



**2016 Houston HIV Care
Services Needs Assessment:
Profile of African American Men Who
Have Sex with Men (MSM)**

PROFILE OF AFRICAN AMERICAN MSM

A recent analysis of national HIV diagnosis rates revealed that 1 in 2 African American men who have sex with men (MSM) in the United States will be diagnosed with HIV during their lifetime. (Centers for Disease Control and Prevention, 2016). Though no single cause has been identified, intersections of high prevalence, decreased status awareness, stigma, racism and discrimination, and homophobia likely contribute to increased transmission vulnerability among African American MSM. (Centers for Disease Control and Prevention, 2018). A persistent challenge to designing HIV prevention and care services that meet the needs of Houston area people living with HIV (PLWH) is ensuring that services remain relevant and responsive to the needs of both the general population and groups with increased vulnerability to new transmissions and unmet need. Data about service needs and barriers African American MSM PLWH in the Houston area encounter is of particular importance to local HIV planning, as this information equips communities to design prevention and care services that meet the unique needs of disproportionately affected groups.

Proactive efforts were made to gather a representative sample of all PLWH in the 2016 Houston HIV Care Services Needs Assessment, as well as focus targeted

DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

(Table 1) In total, 89 participants in the 2016 Houston HIV Care Services Needs Assessment were African American MSM, comprising 18% of the entire sample.

Ninety-four percent (94%) of African American MSM participants were residing in Houston/Harris County at the time of data collection. Like the total sample of needs assessment participants, the majority of AA/MSM were between the ages of 35 and 64 (74%) and were born in the U.S. (98%). Most African American MSM participants identified as gay (63%) or bisexual (28%). Seventy-two percent (72%) of African American MSM participants had annual incomes below 100% of the Federal Poverty Level, and the average annual income for African American MSM was \$10,154. The majority had public health insurance coverage through Medicaid or Medicare (50% of responses), and 21% had coverage through Harris Health System.

Compared to all needs assessment participants, higher proportions of African American MSM participants

sampling among key populations (See: *Methodology*, full document), and results presented throughout the full document include African American MSM participants. This Profile highlights results *only* for participants who were African American MSM, as well as comparisons to the entire needs assessment sample.

Notes: This analysis defines African American MSM as PLWH who indicated they were cis-gender men with a primary race/ethnicity of black/African American, and self-identified as gay, bisexual, or pansexual. Results for participants who are transgender or gender non-conforming were reported in a separate profile available on the Houston Ryan White Planning Council website:

http://www.rwpchouston.org/Publications/2016_NA/2016%20NA-TGGN%20Section.pdf

Data presented in the Demographics and Socio-Economic Characteristics section of this Profile represent the *actual* survey sample, rather than the *weighted* sample presented throughout the remainder of the Profile (See: *Methodology*, full document). Proportions are not calculated with a denominator of the total number of surveys for every variable due to missing or “check-all” responses.

were ages 18-24 (9% vs. 3%) and 25-34 (17% vs. 9%); and identified as gay (63% vs. 34%), bisexual (28% vs. 8%), or pansexual (6% vs. 2%). The proportion of African American MSM participants who were recently released from incarceration was comparable to the total sample (7% vs 8%). The average annual income among African American MSM participants who reported income was slightly higher than the total sample (\$6,688 vs. \$9,380) at \$1.08 per dollar. A comparable proportion of African American MSM participants reported experiencing current housing instability compared to the total sample (both 28%; *not shown*).

Characteristics of African American MSM participants (as compared to all participants in general) can be summarized as follows:

- Residing in Houston/Harris County
- Adults between the ages of 35 and 64
- Self-identified as gay or bisexual
- With lower occurrences of recent release from incarceration, higher average annual income, and comparable housing instability.

TABLE 1-Select Characteristics among African American MSM Participants, Houston Area HIV Needs Assessment, 2016

	No.	AA MSM %	Total %		No.	AA MSM %	Total %		No.	AA MSM %	Total %
County of residence				Age range (median: 50-54)				Sexual orientation (self-reported)			
Harris	81	94%	93%	13-17	0	-	0.2%	Heterosexual	0	-	54%
Fort Bend	3	4%	4%	18-24	8	9%	3%	Gay (Gay/Lesbian for Total)	56	63%	34%
Liberty	0	-	0.2%	25-34	15	17%	9%	Bisexual	25	28%	8%
Montgomery	0	-	1%	35-49	19	21%	34%	Pansexual	5	6%	2%
Other	2	2%	1%	50-54	25	28%	24%	Undecided	3	3%	1%
				55-64	22	25%	26%				
				≥65	0	-	3%				
				Seniors (≥50)	47	53%	53%				
Immigration status				Yearly income (average: \$10,154)				Health insurance (multiple response)			
Born in the U.S.	87	98%	85%	Federal Poverty Level (FPL)				Private insurance	13	12%	9%
Citizen > 5 years	2	2%	7%	Below 100%	43	72%	79%	Medicaid/Medicare	55	50%	50%
Citizen < 5 years	0	-	0.8%	100%	12	20%	13%	Harris Health System	23	21%	24%
Undocumented	0	-	2%	150%	2	3%	4%	Ryan White Only	17	15%	17%
Prefer not to answer	0	-	4%	200%	1	2%	3%	None	3	3%	1%
Other	0	-	2%	250%	1	2%	0.6%				
				≥300%	1	2%	1%				

BARRIERS TO RETENTION IN CARE

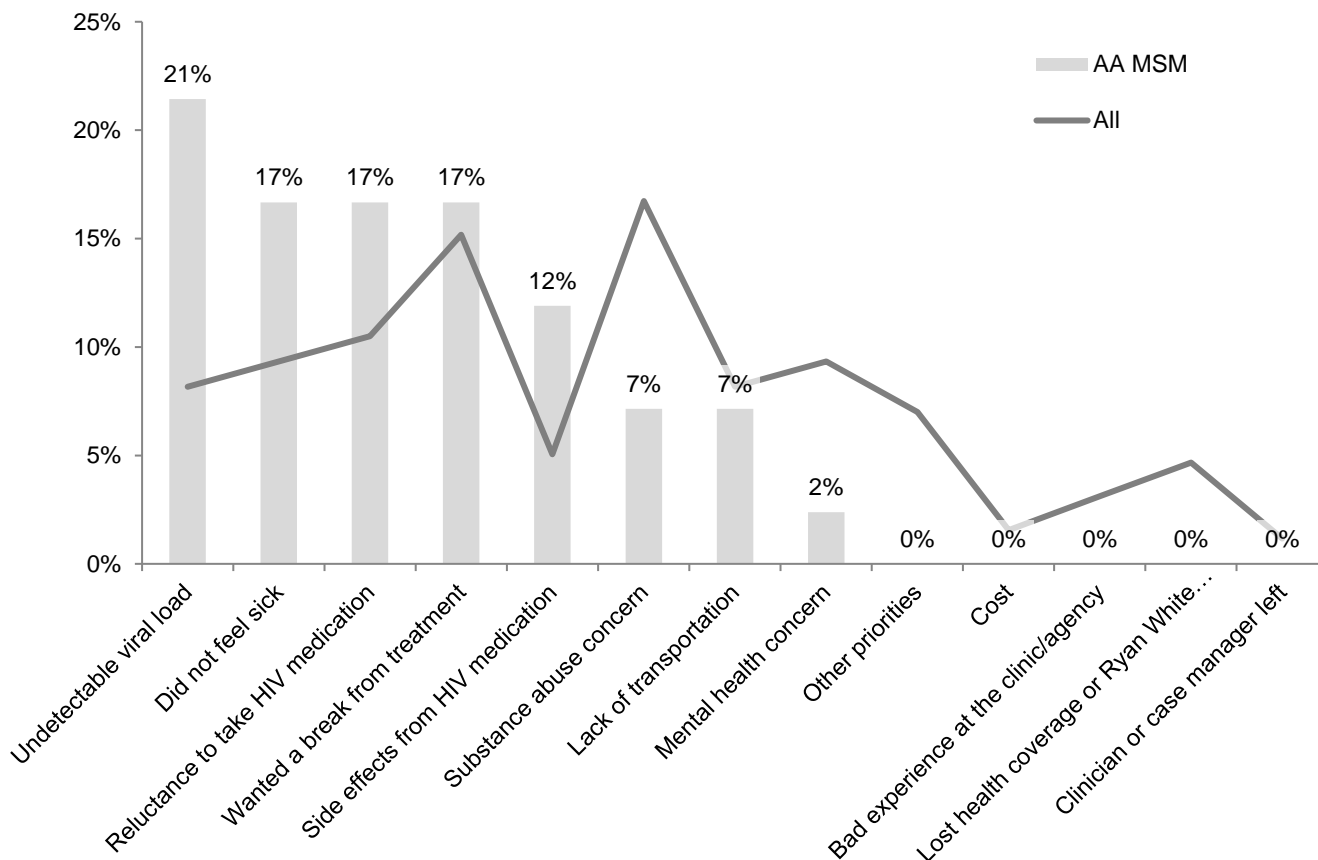
As in the methodology for all needs assessment participants, results presented in the remaining sections of this Profile were statistically weighted using current HIV prevalence for the Houston EMA (2014) in order to produce proportional results (See: *Methodology*, full document).

While 71% of all needs assessment participants reported no interruption in their HIV care for 12 months or more since their diagnosis, only 64% of African American MSM participants reported no interruption in care. Those who reported a break in HIV care for 12 months or more since first entering care were asked to identify the reasons for falling out of care. Thirteen commonly reported reasons were included as options in the consumer survey, and participants could select multiple reasons. Participants could also write-in their reasons.

(**Graph 1**) Among African American MSM participants, having an undetectable viral load was the most cited most often as the reason for interruption in HIV medical care at 21% of reported reasons, followed by not feeling sick, reluctance to take HIV medication, wanting a break from treatment (all 17%), and experiencing medication side effects (12%). Compared to the total sample, higher proportions of African American MSM participants reported having an undetectable viral load (21% vs. 8%) and experiencing side effects (12% vs. 5%) as the reasons for the lapse in care. Lower proportions reported experiencing substance use concerns (7% vs. 17%), mental health concerns (2% vs. 9%), and competing priorities (0% vs. 7%) as reasons for the lapse in care. A single write-in response for this question noted the participant was diagnosed before HIV medical care was widely available.

GRAPH 1-Reasons for Falling Out of HIV Care among African American MSM PLWH in the Houston Area, 2016

Definition: Percent of times each item was reported by African American MSM needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care.



OVERALL RANKING OF FUNDED SERVICES, BY NEED

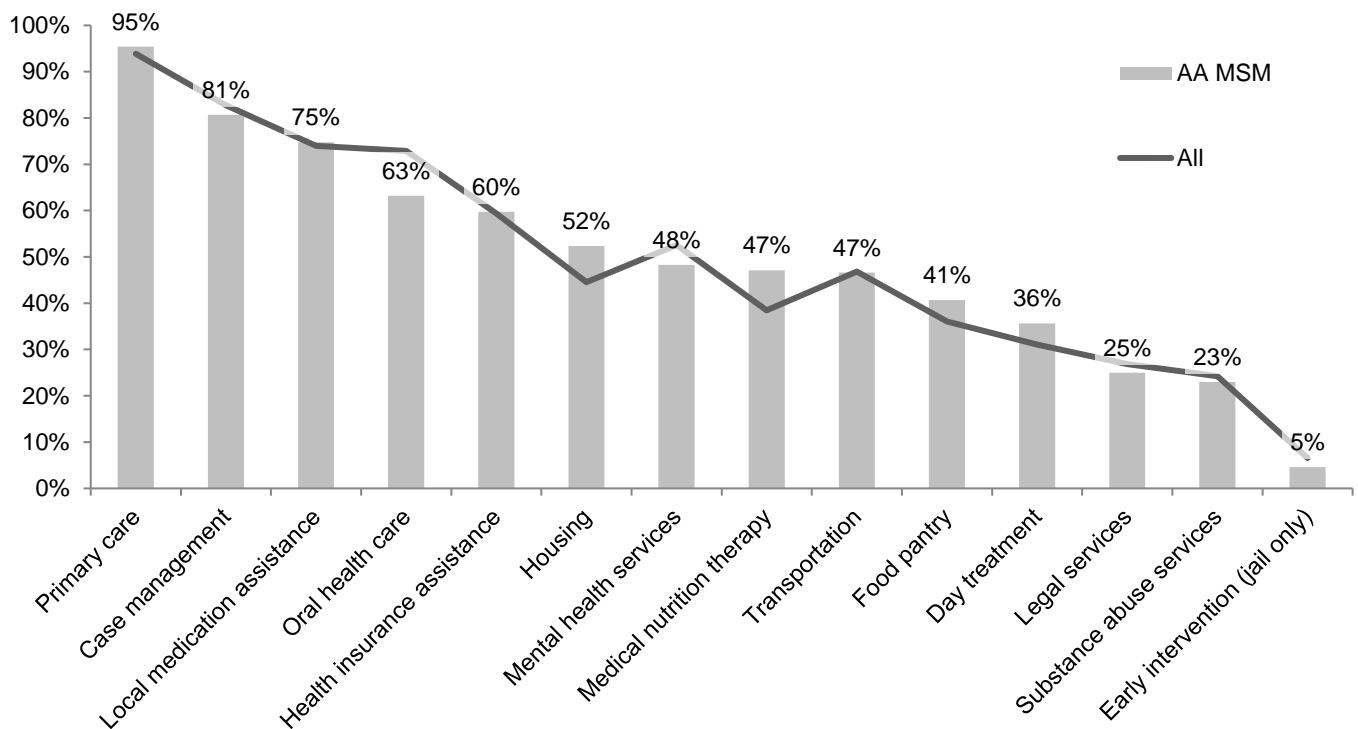
In 2016, 15 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program, and housing services were provided through the local HOPWA program. Though no longer funded through the Ryan White HIV/AIDS Program, Food Pantry was also assessed. Participants of the 2016 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

(Graph 2) Among African American MSM participants, primary care was the most needed funded

service at 95% of African American MSM participants reporting need, followed by case management (81%), local medication assistance (75%), oral health care (63%), and health insurance assistance (60%). Compared to the total sample, higher proportions of African American MSM participants reported needing medical nutrition therapy (47% vs. 38%), housing (52% vs. 45%), food pantry (41% vs. 36%), and day treatment (36% vs. 31%). Lower proportions reported needing oral health care (63% vs. 73%).

GRAPH 2-Ranking of HIV Services among African American MSM PLWH in the Houston Area, By Need, 2016

Definition: Percent of African American MSM needs assessment participants stating they needed the service in the past 12 months, regardless of ease or difficulty accessing the service.



Other Identified Needs

Twelve other/non-Ryan White funded HIV-related services were assessed to determine emerging needs for Houston Area PLWH. Participants were also encouraged to write-in other types of needed services.

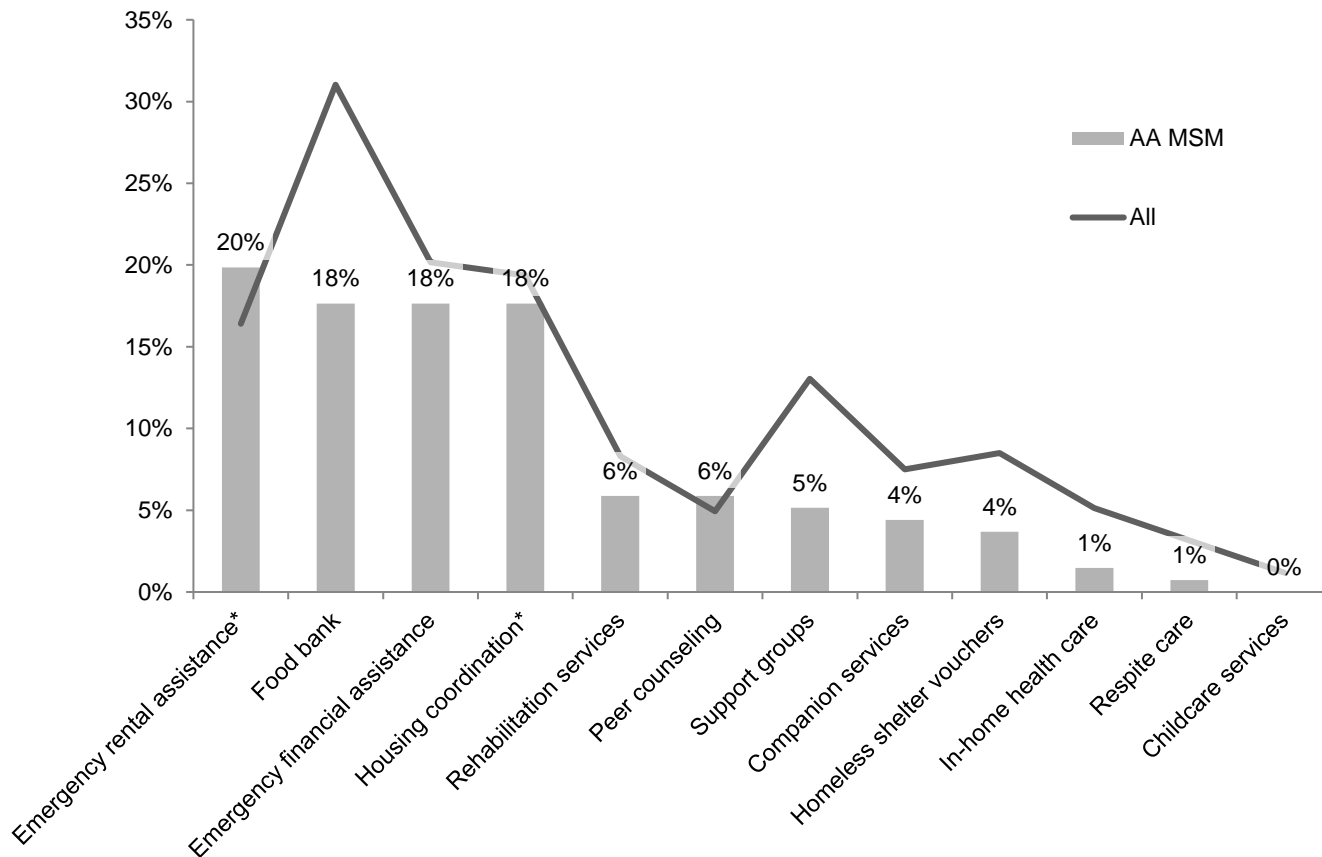
(Graph 3) In general, African American MSM participants reported fewer currently unfunded needs and in lower proportions than the general sample. Additionally, other identified needs skewed toward services to meet housing-related and food needs. Of the 12 services options provided, the greatest proportion of African American MSM participants

reported also needing emergency rental assistance (20%), followed by food bank, emergency financial assistance, and housing coordination (all 18%). Compared to the total sample, higher proportions of African American MSM participants reported needing emergency rental assistance (20% vs. 16%). Lower proportions reported needing food bank (18% vs. 31%), support groups (5% vs. 13%), homeless shelter vouchers (4% vs. 8%), and in-home health care (1% vs. 5%). African American MSM participants provided no write-in responses for other services needed.

GRAPH 3-Other Needs for HIV Services among African American MSM PLWH in the Houston Area, 2016

Definition: Percent of African American MSM needs assessment participants, who selected each service in response to the survey question, "What other kinds of services do you need to help you get your HIV medical care?"

*These services are not currently funded by the Ryan White program; however, they are available through the Housing Opportunities for People with AIDS (HOPWA) program.



OVERALL BARRIERS TO HIV CARE

For the first time in the Houston Area HIV Needs Assessment process, participants who reported *difficulty* accessing needed services were asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. Staff used recursive abstraction to categorize participant descriptions into 39 distinct barriers. These barriers were then grouped together into 12 nodes, or barrier types.

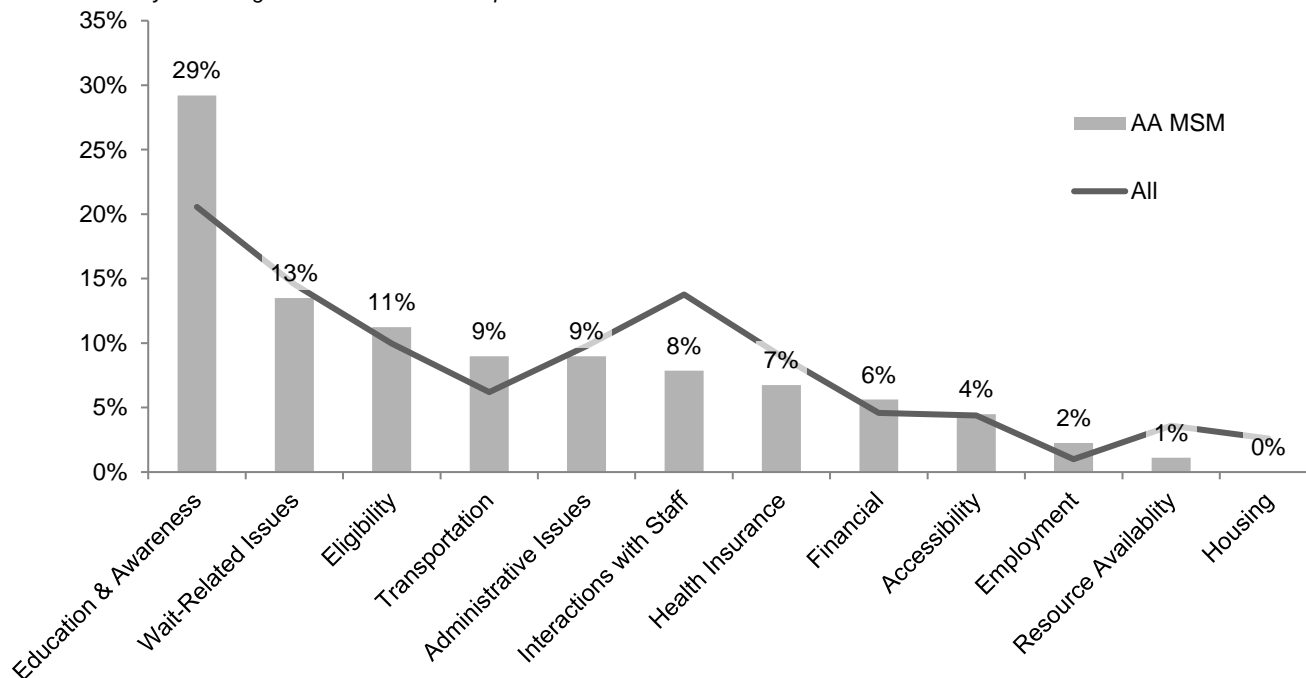
(Graph 4) Thirty-six (36) African American MSM participants cited barriers to HIV care services, comprising 40% of all African American MSM and 7% of the total sample. African American MSM participants most often cited barriers related to service education and awareness (29% of all reported barriers), followed by wait-related barriers (13%), eligibility

barriers (11%), transportation barriers (9%) and barriers related to administrative issues (9%).

Service education and awareness barriers most often consisted of not knowing a needed service is available, and not knowing the location to access a needed service. Difficulty providing necessary documentation was the most common type of eligibility barrier among African American MSM. Transportation barriers consisted most often of having no transportation available. Administrative barriers reported were most often complex or lengthy processes needed to access services. Compared to the general sample, a greater proportion of African American MSM reported encountering service education and awareness barriers (29% vs. 21%), while a lower proportion reported encountering barriers related to interactions with staff (8% vs. 14%).

GRAPH 4-Ranking of Types of Barriers to HIV Services among African American MSM PLWH in the Houston Area, 2016

Definition: Percent of times each barrier type was reported by African American MSM needs assessment participants, regardless of service, when difficulty accessing needed services was reported.



Works Cited

Centers for Disease Control and Prevention. (2016, February 23). *Half of black gay men and a quarter of Latino gay men projected to be diagnosed within their lifetime*. Retrieved from <https://www.cdc.gov/nchhstp/newsroom/2016/croi-press-release-risk.html>

Centers for Disease Control and Prevention. (2018, February 12). *Factors Contributing to Increase in HIV Infections among Black MSM*. Retrieved from Highlighted CDC HIV Prevention Activities Concerning HIV and African American Gay and Bisexual Men: <https://www.cdc.gov/hiv/group/msm/brief.html>

**For more information or a copy of the full 2016 Houston
HIV Care Services Needs Assessment contact:**

Houston Area Ryan White Planning Council
2223 West Loop South #240
Houston, TX 77027

Tel: (832) 927-7927

Fax: (713) 572-3740

Web: www.rwpchouston.org