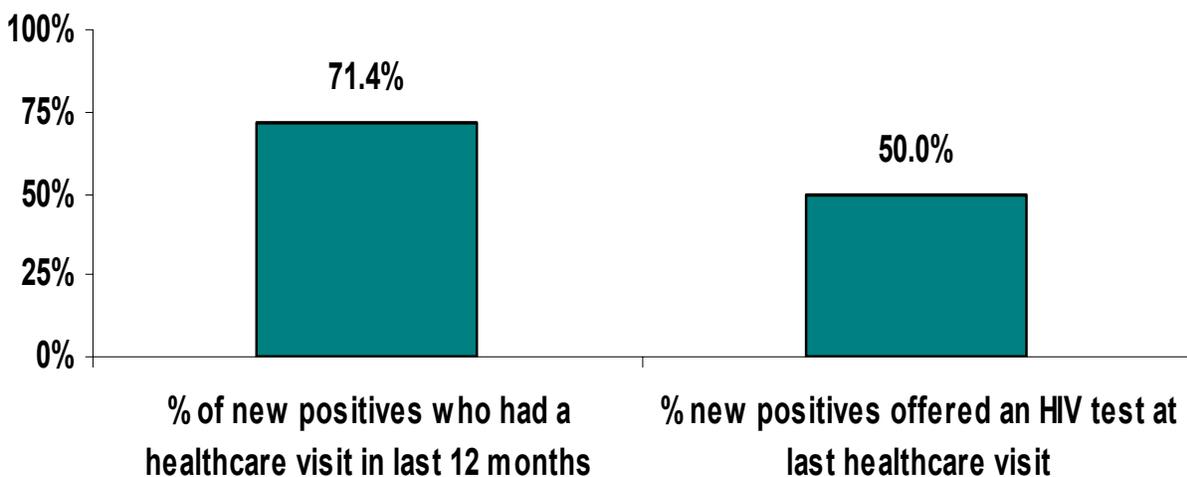
A high percentage of study participants see a doctor, nurse or other health care provider in a year. More than half were offered an HIV test at one or more of those visits.

HIV Testing Behaviors, DC HIV Behavior Study 2008, N=500



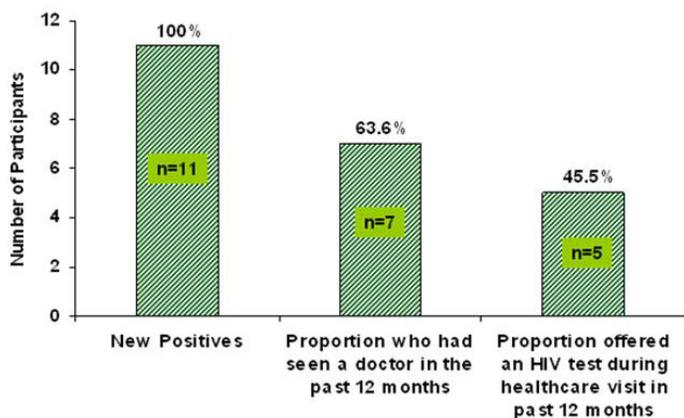
Of concern, of those persons who screened newly HIV positive in the study, nearly three-quarters had seen a health care provider at least once in the past 12 months and were not diagnosed. This is likely due to both missed opportunities for HIV testing, as well as possible new HIV-infection since the last test

HIV Testing Behaviors, New Diagnosis, DC HIV Behavior Study 2008, N=28



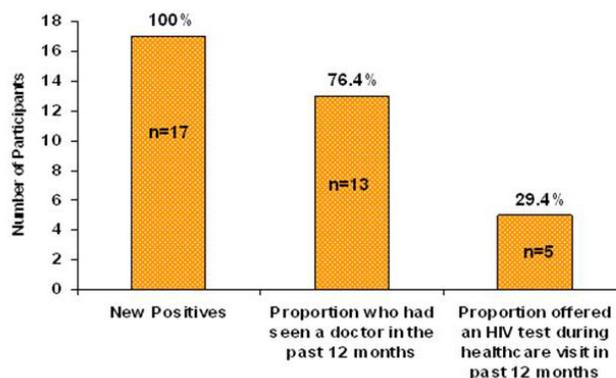
Among newly diagnosed men under 30yrs old, nearly two thirds (64%) had seen a doctor in the past 12 months, with nearly three quarters of them (71%) being offered an HIV test during the visit. Among newly diagnosed men 30 yrs and older, over three quarters (76%) had seen a doctor in the past 12 months, with just over a third of them (38%) being offered an HIV test.

Routine Testing Behaviors among New Positives <30, DC Behavior Study, N=11



MSM <30yrs

Routine Testing Behaviors among New Positives >=30, DC Behavior Study, N=17



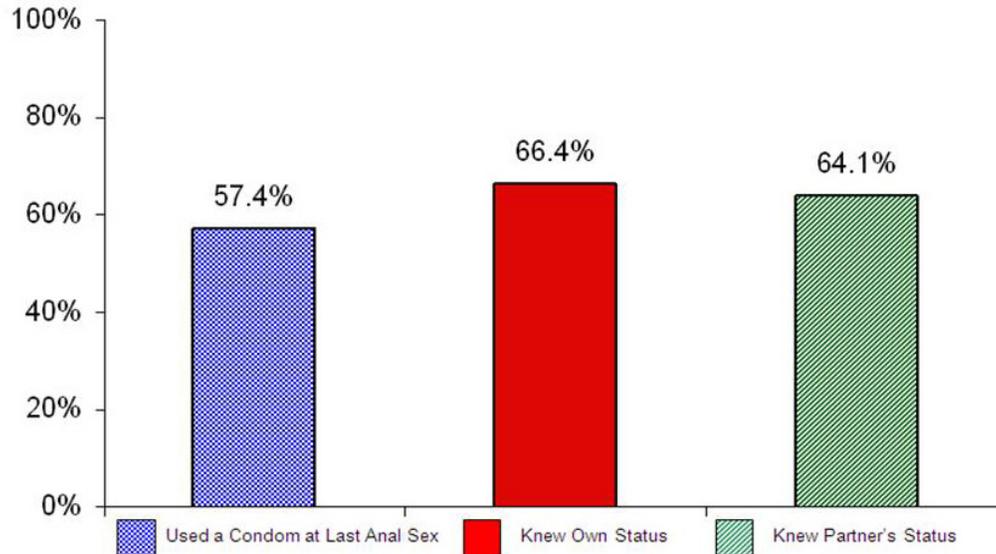
MSM >=30yrs

With the high rates of HIV and risk behavior among men who have sex with men in the District (see the following sections on partner’s status, condom use and numbers of partners), the chances are higher that you can become newly infected even if you have been tested at one point in the past. This is because in social networks with a lot of HIV, even having unprotected sex just once can expose you to HIV. So, some people who have previously been HIV-negative may be newly infected and not yet aware of their new HIV-positive status. Given these factors, the DC Department of Health recommends that men who have sex with men get tested more frequently, about two times every year.

HIV Risk Behavior

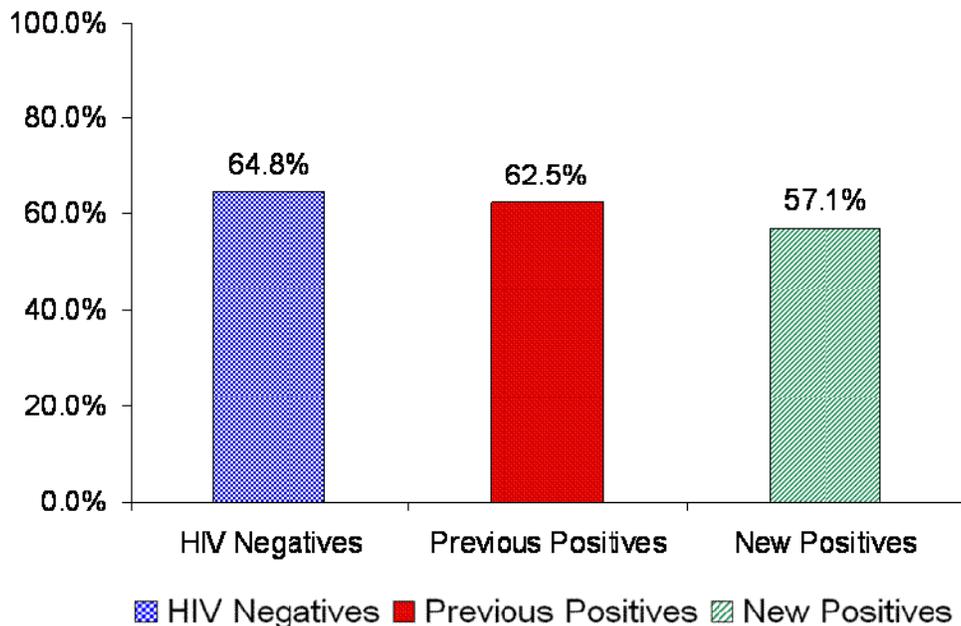
As stated earlier, in a city where there is a high prevalence of HIV/AIDS, it takes little risk behavior to be exposed to HIV. Three factors for all men who have sex with men to consider in sexual activity are: knowing one’s HIV status, knowing your partner’s HIV status, and using condoms. Not knowing both of the first two and not using a condom is a formula for HIV transmission.

Proportion of "Safer" Sex Behaviors among All Participants, DC Behavior Study, 2008, N=500



When looking at whether or not men knew the status of their partner, men who were newly diagnosed as positive were least likely to know their last partner's status.

Knowledge of Last Partner's HIV Status by Those who Knew Own Status, DC HIV Behavior Study



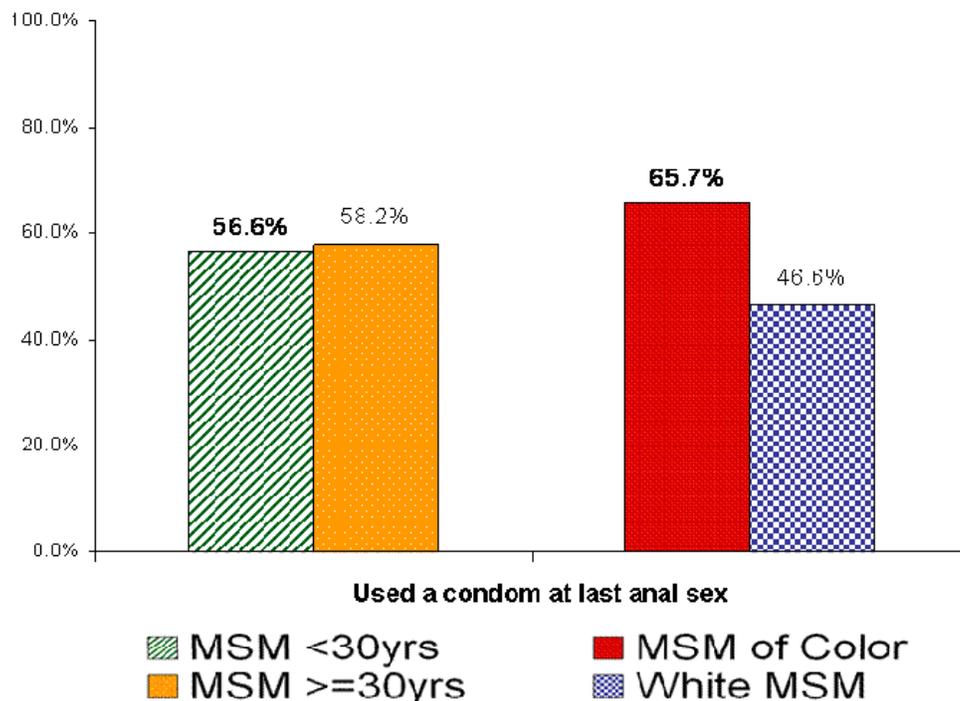
Condoms



When the HIV/AIDS epidemic began in the 1980's, there was no test available, limited knowledge on how the HIV virus was spread, and no treatment or cure. The one device that slowed the transmission of the disease among men who have sex with men was the condom. Fast forward to today and though we have more knowledge about the virus, easy ways to test and new and effective treatments, still the one device that effectively prevents HIV remains the condom. The District is one of only two cities in the country to have a public sector free condom distribution program. In 2009, the DC Department of Health distributed 3.4 million free condoms to public health, community, businesses, schools and other locations across the city. In this study, two-thirds of the participants had received free condoms. The data in this study show that the challenge continues to move from promoting availability of condoms to the actual use of condoms. Overall, only half of men who have sex men in the study had used a condom during their last sexual anal sex. The figure below shows only minor differences among age and race/ethnicity.



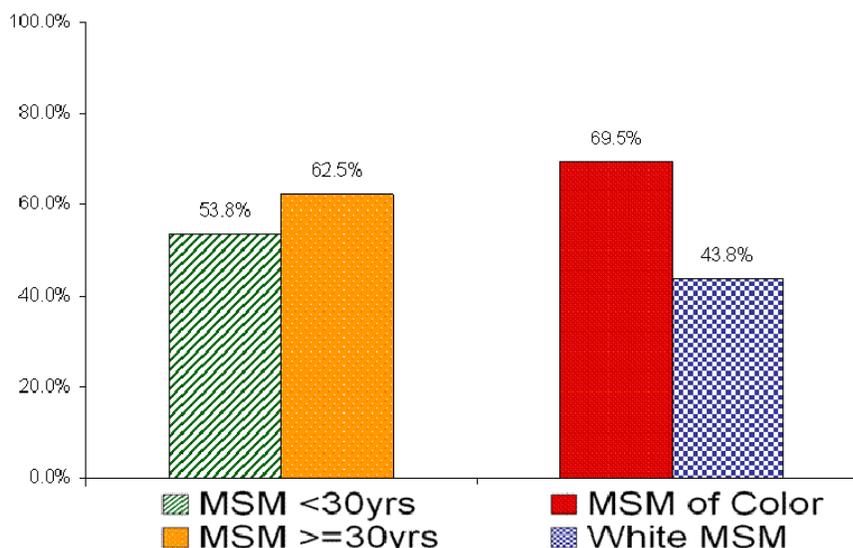
Condom Use at Last Anal Sex by Race/Ethnicity and Age, DC HIV Behavior Study, 2008, N=500



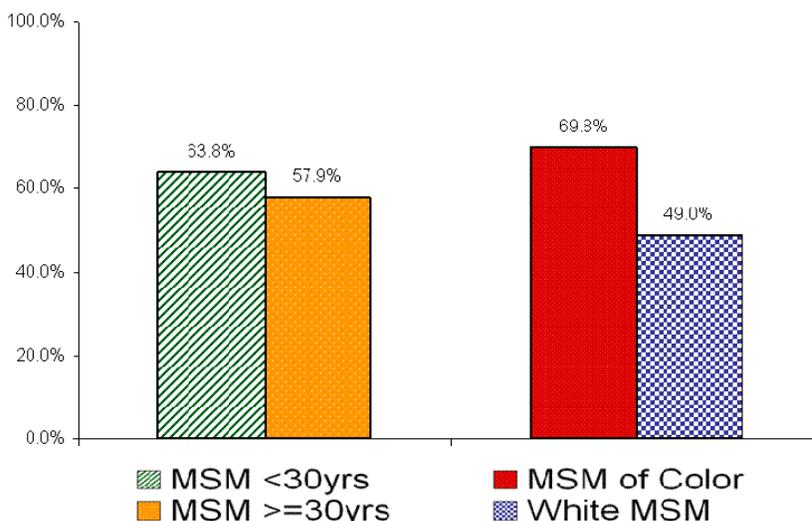
DC HIV Behavior Study #2

The study asked about use of condoms by tops (insertive sex) and bottoms (receptive sex). Overall, there was nearly even condom use by both – 58% by those who bottomed at last sex and 61% by those who were tops at last sex. However, there were differences by age and race/ethnicity. From the charts on the next page, generally younger bottoms and older tops were less likely to use condoms. With both tops and bottoms, men of color were by half more likely to use condoms than white men.

**Condom Use at Last Receptive Sex,
DC HIV Behavior Study, 2008, N=500**



**Condom Use at Last Insertive Sex,
DC HIV Behavior Study, 2008, N=500**

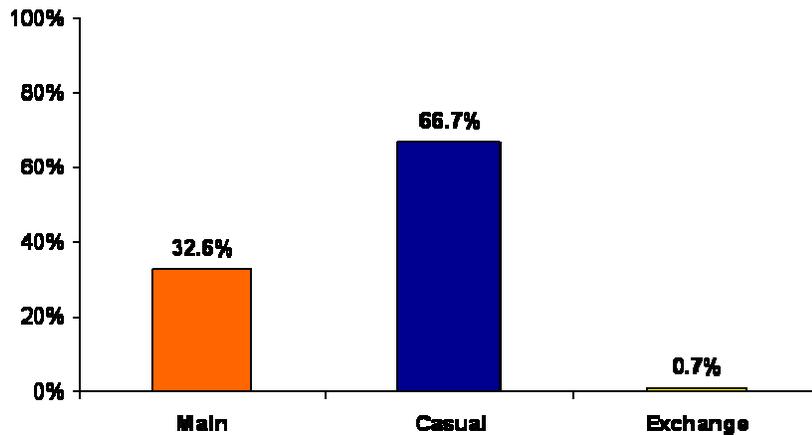


Partner Characteristics

Among the participants in the study, two-thirds reported their last partner as a casual partner and one-third as a main partner – defined as someone you have sex with and who you feel committed to above anyone else. Less than one percent had exchange partners, which was defined as having sex for money, shelter or drugs.

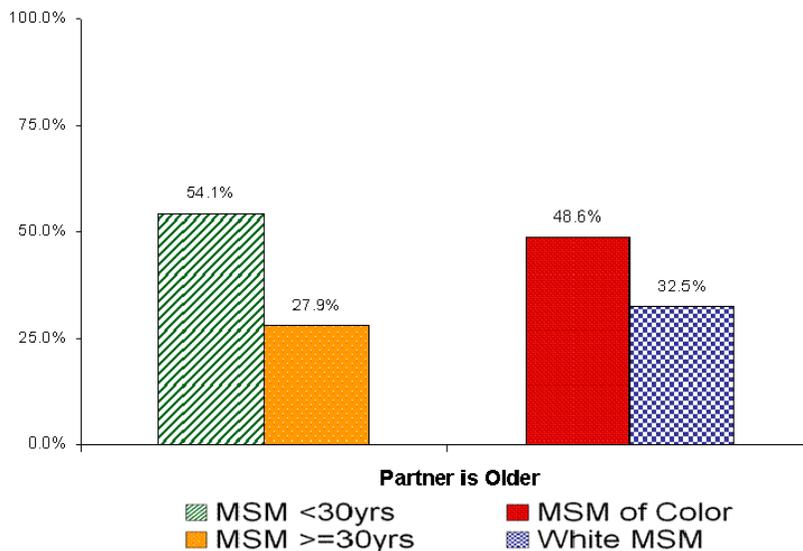


Type of Partner at Last Sex, DC HIV Behavior Study 2008, District of Columbia, N=405



Younger men and men of color in the study were more likely to have an older partner.

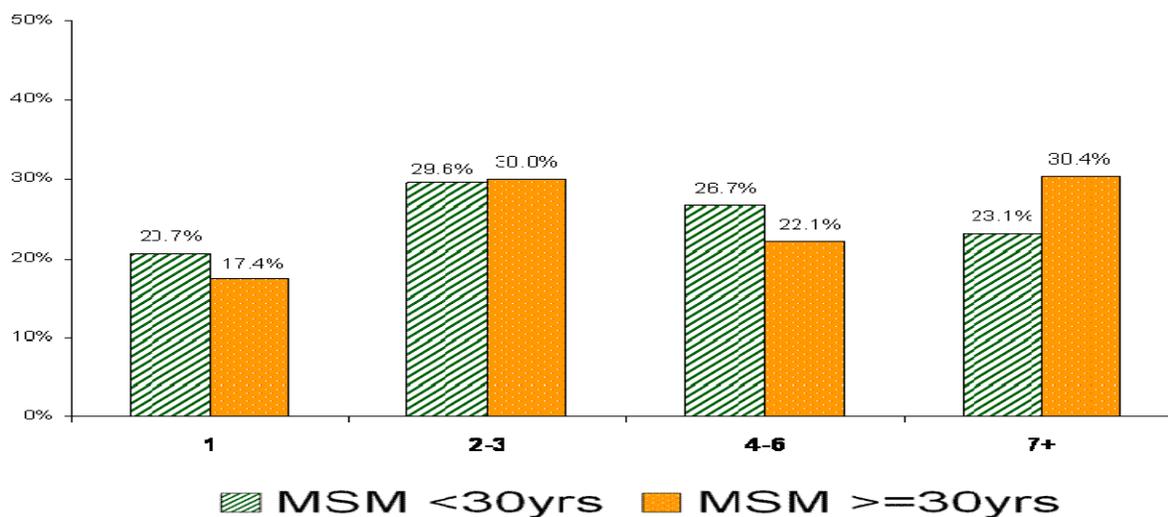
Proportion of Participants with Older Sex Partner, by Race/Ethnicity and Age, DC HIV Behavior Study, 2008, N=332



DC HIV Behavior Study #2

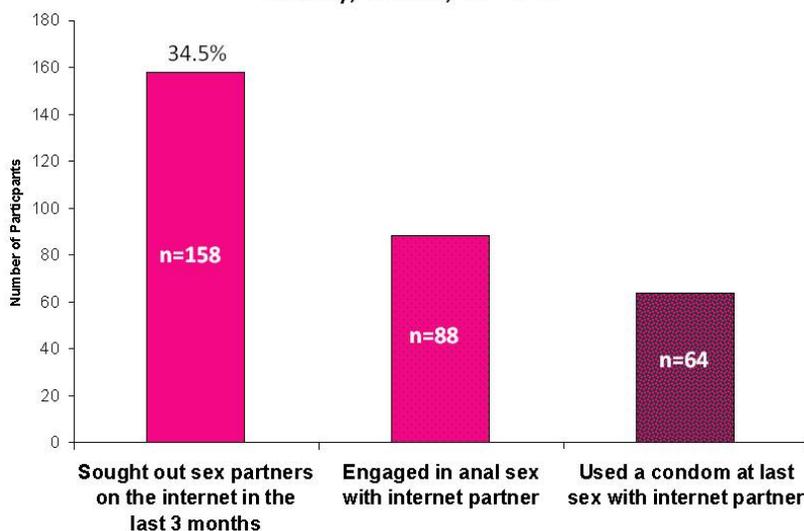
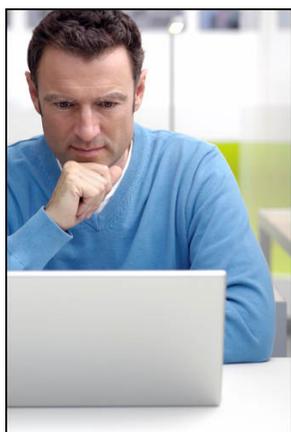
Overall, older men were more likely to have more sex partners – especially 7 or more in one year – than younger men. Among race/ethnicity, white men at about 60% were more likely than men of color at 42% to have four or more male sex partners.

**Number of Sex Partners in the Last Year, By Age,
DC HIV Behavior Study, 2008, N=500**



The Internet has become a more commonplace way for men to find sex partners. About one-third of men in the study reported having found a sex partner on the Internet in the last three months. There was little difference between younger and older men using the Internet for sex. One significant finding is that the men were more likely to use a condom (74%) with an Internet sex partner than among all partners (56%).

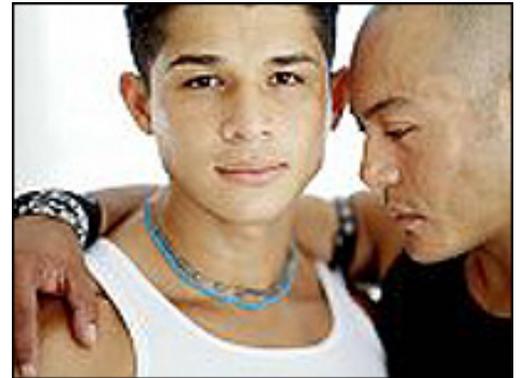
**Characteristics of Internet Sex Behaviors, DC Behavior
Study, 2008, N=459**



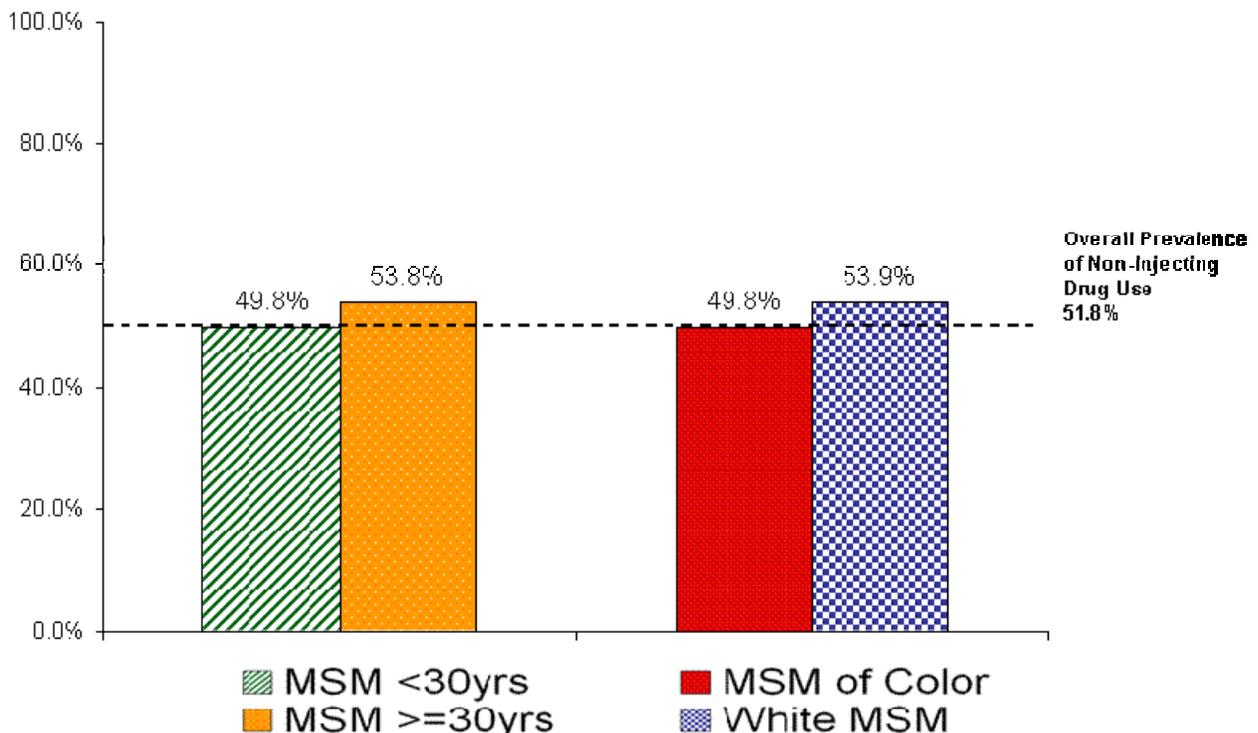
Substance Abuse

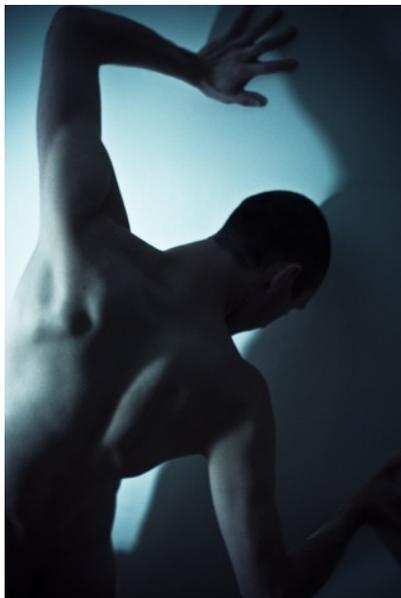


This study did not look at current injection drug users, as that will be covered in Study #3. However, non-injection substance use does have an impact on HIV risk. Use of drugs and alcohol can impair decision making and may lead to reduced safe sex practices resulting in HIV transmission. There were high rates of alcohol and drug use among men in this study. More than half (52%) of all men in the study reported using non-injecting drugs in the last year. There were only minor differences among age and race/ethnicity.



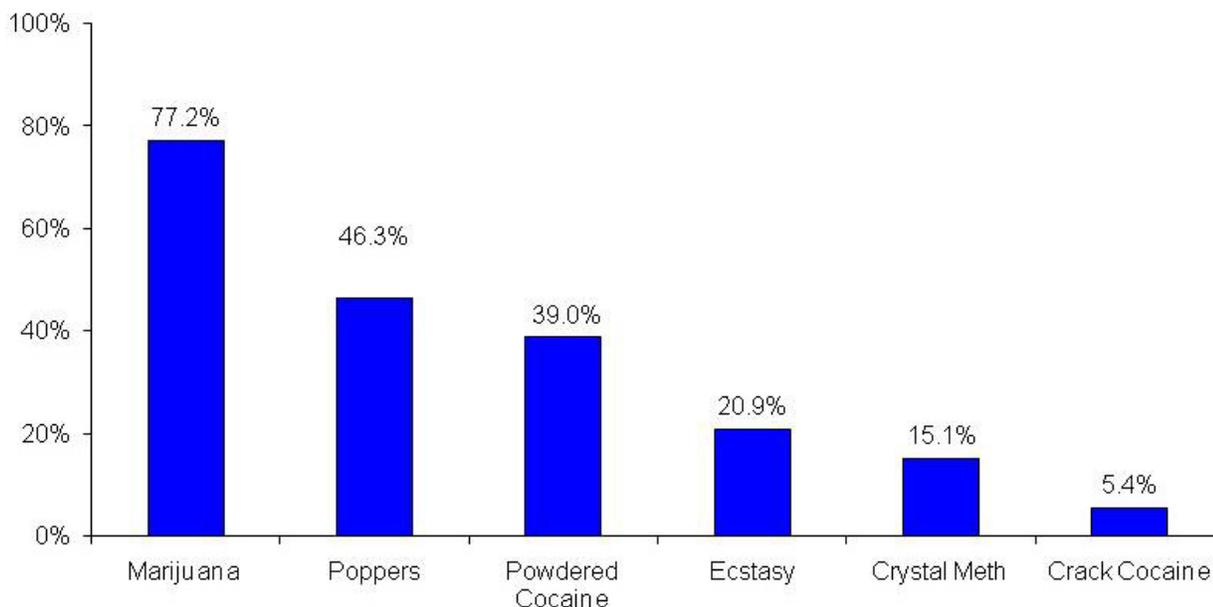
Non-Injecting Drug Use in the Last Year, by Race/Ethnicity and Age, DC HIV Behavior Study, 2008, N=500





Among study participants who used substances, the most frequently used were marijuana, poppers, powdered cocaine and ecstasy. There has been a serious concern about the use of crystal meth by men who have sex with men. Any percentage of use is significant as crystal meth can have major effects on sexual risk taking behavior. Among the men who reported using drugs, 15% reported using crystal meth. More white men used crystal meth in the last 12 months than men of color (18% vs. 12%). Older men were significantly more likely to have used crystal meth in the last 12 months than younger men (21% vs. 9%). White men were more likely to report using poppers (53% vs. 40%) and downers (22% vs. 9%), while men of color were more likely to report using ecstasy (27% vs. 15%). Also, 76% of participants reported binge drinking, defined as having five or more drinks at one sitting.

Participants Reporting Non-Injecting Drugs by Type of Drugs Used in the Past Year, DC Behavior Study, 2008, N=259



Lessons Learned and Next Steps

This study's results provide more guidance for the District's response to the epidemic. We know there is a lot of HIV in the District of Columbia and it impacts every type of individual in every community. We learned that HIV is impacting men who have sex with men nearly five times that of the entire city's adults and adolescents – and men of color nearly three times that of white men. This study confirms that failing to recognize that you are at risk can jeopardize your health no matter what age you are or the age of your partner. So, the three basic action steps for men who have sex with men in DC are:

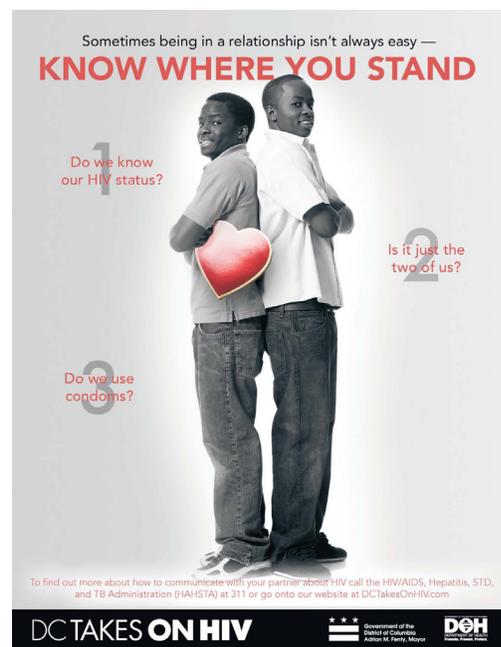
- Know your and your partner's HIV status – DC recommends getting tested twice a year
- Age is no protection against HIV – Safer sex is a life-long commitment
- Condoms, condoms, condoms – It's easier to wrap it up.



Efforts underway by the District and the community show promise to reduce the burden of HIV disease on District residents. More than 85% of participants had visited a medical provider in the past 12 months. The Department of Health has launched its "Ask for the Test" and "We Offer the Test" for both District residents and medical providers to ensure HIV testing is the new standard of health care in our city. The Department of Health is making it easier to find free condoms (such as

Text "DCWRAP" to 365247 for the nearest location) in both public health and non-health locations and promote condom use. The Department of Health supports community partners, such as DC Tool Kit a project of the DC Center HIV Working Group, in its distribution of condoms at men who have sex with men locations. With this new data, the Department of Health will be developing a strategic plan for men who have sex with men to reduce new infections, ensure linkage to care and treatment, and promotion of effective prevention.

As with all new studies on HIV in the District, this one is not meant to sit on the shelf. It is a new handbook on navigating sexual activity to protect the health of District residents.



This study was completed by the combined efforts of many individuals in the District of Columbia Department of Health HIV/AIDS Administration, with major contribution from The George Washington University School of Public Health and Health Services, Department of Epidemiology and Biostatistics. In addition, this study would not have been possible without the hard work, dedication and contribution of persons with HIV/AIDS, HIV/AIDS health care providers, venue owners and managers community groups, researchers, and members of the community.

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The study is available on the DC HIV/AIDS web page at: www.doh.dc.gov/hiv

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