Analysis of Provider Survey on HIV/STI Services for Men Who Have Sex With Men (MSM)

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June 4, 2010
Background Information

DPH AIDS & Chronic Diseases Section Initiative

To respond to significantly higher incidence of HIV/STI infections among Men who have Sex with Men (MSM) as well as significant numbers of co-infections

To respond to the need for more prevention interventions directly targeting MSM
Goals of the Assessment

To conduct an analysis among providers focusing on perceived prevention needs, barriers, successes, challenges, and perceptions of capacity related to providing HIV prevention services to MSM in Connecticut.

To identify capacity building assistance and training needs of providers to help ensure more HIV prevention services for MSM in CT in the future.
Design

Fall of 2009 - Interviews with:

- Providers (N=16) across the State of Connecticut
- DPH funded HIV prevention contractors (n=13)
- Health care providers that specialize in HIV care and primary care for gay men (n=2)
- Academic research institutions (n=1)

Frequencies analysis was conducted:

- 19 open-ended questions, focusing on MSM HIV/STI prevention topics
- Top 3 answers reported
- Most of the questions allowed for multiple answers
- Some of the questions designed for agencies (providers/contractors), and not applicable for a physician and/or a research entity
HIV/STI Prevention Needs For MSM

Top 3 Answers

- More Awareness of STD's: 5 respondents (31.25%)
- Risk Reduction: 6 respondents (37.5%)
- Young MSM: 7 respondents (43.75%)
Barriers to Providing HIV/STI Prevention to MSM

Top 3 Answers

- No one message fits all MSM: 6 respondents
- Clients fear of rejection/stigma: 6 respondents
- Differences in Ethnic needs: 8 respondents
Perceived Inadequacy of HIV/STI Prevention Efforts for MSM

- Limitations around intervention: 4 respondents (25.00%)
- One size fits all approach: 8 respondents (50.00%)
- Poorly crafted message: 8 respondents (50.00%)
Challenges of Providing HIV/STI Prevention to MSM

- Lack of community leadership (31.25%)
- Poor outreach job locally (31.27%)
- MSM hard to reach (31.25%)

Top 3 Answers:

- Lack of community leadership
- Poor outreach job locally
- MSM hard to reach

Respondents
Needs for Ideal Capacity to Provide HIV/STI Prevention to MSM

Top 3 Answers

- **Funds**: 11 respondents (73.33%)
- **Volunteers**: 11 respondents (73.33%)
- **Staff**: 7 respondents (46.67%)
Needs to Increase Connecticut’s Capacity to Provide HIV/STI Prevention to MSM

- Mass campaign: 73.33% (11 respondents)
- Workshops among providers: 53.33% (8 respondents)
- State work closer with providers: 26.67% (4 respondents)
MSM Prevention Services Organizations Would Like to Offer

- **Basic Outreach**: 4 respondents (26.67%)
- **Risk Reduction**: 5 respondents (33.33%)
- **Community Outreach**: 8 respondents (53.33%)

MSM prevention services organization would like to offer

Respondents
Trend the MSM Community is Experiencing in CT

Trends MSM is experiencing in CT

- **Young MSM STD Diagnosis**: 31.25%
- **Recreational drug use**: 31.25%
- **Internet "Hook-ups"**: 56.25%

Top 3 Answers

Respondents
Needed Behavior/Attitude Changes Within MSM Community

- Safe sex is an option: 7 respondents, 43.75%
- Can happen to anyone: 7 respondents, 43.75%
- Increase self esteem: 7 respondents, 43.75%
Need for a more cohesive approach where agencies around the State come together and exchange ideas

Need for Capacity Building Assistance/Training for providers on issues related to providing HIV/STI prevention services to MSM

Need for new strategies to reach MSM with prevention messages including the use of technological innovations, such as the internet and cell phone applications

Need to address cultural, racial, ethnic and social challenges of providing HIV/STI prevention services to MSM
Final Conclusion

This assessment contributes significantly to understanding the MSM geared HIV/STI prevention services barriers and needs in the State of CT, and provides a foundation for future recommendations of effective interventions for MSM in CT.