



# 2006 CPG Needs Assessment Report

Key Findings

# Methods Of Data Collection and Analysis

- Survey of MSM

- 271 surveys completed

- 263 were valid

- Age

- 22% <29
- 24% 30-39
- 25% 40-49
- 23% >50

- Race

- 3.6% Hispanic
- 2.7% African American
- 9.5% American Indian
- 1% Asian
- 86% White

# Race/Ethnicity



- Access to prevention services reported as a greater issue for non-white MSM.
- Greater need for STD treatment and HBV/HAV vaccination reported by non-white MSM
- Non-white MSM were more likely to agree that new drugs lessen the concern about HIV
- Non-white MSM reported they were less likely to be concerned about contracting HIV
- Native American MSM want off reservation HIV services
- The internet was the most frequently reported meeting location for Native MSM
- Non-white men reported they were more likely to have sex with an IDU

# Age

- YMSM want CTR services to be mainstreamed rather than targeted to high-risk groups
- YMSM wanted testing to be part of routine medical care.

**“ If it was just standard like immunizations, from a young age for everyone to be tested it would just be normal to be tested. And no one would think twice about it.”**

YMSM Southern Maine

- The internet was the most frequently reported meeting location for YMSM
- YMSM were more likely to trade sex for money, shelter or drugs.
- YMSM were less likely to talk with casual partner about HIV because of stigma
- YMSM were more likely to report receiving STD treatment as well as the vaccine for Hepatitis A and B.
- Need for earlier education about living with HIV/AIDS and the effects of taking medications

***“Hook ups are about SEX not TALK”*** YMSM

# Risk Behaviors

- Not using condoms linked to:

- Drinking alcohol

“The higher you get, the more you drink, the less care you...you have towards another person anyway”

- Condoms reduce pleasure

- Anal sex with steady partner

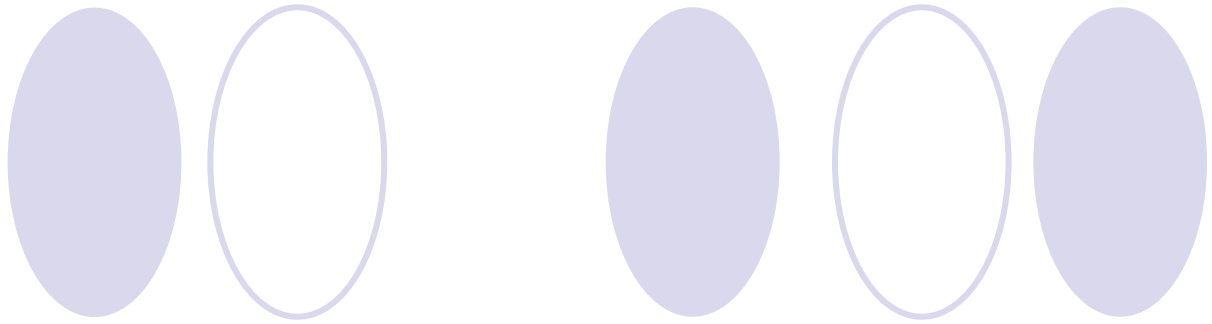
- Younger age

<u>Never use condom with</u>	<u>Primary Partner</u>	<u>Casual Partner</u>
Receptive anal	35%	29.5%
Insertive anal	34%	24%
Receptive anal w/ ejaculation	50.3%	27.6%



# Prevention Services

- Use of...
  - 58% of MSM reported being approached by an outreach worker
  - 88% of MSM reported being tested for HIV
  - MSM reporting greater risk behaviors were more likely to think about testing
  - 96% reported they knew what was happening when they got an HIV test.
  - 25% of MSM tested at any of the testing sites reported not receiving pre and post test counseling
  - Testing sites
    - Health Clinic 27.1%
    - Doctor's Office 26.7%
    - HIV Prevention Org 20.9%
    - Testing Event 10.7%
  - Younger white MSM are more likely to **get** treatment for STD and HBV/HAV vaccinations



- Barriers...

- Think services cost money
- Services not available locally
- Lack of evening hours
- Stigma
- Confidentiality hard to maintain in smaller communities.
  - For Native American MSM reported that on-reservation services increase the stigma and it's harder to protect confidentiality.
  - Native MSM prefer testing through outreach worker.

**“...And if they have it, the idea of that they might actually have to tell other people that they have it and then having to deal with the stigma of being you know the disease carrier rather than a person.”**

# Reported Risk Reduction

- MSM have higher condom use with anal intercourse than oral
- MSM have slightly higher condom use with casual partners than with primary
- Internet is seen as a safer place to meet than PSE's for most MSM
- YMSM see sex that doesn't include anal insertion as a safe alternative to anal sex.