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**Background**

- Many new HIV prevention technologies must be prescribed by clinicians, such as tenofovir disoproxil fumarate (TDF-FTC) and emtricitabine (TDF-FTC), to be effective.
- Prevention behaviors, including HIV testing and disclosure, are critical for optimal PrEP use.

**Other Demographics & Behavior**

- Access also depends on individuals’ willingness to disclose HIV risk to providers. For example, PrEP providers must verify that users are “at substantial risk of HIV acquisition” (6), for men who have sex with men (MSM), tis may include confidentiality and also include sexual behavior in the last 6 months or an ongoing sexual relationship with an HIV-positive male partner.
- HIV prevention among MSM is an urgent US priority, and a majority of new HIV infections among MSM are attributed to “cognitive contact,” which is defined as sexual behavior with an HIV-positive partner.
- Survey studies suggest suboptimal HIV testing rates and nondisclosure practices among MSM (10-12) and male sex workers (11), which can limit PrEP access.

**Qualitative study is needed to explore experiences of (non)disclosure, access to care, and access to HIV testing among MSM and male sex workers.** We collected these data as a part of a larger study on willingness to use PrEP and barriers/ facilitated to PrEP uptake.

**Methods: Individual Interviews**

- We conducted n=31 interviews with male sex workers and n=25 interviews with other MSM in Providence, RI, from March-2014 to April-2014.
- Inclusion criteria for both samples were as follows: (1) biological male, (2) aged 18 or older, (3) self-reported negative HIV status, (4) self-reported condom/anal sex in the last 6 months with a male of unknown HIV status, and (5) no history of HIV prophylaxis use or effectiveness trial. Male sex workers disclosed having exchanged sex in order to get money, drugs, or other goods in the past 6 months.
- We recruited participants through direct outreach and advertising in entertainment venues, sex venues, community-based organizations, clinics, and local media serving MSM.
- Participants completed a pre-interview survey to assess demographic characteristics, including race/ethnicity, education, sexual behavior, and prior HIV testing.
- Interviews were semi-structured and focused on access to healthcare and healthcare experiences, HIV testing, PrEP knowledge/acceptability, beliefs and intentions regarding risk behaviors in the event of PrEP use (e.g., risk compensation), and interpretation of framed messages about PrEP efficacy. Interview audios were transcribed, and transcribed, and thematically coded in NVivo 8.
- Participants provided information about PrEP efficacy (from PIH, TDF, Partners, and Bangkok Typhoid Studies).

**Health Demographics**

- **Male Sex Workers**
  - Age: 18 to 30 years
  - Race/Ethnicity: 75% White, 9% African American, 2% Native American
  - Sexual Identity: 93% Men who have sex with men, 7% Bisexual
  - Education: 28% High school or GED, 20% Completed college
  - Employment: 10% Unemployed, 44% Full-time job, 15% Part-time/seasonal work
  - Sexual orientation: 41% Bisexual, 28% Menu-25% Male-Female, 10% Mostly-Male, 10% Mostly-Female
  - Housing: 44.4% Main partner male (of 18)
  - Drugs: 44.4% Main partner female or transgender female
  - Substance use: 10% HIV testing motivations - Frequency of health checkups was far more likely among MSM than sex workers, with many reporting testing annually or more.

**Themes: Male Sex Workers**

- **Access to Healthcare**
  - Sources of care: primary care, specialists, psychiatric care centers, community-based clinics serving low-income or homeless communities, urgent care, dental offices.
- Most recent health service: routine or emergency mental health care, dental checkups, substance use treatment, dental care, surgical procedures, chronic health condition management, treatment for injuries, care for weight loss, and routine lab work.

- **Themes: MSM**

- **Reasons for selecting providers:** perceived friendliness to MSM, referrals from trusted sources, provider characteristics, locations, speed, and convenience.
- **Unmet healthcare needs:**
  - Dental care, eye care, prescription drug coverage, smoking cessation assistance, mental health care.
- **Barriers to care:**
  - Cost, transportation, lack of insurance, fear of disclosing due to stigmatizing behavior, lack of state or federal regulations on monthly or annual HIV testing.
  - Providers can facilitate access by asking about sexual behavior with both partners, making aware that PrEP and PEP are available in the event of disclosure, and clarifying how disclosure of sexual orientation affects insurance coverage.
- **Integrating PrEP and PEP education and referrals into venues such as emergency rooms, substance use treatment, mental health treatment, and HIV testing may increase awareness and uptake among MSM and sex workers.**

**Disclosure**

- MSM were much more likely than male sex workers to disclose to a doctor, which is important for costs, treatment and follow-up, although several perceived discomfort and reported not disclosing.
- Providers can facilitate access by asking about sexual behavior with both partners, making aware that PrEP and PEP are available in the event of disclosure, and clarifying how disclosure of sexual orientation may affect insurance coverage.
- **Conclusions**

- Male sex workers and MSM have unmet healthcare needs ranging beyond HIV prevention. Although HIV testing is accessible in both populations, STI testing uptake is particularly low for male sex workers due to cost and perceived low risk.
- Providers can facilitate disclosure by actively asking about sexual behavior with both partners, making aware that PrEP and PEP are available in the event of disclosure, and clarifying how disclosure of sexual orientation may affect insurance coverage.
- Integrating PrEP and PEP education and referrals into venues such as emergency rooms, substance use treatment, mental health treatment, and HIV testing may increase awareness and uptake among MSM and sex workers.

**References**

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