Responding to Resurgent HIV/STI Incidence Among MSM in CT:
Effective HIV Prevention Interventions for Gay Men

June 4, 2010
Conference Summary
About the Conference
The goal of the conference was to build agency capacity to implement interventions and reduce new infections among MSM\(^1\) (Men who have Sex with Men). Approximately 200 individuals from agencies (e.g. health departments, community health centers, AIDS Service and other Community Based Organizations) throughout Connecticut attended representing staff at all levels including Executive Directors, Program Managers, front line staff, and outreach workers. *Only a few agencies in Connecticut provide HIV prevention interventions for MSM. Therefore, there is an urgent need to expand access to proven HIV prevention interventions for gay and bisexual men.*

The conference planning committee would like to thank everyone who attended the conference. The planning committee hopes that this conference is the starting point to building further capacity of CBOs to provide interventions targeting MSM and to further decrease the rate of new infections within this population.

Background

- MSM is the only risk group in the U.S. and CT in which new HIV infections are increasing. While new infections have declined among both heterosexuals and injection drug users, the annual number of new HIV infections among MSM has been steadily increasing since the early 1990s.
- While C.D.C. estimates that MSM account for just 4 percent of the U.S. male population aged 13 and older, the rate of new HIV diagnoses among MSM in the U.S. is more than 44 times that of other men. MSM account for more than half of all new HIV infections in the U.S. each year.
- According to the latest estimates, white MSM represent a greater number of new HIV infections than any other population, followed closely by black MSM - who are one of the most disproportionately affected subgroups in the U.S. And, there are more new HIV infections among young black MSM (aged 13–29) than among any other age and racial group of MSM.
- There was a 69% increase in syphilis cases between 2008 and 2009. And, almost all of those cases were among gay men. This is a strong indicator that there will be even more increases of HIV among gay men in Connecticut in the near future.

About the Conference Report
This report is meant to highlight key points made by each presenter at the conference. Full PowerPoint and video presentations can be viewed in their entirety at [http://cira.med.yale.edu/events/2010/msm2010/multimedia.html](http://cira.med.yale.edu/events/2010/msm2010/multimedia.html)

Recommendations from the Conference Planning Committee

The following recommendations are being made to the Department of Public Health AIDS and Chronic Diseases Section:

1. Provide educational opportunities for organizations wanting to do work with MSM in Connecticut. The trainings should include general awareness raising, cultural competency around working with MSM and their particular sexual and drug using risks, hierarchy of risk, and outreach and recruitment strategies including the use of new technologies.
2. Reconvene the MSM Work Group to review the report and develop a plan which includes engaging the target population’s popular opinion leaders.

The following recommendations are being made to organizations throughout Connecticut to build their capacity to work with MSM:

1. Implement a community assessment to determine the local needs of MSM.
2. Explore and apply for funding to provide HIV prevention services for MSM.

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\(^1\) The term Men who have Sex with Men (MSM) is used in CDC and DPH surveillance systems. It indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.
In 2007, 56% of new HIV/AIDS cases were reported among MSM. The rate at which MSM become infected is over 44 times the rate for other men & more than 40 times the rate for women. For all ethnic and racial groups, the number of new infections among MSM exceeds that of any other group. The majority of MSM diagnoses with syphilis are HIV positive. Gonorrhea cases have risen sharply among MSM in the US. Particularly troubling is the rise in antibiotic-resistant gonorrhea, which is concentrated among MSM. Bacterial STIs increase viral load in HIV-positives, making them more likely to transmit HIV to susceptible partners. For MSM, biological and network factors make unprotected sex much more risky than it is for heterosexuals – for individuals as well as populations. In order to have the same HIV prevalence as MSM, heterosexuals would need to have 3 times as many partners as MSM report on average.
Data from a variety of surveillance activities point to continued transmission of HIV in MSM (CT and national HIV/AIDS surveillance, HIV incidence, STD surveillance, matches of HIV and STD registries).

While the number of HIV/AIDS cases in IDU has decreased, the number of newly diagnosed MSM cases has been level over the past several years.

The number of PLWHA who are MSM has increased.

The percentage of non-white MSM HIV/AIDS cases has increased. Non-white MSM cases tend to be younger.

MSM cases are distributed broadly across the state in both rural and urban areas in significant numbers.

New estimates of MSM prevalence yield HIV rates in MSM for the first time. HIV risk in MSM is comparable to other high-risk groups in Connecticut.
Primary and secondary syphilis is the highest priority for epidemiological follow up.
From 2005-2009, 168 of 219 MSM with primary and secondary syphilis (77%) were interviewed about sexual partners.
Together, they reported having over one thousand partners during the period they could have transmitted the infection.
Disease intervention specialists tried to contact 171 of those partners to offer testing and treatment.
64 (37%) were located and examined.
New syphilis infections were diagnosed in 19 (30%) of those examined.
Previously treated syphilis infections were detected in 32 (50%).
CT DPH on HIV Prevention Services for MSM
Christian D. Andresen, Acting Section Chief, CT Dept. of Public Health

- In 2009 DPH Contractors reached 136 MSM through MPowerment Groups, 1,541 through outreach encounters, and 143 through other interventions.
- These numbers reached do not include HIV counseling and testing.
- Only three contractors were funded to target MSM through specific interventions:
  - Hartford County: HIV C&T, CRCS, MPowerment, Healthy Relationships, and Peer/Non-peer Outreach
  - New Haven County: MPowerment
  - Fairfield County: MPowerment
- However, 34 contractors reported working with MSM.

Analysis of Provider Survey on HIV/STI Prevention Services for MSM
Robert Cruz, M.P.H.

In 2009, survey respondents identified the following needs:
- A more cohesive approach where agencies around the state come together and exchange ideas.
- Capacity Building Assistance/Training for providers on issues related to providing HIV/STI prevention services to MSM.
- New strategies to reach MSM with prevention messages including the use of technological innovations, such as the internet and cell phone applications
- Ways to address cultural, racial, ethnic and social challenges of providing HIV/STI prevention services to MSM.

Analysis of Conference Attendee Survey
Wilson Palacios, Ph.D., Associate Professor, University of South Florida

- 75% of attendees said that their agency plans to provide HIV prevention services to MSM in the future.
- The charts below and on the next page show the training and capacity building needs of attendees in order to provide HIV prevention services to MSM.

What would your agency need in terms of training to be able to provide HIV prevention services to MSM in the future? Please check all that apply.

![Bar chart showing training needs]

- Community Mapping/Assessment
- General MSM Information
- Outreach Strategies
- Recruitment & Retention Techniques
- Specific Intervention Training
- Other
What would your agency need in terms of capacity building assistance to be able to provide HIV prevention services to MSM in the future?

- Collaboration Building
- Infrastructure Development
- New Program Development
- Staff Development
- Strategic Planning
- Other
Technology and Innovative Strategies to Reach Gay Men and MSM
Stephan Adelson, Consultant, Public Health and Technology

• Why the Internet?
  o On-line communities offer pseudo anonymity and convenience.
  o Adult communities offer MSM that are concerned about their anonymity the convenience of
    meeting online to facilitate sexual encounters.
  o Convenience plays a significant role in the success of online communities.
  o Adult online communities are pre-existing social networks.

• Opportunities Technology can Provide:
  o Globally connected
  o Always ‘on’ and portable
  o Engage newer/diverse/unbound audiences
  o Source of knowledge/input/output
  o Media enhancement (images, sounds, video)
  o Constantly evolving/user friendly
  o Opportunity for peer-to-peer learning/engagement

• Thoughts for the future:
  o Wireless access is increasing as are the number of wireless homes
  o Wireless hardware is becoming more affordable and ‘web friendly’
  o Health seeking behavior on the Internet is increasing and has an affect on decisions and
    behavior.
  o Younger users prefer text over email.
  o Younger Blacks, Hispanics, access the Internet through mobile devices, reducing the Internet
    ‘digital divide’.

Evolution of MSM Websites and Hooking-up Online

Phone lines / Bulletin Boards / Personal Ads

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<th>Chat rooms</th>
<th>Profiles</th>
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<tr>
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<td><strong>craigslist</strong></td>
<td><strong>OUTPERSONALS.COM</strong></td>
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Worldwide Gay Sex Personals
Selecting Interventions Through Community Assessment and Overview of Effective Behavioral Interventions for MSM
Gina D’Angelo, Health Program Associate, CT Dept. of Public Health

5 Steps to Selecting an Intervention
1. Conduct A Community Assessment
2. Choose Target Population and Risk Behavior
3. Examine Interventions for Chosen Population
4. Assess Agency Capacity
5. Select a Matching Intervention

Many Men, Many Voices
Nadia Cabana and Juan Pablo Grullon, Project COPE
Intervention Overview:
- 7 Session Group-Level Intervention
- Targets individuals to change behavior
- Facilitated by a Peer in groups of 6-12
- Targets Black MSM who may or may not identify as gay
- Sessions are highly experiential, incorporating group exercises, behavioral skills practice, group discussions, and role plays
MPowerment
Samuel F. Bowens III, Waterbury Health Department

Intervention Overview:
- Community-Level Intervention
- Targets community to change social norms
- Developed by and for young gay men
- Targets young MSM with HIV prevention, safer sex and risk reduction messages
- Uses formal and informal outreach, discussion groups, creation of safe spaces, social opportunities, and social marketing
Popular Opinion Leader
Brian King, Health and Education Services, Inc.

Intervention Overview:
- Community-Level Intervention
- Targets community to change social norms
- Can be used with various at-risk populations in a variety of venues
- POL was tested with gay men in bars, African American women in low-income housing, and male commercial sex workers
- POL works with opinion leaders to encourage safer sex norms
Think Twice
Lisa Eaton, Ph.D., Postdoctoral Fellow, CIRA
Intervention Overview:
- Focuses primarily around commonly used grassroots form of prevention called serosorting (limiting partners to those of same status)
- Uses graphic novel to deliver intervention content

Methods-Intervention

- Single-session, one-on-one, counselor delivered, brief intervention
- Think Twice
  - Graphic novel
  - Personalized feedback
  - Real world, reasonable plan
Summary from Small Group Discussions

Participants were broken into small groups and asked to respond to the following questions. A summary of their comments are below. The number following a response denotes how many groups discussed the idea.

Given all you have heard today, what do you or your agency need to effectively implement HIV interventions with MSM?

Capacity Building/Training
- Capacity building assistance (infrastructure, staffing, social marketing, community assessment, outreach strategies, etc.)
- Engaging/relevant/non-stigmatizing outreach materials
- Information on how to ensure the environment where services are coordinated is conducive/non-threatening
- More training for staff (general information about MSM, culture, gathering places, specific interventions, behaviors etc.)
- More interventions targeting MSM (not just DEBI/EBI) and more programs for Latinos - 2
- Information on dual infections and the damage dual diagnosis can cause
- Published community mapping and EPI data
- Information on the legalities of engaging MSM that are youth

Infrastructure
- Keep MSM on agency agenda
- Identify sub populations
- Do more outreach (hours beyond 9-5)
- Permission to use computer technology
- Increased youth engagement
- Money/Funding - 9
- Logistics (space for groups, vans for transport/outreach, etc) - 2
- Staff (more staff, reflective of the population, experienced, well connected and culturally competent) - 5
- Buy in from MSM community (leader involvement from target population, interventions delivered by MSM, etc.)

Collaboration
- Increased collaboration, more and stronger partnerships with other agencies, local businesses, community organizations, etc
- Improved interagency communication
- System Supports (DOC)

What more do you need to know about MSM before choosing to implement an intervention?

Target Population Information
- General information about gay men and MSM who do not identify as gay (differences between MSM and gay, labels versus behaviors, how people define themselves, what is politically correct, etc)
- Where to find MSM, and where non-gay identified MSM hook up? - 5
- Specific subpopulation information (education level; children, jobs, etc)
- How to access tighter networks of MSM in minority populations
- Where risky behavior happens (bars, parties, etc)
- Needs of the MSM population - 4
- Who are gatekeepers, popular opinion leaders, event promoters and how get to know them - 2
- Information on the transgender role in the MSM community
- Information on social norms, beliefs, values and cultural issues including barriers - 2
- Language or terms used (slang, etc)

Interventions/Strategies Information
- Dump assumptions about MSM and start from scratch
What has been tried with the population and failed
- List of Interventions for MSM
- How to market programs to MSM (use target population to form/craft messages, etc)
- Technology education on how to reach MSM (IT) and information on how to convince employer there is a need to use technology for outreach
- Information on social networking
- How to do community mapping or assessment specific to the population
- Specific strategies for recruiting and engaging MSM, incentives and approaches that work
- How to avoid harm to the population by knowing threats to MSM and knowing about the bartering system to incorporate into interventions
- Other organizations in the community doing work with MSM that can be called on to collaborate with
- Partner notification services
- How to engage youth who are not “out” and hear their voices

What strategies/tools presented here today will you use in your future work with MSM?
- Develop competencies to help MSM within own agency
- Not using stereotypes to provide services
- Use of research, data, technology, social media and staying current
- Internet strategies (constant engagement, being social online)
- Dedicated person to do justice to social networking on Internet (e.g. Chicago Life Lube)
- Social network strategies
- Informed decision questioning (MSM come up with own strategies)
- Social Marketing
- Social venue involvement (parties, social gatherings, adult movie stores as outreach sites)
- Using Opinion Leaders, Peer to Peer Outreach, and Drag Queens as Outreach Workers
- Take collaboration to the next level (collaborate with House Balls, Gay Straight Alliance (GSA) or Gay, Lesbian, Bisexual, and Transgender (GLBT) organizations, and other gay groups)
- Information on evidence based interventions and layering – incorporating aspects of various interventions
- Think Twice intervention
- Information on sero-sorting and how to use it
- POL training
- Incorporating STD education
- Target younger groups of MSM
- Get to know the language the community uses
- Incentives
Resources

Factsheets
- CDC Factsheet on HIV/AIDS and Gay and Bisexual Men
- CT Syphilis Update

Effective Behavioral Interventions for MSM
- Many Men, Many Voices
- Mpowerment
- Popular Opinion Leader

Research Articles
- Reemergence of the HIV Epidemic Among Men Who Have Sex With Men in North America, Western Europe, and Australia, 1996–2005
- The continuing evolution of research on sexually transmitted infections among men who have sex with men
- Running in Place: Implications of HIV Incidence Estimates among Urban Men Who Have Sex with Men in the United States and Other Industrialized Countries

Brochure
- Ten Tips for Gay Men