

HIV Prevalence and Risk Behaviors Among Persons Active in the New York City House Ball Community

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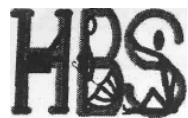
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Objectives

- Identify HIV prevalence in the House Ball community
- Assess patterns of risk behavior and psychosocial factors associated with HIV infection.
- Needs assessment for development of sub-culturally specific (targeted) prevention services.

House Ball Background

- The first 'Ball': 1865 at the Hamilton Lodge in Harlem.
- **House:**
 - A 'family' structure of African American and Latino gay and transgender people
 - An appointed Father and Mother leads the remaining members, referred to as "children"
 - Some Houses have original names: Ebony, Xtravaganza (Latin), Maasai.
 - Today most are named after designers: Dior, Givenchy, Manolo Blahnik, Chanel, etc.
- **Balls:** events for spectators and 'Houses' competing for trophies, prize money and community recognition in categories (Vogueing, Runway, Realness, Body, Face, etc.)

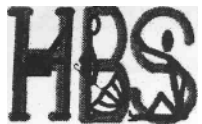


Study Design

- Cross-sectional HIV prevalence and behavioral risk survey of House Ball community
- Participants were approached at balls, house meetings, bars, dance clubs, streets, and other programmatic outreach events.
- Participants consented to an interviewer-administered computerized survey, pre and post counseling and testing for HIV.
- \$50 reimbursement for participation.

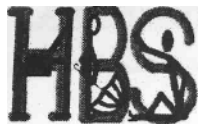
Community Assessment Process (CAP)

- System level interviews
- Focus groups
- Community advisory board
- Observation
- Enumeration of Houses
- Calendar of events



HBS Community Partners

- Programmatic design and outreach elements were developed through a community-based participatory research training initiative known as TEACH (Technology Exchange and Capacity Building for Community Health).
- HBS served as a field practicum for TEACH, which included collaborations with 9 CBOs.
- HBS and TEACH co-sponsored balls, rehearsals, parties.
- Public service announcements shown at house ball events promoted the HBS and HIV prevention programs.



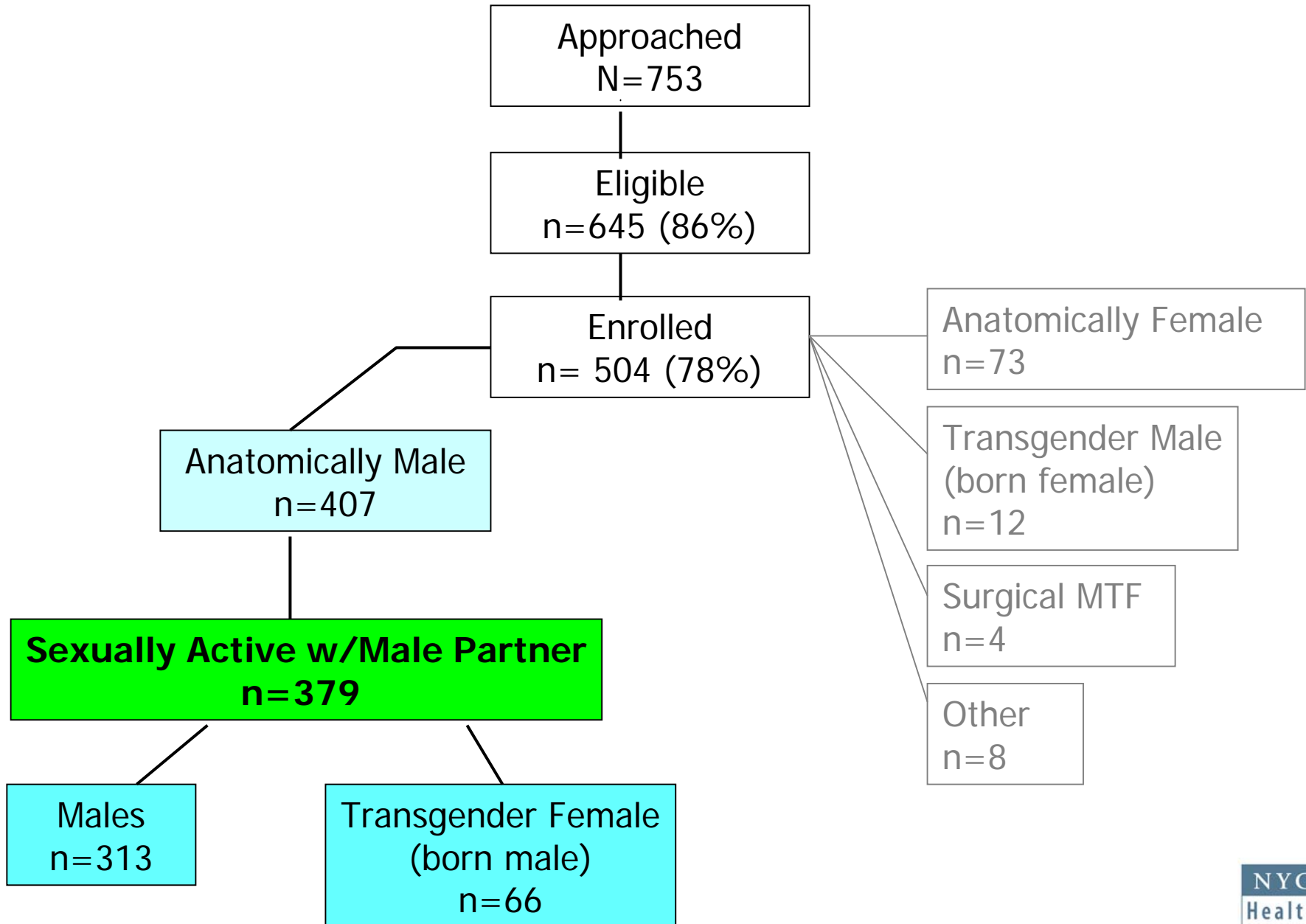
Eligibility Criteria

- 15 years or older
- Resident of NYC metropolitan area
- House Ball community member

Recruitment

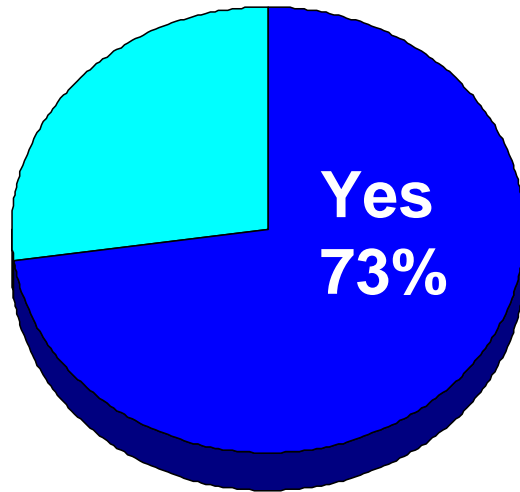
- Locations selected through CAP
- “Intercept area” established for each location
- Eligible participants were enrolled, interviewed and tested at venue or scheduled for other day appointments at an office location.

Study Sample

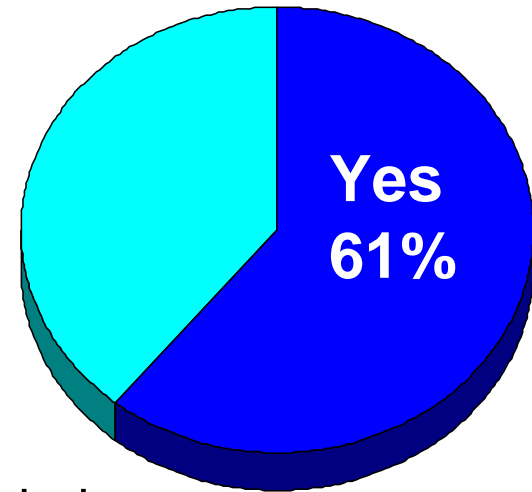


House Membership and Ball Participation (N=379)

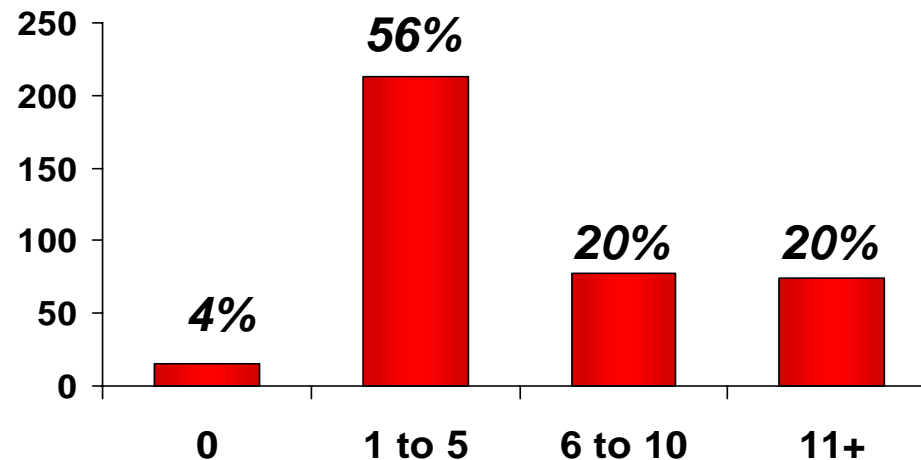
Ever House Member



Current House Member



House Balls Attended
in the past 12 months



Demographic Characteristics

| | Male (N=313) | Transgender Female (N=66) | Overall (N=379) |
|---------------------------|-------------------------|--|----------------------------|
| Age (%) * | | | |
| 15-19 | 33 | 27 | 32 |
| 20-30 | 48 | 64 | 51 |
| 31 + | 19 | 9 | 17 |
| Race/Ethnicity (%) | | | |
| White | 3 | 1 | 2 |
| Black | 51 | 53 | 52 |
| Hispanic | 44 | 44 | 44 |
| Other | 2 | 2 | 2 |

*** $p < 0.05$**

Sexual Behaviors in Past 12 Months

| | Male (N=313) | Transgender Female (N=66) | Overall (N=379) |
|---|-----------------|---------------------------------|--------------------|
| # Male Partners (%) * | | | |
| 1 - 5 | 74 | 53 | 71 |
| > 5 | 26 | 47 | 29 |
| | | | |
| Sex with Female (%) | 13 | 17 | 13 |
| | | | |
| Exchange Sex for Money or Drug (%) * | 5 | 32 | 10 |
| | | | |
| Unprotected Anal Sex (%) | 30 | 24 | 29 |
| | | | |
| STD Diagnosis (%) | 7 | 11 | 8 |

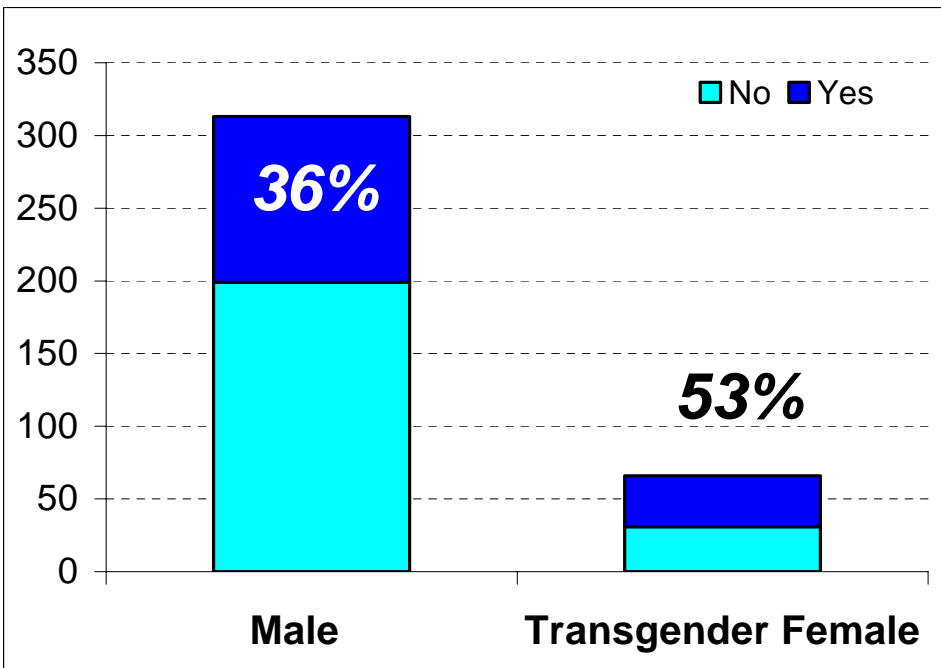
*** $p < 0.001$**

Substance-Use Behaviors

| | Male (N=313) | Transgender Female (N=66) | Overall (N=379) |
|--|-------------------------|--|----------------------------|
| Used Non-Injected Drugs in Past 12 Months (%) | 41 | 45 | 41 |
| | | | |
| Marijuana (%) | 40 | 42 | 40 |
| | | | |
| Ecstasy (%) | 12 | 11 | 12 |
| | | | |
| Crystal (%) | 6 | 5 | 6 |
| | | | |
| Ever Injected Drugs (%) | 2 | 2 | 2 |
| | | | |
| Had >5 Drinks a Day in Past Month (%) | 38 | 27 | 36 |

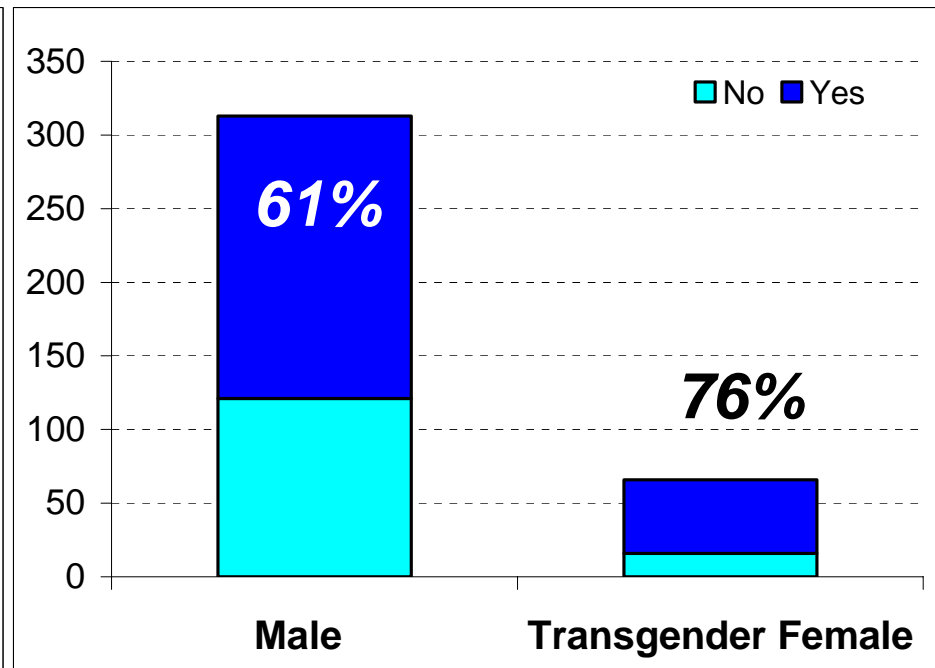
Psychosocial Factors

***Depression (CES-D screened)
in Past 7 Days***



**** $p < 0.05$***

***Stressful Life Events
in Past 12 Months***



**** $p < 0.05$***

HIV Testing History

| | Male (N=313) | Transgender Female (N=66) | Overall (N=379) |
|--|-------------------------|--|----------------------------|
| <i>Ever Tested (%)</i> | | | |
| Yes | 87 | 92 | 88 |
| No | 13 | 8 | 12 |
| <i>Tested in Past 12 Months (%)</i> | | | |
| Yes | 60 | 65 | 61 |
| No | 26 | 27 | 26 |
| Refused/Unknown | 14 | 8 | 13 |
| <i>Self-Reported HIV Status (%)</i> | | | |
| Positive | 5 | 6 | 5 |
| Negative | 74 | 76 | 74 |
| Refused/Unknown | 21 | 18 | 21 |

HIV Prevalence - Demographics

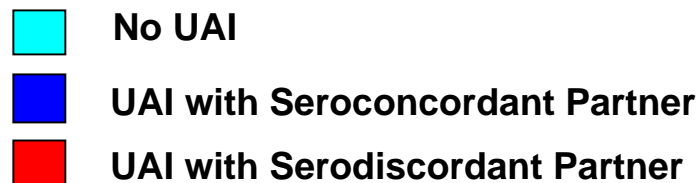
| | Total Tested (N) | HIV+ (%) | % HIV+ Unaware of Infection |
|-------------------------|---------------------|-------------|-----------------------------------|
| Total | 376 | 20 | 73 |
| Gender | | | |
| Male | 311 | 20 | 74 |
| Transgender | 65 | 18 | 67 |
| Age * | | | |
| 15 - 19 | 123 | 11 | 79 |
| 20 - 29 | 188 | 16 | 70 |
| 30 - 39 | 65 | 46 | 73 |
| Race/Ethnicity * | | | |
| Black | 195 | 31 | 83 |
| Hispanic | 165 | 7 | 25 |
| White | 8 | 12 | 0 |
| API/Other | 8 | 13 | 100 |

*** $p < 0.001$**

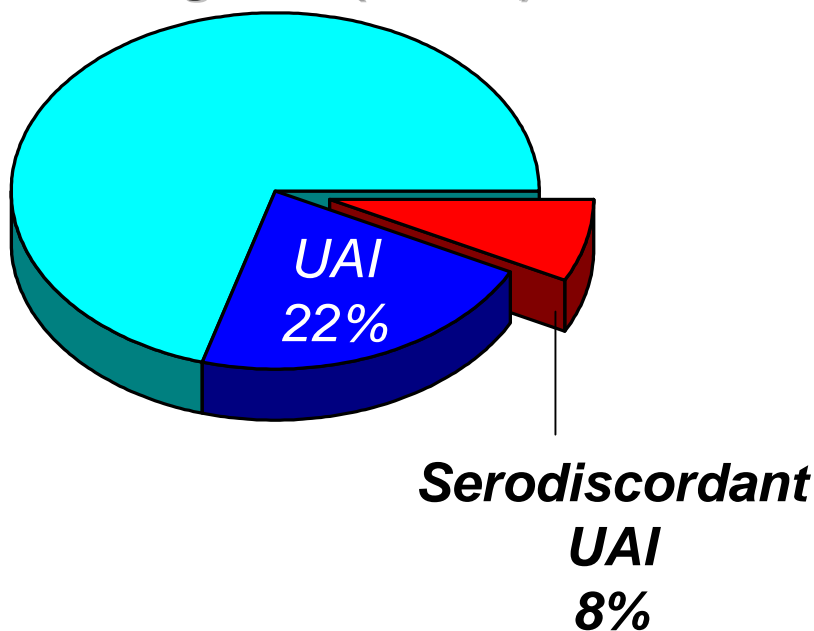
HIV Prevalence – Risk Behaviors in Past 12 Months

| | Total Tested (N) | HIV+ (%) |
|--|-----------------------------|---------------------|
| Total | 376 | 20 |
| <i>Number of Male Partners</i> | | |
| 1 - 5 | 266 | 18 |
| > 5 | 110 | 23 |
| <i>Unprotected Anal Intercourse</i> | | |
| Yes | 108 | 18 |
| No | 268 | 21 |
| <i>STD Diagnosis</i> | | |
| Yes | 29 | 31 |
| No | 347 | 19 |
| <i>Exchange Sex for Money/Drug</i> | | |
| Yes | 36 | 31 |
| No | 340 | 18 |
| <i>Non-Injection Drug Use</i> | | |
| Yes | 156 | 17 |
| No | 220 | 22 |

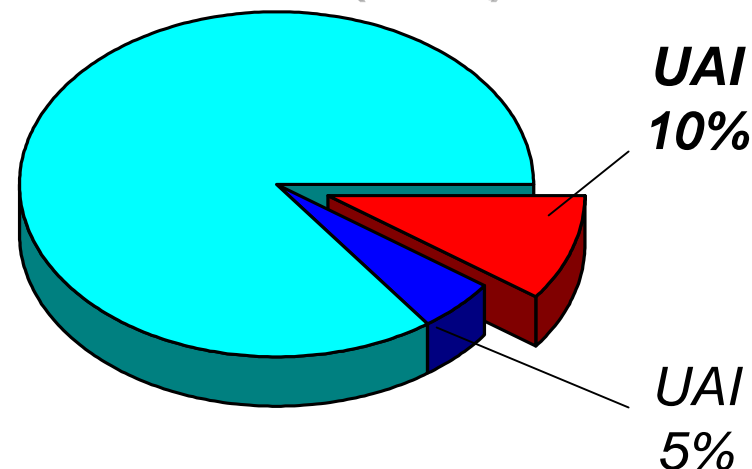
Partner's HIV Status and Unprotected Anal Intercourse During Last Encounter



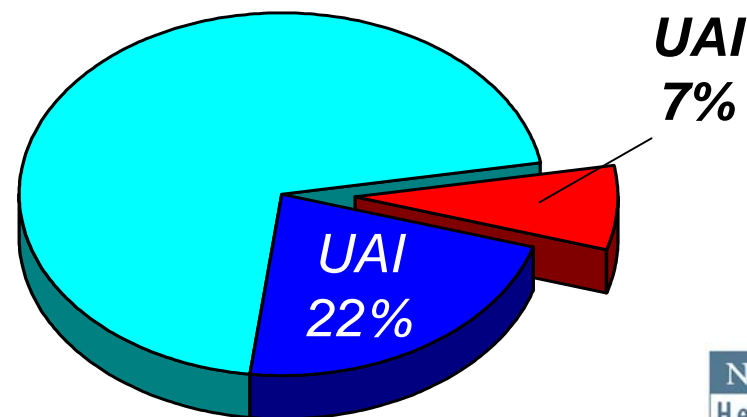
Self-reported and Tested Negative (n=302)



Self-reported and Tested Positive (n=20)



Unaware of HIV Infection (n=54)



UAI: Unprotected Anal Intercourse

Counseling and Referral Linkage

- Interview used as a needs assessment tool to conduct pre and post-test HIV counseling and to provide referrals.
- System developed to flag risks (i.e. depression, violence, UAI, suicidal ideation) to be addressed during counseling sessions.
- Harm-reduction counseling model used.
- Provided peer-based case management for prevention and care.
- Direct referral linkage to local service providers.

Limitations

- This sample of males and transgender females does not represent the NYC House Ball, MSM or transgender communities.
- Risk behavior and testing data are self-reported therefore subject to recall bias.
- Certain questions were of a sensitive nature (psycho-social factors and HIV status), thus underreporting may have occurred.
- Sample size of sexually active transgender females was relatively small.

Summary

- Compared with males, transgender females were more likely to
 - be between 20 to 30 years old
 - have 5 or more male partners
 - report depression or stressful life event
 - have exchanged sex for money or drugs
- Participants aged 30 years and older were more likely to be HIV positive than other age groups.
- Blacks were more likely to be HIV positive than other race/ethnicity groups.
- Participants who were unaware of their HIV infection and those who self-reported and tested negative had a higher proportion of UAI than self-identified HIV-infected participants.

Recommendations

- Subculture-tailored approaches to accessing and sampling target populations are key for successful implementation of research and intervention activities.
- Simultaneous provision of HIV testing and targeted referral services to a community that may otherwise not routinely access local CBOs.
- Ongoing prevention efforts are needed to promote and maintain reduced risk behaviors in the gay, bisexual, and transgender community.

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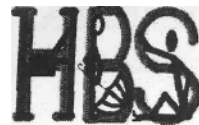
Harlem United

Hetrick Martin Institute

Hispanic AIDS Forum

Minority Task Force On AIDS

People Of Color In Crisis



We would like thank the Mothers and Fathers of the NYC House Ball community as well as members who participated in the study.