Promoting Our Worth, Equality, and Resilience

2016 ANNUAL REPORT

https://www.lgbthlres.pitt.edu/
http://centerforblackequity.org/
Acknowledgements

COMMUNITY PARTNER ORGANIZATIONS

Thank you to all community based organizations (CBOs) who partnered with POWER to offer confidential HIV testing, without whom this project would not be possible!
Thank you to all the individuals who took the time to participate in the POWER study!
SUPPORT & FUNDING

The Center for Black Equity

Pitt Public Health

Center for LGBT Health Research

National Institute of Nursing Research

National Institute of Allergy and Infectious Diseases
Ronald Stall, PhD
Dr. Stall is currently a Professor and Associate Chair for Science in the Department of Behavioral and Community Health Sciences in the Graduate School of Public Health at the University of Pittsburgh. Dr. Stall began working in HIV research in 1984 when he started working with the AIDS Behavioral Research Project, one of the first longitudinal studies of AIDS risk-taking behaviors in the world. Since that time, he has published over 190 peer-reviewed scientific papers on many different aspects of the AIDS epidemic. Recently, Dr. Stall has become interested in the combined effects of multiple psychosocial epidemics, or “syndemics” in driving HIV risk. His team is now working on a set of analyses to study how structural factors increase the prevalence of syndemic conditions among gay men and their relationship to the development of psychosocial health problems and how the study of syndemics might be used to inform combination HIV prevention models.

Earl D. Fowlkes, Jr.
Earl Fowlkes serves as the President/CEO of the Center For Black Equity, Inc. (formerly the International Federation of Black Pride (IFBP). He founded the IFBP in 1999 as a coalition of Black Pride organizers the United States, Canada, United Kingdom and South Africa in order to promote a multinational network of LGBT Pride and community-based organizations. In July, 2012, the IFBP Board of Directors voted to change the name of the organization to the Center For Black Equity which an expanded mission and membership base. The Center For Black Equity is the only Black LGBT international organization in the world. Earl previously served fifteen years as the Executive Director of the DC Comprehensive AIDS Resources and Education Consortium (DC CARE Consortium) and Damien Ministries, organizations that provided services to Person Living With HIV/AIDS in Washington, DC.

Lisa Eaton, PhD
Dr. Eaton works in the University of Connecticut Department of Psychology developing and implementing behavioral interventions for people infected with HIV and at-risk for HIV transmission. She has both international and domestic interests in disease treatment and prevention, including projects to improve HIV testing and counseling for at-risk HIV negative MSM in the US and to identify factors co-occurring with HIV risk taking in a multi-level study among men and women attending shebeens in Cape Town, South Africa. She is also interested in researching effective ways to deliver biomedical interventions such as PrEP, male circumcision and microbicides; in particular, how to address product adherence and changes in behavioral risk taking and how to bolster wide spread availability.

Derrick Matthews, PhD
Dr. Matthews joined the Department of Infectious Diseases and Microbiology in September 2015. His research is focused upon the disproportionate burden the HIV epidemic has on Black gay, bisexual, and other men who have sex with men (MSM) in the US. Specifically, his work examines those mechanisms that explain these health disparities with the goal of designing interventions aimed at interrupting those processes that facilitate HIV-related health disparities. His current work is focused on the integration of biobehavioral assessment of HIV health status, support, and HIV surveillance studies of Black MSM in order to more accurately and completely understand the HIV care continuum. His current NIAID-funded R21 is establishing the feasibility of including dried blood spot laboratory techniques in routine HIV surveillance studies with Black MSM.

Patrick Wilson, PhD
Dr. Wilson is currently an Associate Professor and the Director of the SPHERE (Society, Psychology, and Health Research) Lab at Columbia University. Dr. Wilson earned his PhD in community psychology from New York University and completed an NIMH Postdoctoral Fellowship at Yale University. In addition to teaching at the Mailman School of Public Health, Dr. Wilson specializes in exploring the psychological, social, and cultural contexts that shape individual and community-level health outcomes. He conducts his work with the overall goal of improving the lives of those who are disproportionately affected by HIV and other health disparities. Dr. Wilson’s recent work includes examining institutional and community responses to the HIV/AIDS epidemic, designing and testing culturally appropriate behavior change interventions, developing novel technology-based methods for investigating health behaviors, and increasing cultural relevance in HIV/AIDS research.

Leigh Bukowski, MPH
Leigh Bukowski received her MPH from the University of Pittsburgh, Graduate School of Public Health with a certificate in LGBT Health and Wellness. She currently serves as the Senior Research Manager for the Center for LGBT Health and Wellness at the University of Pittsburgh where she manages the POWER study. Ms. Bukowski’s research with the POWER sample has focused on exploring social determinants of health among Black transgender women in the United States. She received the Joep Lange and Jacqueline van Tongeren award for award for social and political research, law, policy and human rights during AIDS 2016 for this research.
Study Overview

Rationale

1. HIV prevalence and incidence are higher among Black men who have sex with men (BMSM) than for any other group of US citizens.

2. Delayed HIV testing, unknown HIV status, and lower rates of antiretroviral therapy (ART) uptake among diagnosed HIV-positive individuals drive this disparity among BMSM.

3. We know little regarding what is associated with delayed HIV testing, unknown HIV status, and lower rates of ART uptake among BMSM.

Specific Aims

1. Measure HIV testing rates and identify the factors associated with HIV testing among BMSM.

2. Measure the prevalence of undiagnosed HIV-positive BMSM and identify the factors associated with an undiagnosed HIV-positive status.

3. Measure the prevalence of HIV Care Continuum outcomes and identify syndemic associations of HIV Care Continuum outcomes among BMSM.
INNOVATION

1. Collect data from ~6,000 BMSM over the course of 3 years in order to assemble the largest sample of BMSM in any study to date.

2. Recruit BMSM where they already gather: at Black Pride events.

3. Partner with local community-based HIV testing organizations (CBOs) to aid in study implementation and data dissemination.

INCLUSION CRITERIA

1. Assigned male sex at birth

2. Currently identify as male, female, or transgender

3. Reported having at least one male sexual partner in their lifetime

4. 18 years of age or older
RECRUITMENT AT BLACK PRIDE EVENTS

88 Events in 6 Cities over 3 Years

Atlanta, GA; Detroit, MI; Houston, TX; Memphis, TN*; Philadelphia, PA; Washington, D.C.

*Only in 2015

44,925
Potential Participants Encountered

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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**METHODS**

**Time Location Sampling**
- Randomly select recruitment times in 2-hour increments from all possible Black Pride events in a city
- Set-up an intercept zone at events and count every potential participant who enters this zone
- Approach and recruit potential participants who have entered the intercept zone

**Behavioral Health Survey**
- Self administered using QDS software on Dell Venue Pro tablets
- Takes approximately 20 minutes to complete
- Participants compensated $10

**Dry Blood Spot Sample Collection**
- Participants provide a few drops of blood by pressing their pricked finger on a small card
- Participants are compensated $10 for providing a sample
- Dry blood spot samples are destroyed after analysis and allow us to characterize the HIV care continuum with biological markers

**Onsite HIV Testing**
- Confidential HIV testing performed by local CBOs; participants receive their test result
- If participants decline confidential testing, they are offered anonymous HIV testing via the study; participants do not receive their test result
- Participants are compensated $10 for completing either testing option; CBOs are compensated $20 for each test they perform on behalf of the study
<table>
<thead>
<tr>
<th>Survey Domains</th>
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</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
</tr>
<tr>
<td>Age; education; income; employment status; race; incarceration; homelessness; ethnicity; country of origin; presence of and access to health care; homelessness; incarceration</td>
</tr>
<tr>
<td><strong>Sexual Behavior</strong></td>
</tr>
<tr>
<td>Male life-time history and most recent partner; female life-time history and most recent partner</td>
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<tr>
<td><strong>Psychosocial</strong></td>
</tr>
<tr>
<td>Depression; substance use; internalized homophobia; internalized transphobia</td>
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<tr>
<td><strong>Experiences of Violence and Discrimination</strong></td>
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<tr>
<td>Intimate partner violence (IPV); physical assault; childhood sexual abuse; discrimination based on race; sexual orientation; transgender status; HIV-status; and socioeconomic status; HIV related stigma**</td>
</tr>
<tr>
<td><strong>HIV Testing</strong></td>
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<tr>
<td>Lifetime HIV testing history; past 6-month HIV testing history</td>
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<td><strong>HIV Care</strong></td>
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<tr>
<td>HIV care continuum outcomes; biological confirmation of HIV care continuum outcomes**</td>
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<tr>
<td><strong>PEP and PrEP</strong></td>
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<tr>
<td>PrEP awareness and uptakes; biological confirmation of PrEP uptake**</td>
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<tr>
<td><strong>Resilience</strong></td>
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<tr>
<td>Social support among family, friends, work, church, LGBT community, Black community); level of outness with family, friends, work, church, LGBT community, Black community; community tolerance</td>
</tr>
<tr>
<td><strong>Religiosity and Spirituality</strong></td>
</tr>
</tbody>
</table>

*For more information regarding what is measured within the survey, please contact Leigh Bukowski at lab108@pitt.edu

** Year 3 (2016) only
Data Overview

TIME-LOCATION SAMPLING
At 88 Events in 6 Cities over 3 Years

10,810 Were Approached
9,851 Agreed to hear about POWER
5,399 Agreed to take the survey
5,135 Completed the survey

STUDY POPULATION

5,135 Completed the Survey

4,908 Identified as Black or African-American

4,763 Identified as Male
145* Identified as Female or Transgender

*For more information regarding the sample of Black transgender women, please contact lab108@pitt.edu
WHERE WERE PARTICIPANTS RECRUITED?

WHERE ARE PARTICIPANTS FROM?

*Data only collected at this site in 2015; data collected in all other cities in 2014, 2015, 2016.
### INDEPENDENT VARIABLES

**Health Insurance Coverage**  
Do you currently have health insurance or health care coverage?

**Access to Medical Care**  
During the past 12 months, was there any time when you needed medical care but didn’t get it because you couldn’t afford it?

**Depression**  
The Center for Epidemiologic Studies Depression 10 (CES-D 10) measured past-week depressive symptomatology.

**Polysubstance Use**  
The use of three or more of the following substances in the past-year: nitrates, crack cocaine, cocaine, methamphetamines, heroin, non-prescribed prescription opiates or party drugs other than methamphetamine.

**Physical Assault**  
In the past year have you been physically assaulted (hit, kicked, beat up or in any other way physically harmed)?

**Intimate Partner Violence**  
In the past year, have you been in a relationship with a partner who has ever hit, kicked, slapped, beaten or in any other way physically assaulted you?

**Childhood Sexual Abuse**  
Before the age of 17, did you have any unwanted sexual experiences? By sexual experience I mean sexual touching or sexual intercourse?

**Homelessness**  
In the past 12 months have you been homeless at any time? By homeless, I mean you were living on the street, in a shelter, in a Single Room Occupancy hotel (SRO), or in a car.

**Incarceration**  
In the past 2 years, have you been incarcerated (spent a night or more in jail or prison)?

**Family Support**  
To what degree do you feel you receive support from your friends?

**Friend Support**  
In the past year have you been physically assaulted (hit, kicked, beat up or in any other way physically harmed)?
**DEPENDENT VARIABLES**

**AIM 1**

**HIV Life-time Testing History**
Have you ever been tested for HIV?

**AIM 2**

**Undiagnosed HIV-positive status**
Previously undiagnosed HIV-positivity was determined if participants received a HIV-positive test result and responded “HIV-negative,” “Indeterminate,” or “I don’t know,” when asked about the result of their most recent HIV test.

**AIM 3**

**Undetectable Viral Load**
“What were the results of your most recent HIV lab tests? (Viral load)” with responses:
1. undetectable
2. detectable, but under 10,000
3. 10,000 - 100,000: and
4. Higher than 100,000.”
This variable was recoded as a dichotomous outcome: either undetectable (response 1) or detectable (response 2, 3, or 4).

**ANALYSIS PLAN**

1. Bivariate analyses compared independent variables on dependent variables using chi-square tests for categorical variables and t-tests for continuous variables; results from bivariate analyses are not shown.

2. Our analysis is based on findings from our bivariate analysis, independent logistic regression models, controlling for age, education, and city regressed dependent variables on independent variables.

3. Statistically signification results (p<0.05) from our independent regression models are shown throughout the report; if results for a particular independent variable do not appear in subsequent sections, it means no significant associations were found.

4. These are PRELIMINARY findings. We employed independent, multi-variable models; more robust models are needed to better explore the health of this population.
Study Findings

Results from Sample of 4,763 BMSM
Characteristics of BMSM

- **Education**: 37% of BMSM had achieved a college diploma or more
- **Housing**: 11% of BMSM reported having been homeless in the past-year
- **Age**: BMSM were on average 31 years old
- **Physical Assault**: 14% of BMSM reported experiencing past-year physical assault
- **US Born**: 97% of BMSM were born in the U.S.
- **Intimate Partner Violence**: 16% of BMSM reported experiencing past-year intimate partner violence
- **Health Insurance Coverage**: 85% of BMSM reported having some form of health insurance coverage
- **Childhood Sexual Abuse**: 25% of BMSM reported having experienced childhood sexual abuse
- **Access to Medical Care**: 20% of BMSM reported being unable to access medical care
- **Incarceration**: 10% of BMSM reported having been incarcerated in the past 2-years
- **Depression**: 23% of BMSM reported past-week symptomology of depression
- **Family Support**: 46% of BMSM reported receiving a lot of support from their family
- **Poly-Substance Use**: 5% of BMSM reported past-year poly-substance use
- **Friend Support**: 62% of BMSM reported receiving a lot of support from their friends

*For more information related to the characteristics of BMSM in our sample, please refer to Appendix I*
Aim 1

a) Measure the rates of HIV testing among BMSM
b) Identify factors associated with testing among BMSM

a) Rates of lifetime HIV testing history among BMSM who did not report a prior HIV diagnosis

Have you EVER received an HIV test? n=3,166
- Yes: 89% (n=2,818)
- No: 11% (n=348)

Received an HIV test through POWER n=348
- Yes: 88% (n=306)
- No: 12% (n=42)

HIV Test Results n=306
- Positive: 34%
- Negative: 66%
b) What is associated with having never received an HIV test when controlling for age, education, and city?

**Bisexual Identity**
Individuals who identified as bisexual were 50% more likely to have never received an HIV test compared to those who identified as gay.

**Ability to Access Medical Care**
Individuals unable to access medical were 40% more likely to have never received an HIV test compared to those able to access medical care.

**Depression**
Individuals who reported past-week depression symptomology were 70% more likely to have never received an HIV test compared to those who did not report past week depression symptomology.

**Physical Assault**
Individuals who experienced past-year physical assault were 37% more likely to have never received an HIV test compared to those who did not experience past-year physical assault.

**Family Support**
Individuals who reported no family support were 184% more likely to have never received an HIV test compared to those who reported a lot of family support.

**Friend Support**
Individuals who reported no family support and little family support were 226% and 95% more likely to have never received an HIV test respectively compared to those who reported a lot of family support.
a) Rates of past 6-month HIV testing history among BMSM who did not report a prior HIV diagnosis, excluding individuals who reported having never received an HIV test

Have you received an HIV test in the past 6-months?

- Yes: 69% (n=1,923)
- No: 31% (n=872)

Received an HIV test through POWER

- Yes: 100% (n=872)

HIV Test Results

- HIV-negative: 84% (n=706)
- HIV-positive: 19% (n=166)
b) What is associated with having received an HIV test in the past 6 months when controlling for age, education, and city?

Health Insurance Coverage
Individuals who had health insurance coverage were 34% more likely to have received an HIV test in the past 6 months than individuals without health insurance coverage.

Intimate Partner Violence
Individuals who had been victims of IPV in the past year were 41% more likely to have received an HIV test in the past 6-months than individuals who had not been victims of past-year IPV.

Physical Assault
Individuals who had been victims of past-year physical assault were 46% more likely to have received an HIV test in the past 6-months than individuals who had not been victims of past-year physical assault.

Homelessness
Individuals who had been homeless in the past year were 54% more likely to have received an HIV test in the past 6-months than individuals who had not been homeless in the past-year.
Aim 2

a) Measure the prevalence of undiagnosed HIV-positive BMSM; and b) Identify the factors associated with a undiagnosed HIV-positive status

a) Measure the prevalence of undiagnosed HIV-positive BMSM

Overall HIV Prevalence
n = 3,954*

- 68% HIV-negative
  - 68%
  - n = 2,679
- 32% HIV-positive
  - 32%
  - n = 1,275

Prevalence of Undiagnosed HIV-positive BMSM
n = 1,275**

- 54% Diagnosed HIV-positive
  - 54%
  - n = 589
- 46% Undiagnosed HIV-positive
  - 46%
  - n = 586

*Includes all self-reported positives, and self-reported negatives who received an HIV test

**Includes all self-reported positives, and self-reported negatives who received a positive HIV test result
b) What is associated with an undiagnosed HIV-positive status when controlling for age, education, and city?

Comparing undiagnosed HIV-positive BMSM and HIV-negative BMSM*  
\( n = 3,265 \)

**Ability to Access Medical Care**  
Individuals unable to access medical care were 82% more likely to be undiagnosed HIV-positive compared to those able to access medical care.

**Problematic Drug Use**  
Individuals who abused illicit substances were 52% more likely to be undiagnosed HIV-positive compared to those who did not abuse illicit substances.

**Intimate Partner Violence**  
Individuals who experienced past-year intimate partner violence (IPV) were 50% more likely to be undiagnosed HIV-positive compared to those who did not experience past-year IPV.

**Physical Assault**  
Individuals who experienced past-year physical assault were 54% more likely to be undiagnosed HIV-positive compared to those who did not experience past-year physical assault.

**Childhood Sexual Abuse**  
Individuals who experienced childhood sexual abuse were 37% more likely to be unaware of their HIV-positive status compared to those who did not experience childhood sexual abuse.

**Friend Support**  
Individuals who reported no friend support were 57% more likely to be unaware of their HIV-positive status compared to those who reported a lot of friend support.

*These are all individuals who report a negative HIV status at the time of survey. Understanding demographic and psychosocial differences between undiagnosed, HIV-positive BMSM and HIV-negative BMSM may help elucidate a means by which to advance HIV diagnosis in this population.
**Aim 3**

a) Measure the prevalence of timely access to HIV care; and b) identify syndemic associations of timely access to HIV care

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**a) Measure the prevalence of timely access to HIV care among BMSM**

HIV Care Continuum among HIV-positive BMSM* in the POWER sample  
*n=1,275*

- **Diagnosed**  
  - n=688  
  - 54%

- ** Linked to Care**  
  - n=655  
  - 51%

- **Retained in Care**  
  - n=640  
  - 50%

- **Prescribed ARVs**  
  - n=590  
  - 46%

- **Undetectable Viral Load**  
  - n=518  
  - 41%

- **Progression Percentages:**  
  - 95%  
  - 98%  
  - 93%  
  - 88%

*All care continuum measures use self-report data*
b) Identify syndemic associations of timely access to HIV care among BMSM

Where along the HIV Care Continuum are BMSM most likely to get stuck?

By understanding what differentiates individuals who get stuck at one stage of the HIV Care Continuum from those who progress, we will be able to better develop targeted interventions that advance Treatment as Prevention in this population.
b) What is associated with an undetectable viral load when controlling for age, education, and city?  
\(n=619\)

**Depression**
Diagnosed HIV-positive individuals who reported past week depression symptomology were 68% less likely to have an undetectable viral load compared to those who did not report past-week depression symptomology.

**Problematic Alcohol Consumption**
Diagnosed HIV-positive individuals who abused alcohol were 57% less likely to have an undetectable viral load compared to those who did not abuse alcohol.

**Substance Abuse**
Diagnosed HIV-positive individuals who abused illicit substances were 63% less likely to have an undetectable viral load compared to individuals who did not abuse illicit substances.

**Childhood Sexual Abuse**
Diagnosed HIV-positive individuals who experienced childhood sexual abuse were 47% less likely to have an undetectable viral load compared to those who did not experience childhood sexual abuse.

**Sexual Orientation Discrimination**
Diagnosed HIV-positive individuals who had experienced discrimination based on their sexual orientation were 46% less likely to have an undetectable viral load compared to those who had never experienced discrimination based on their sexual orientation.

**HIV Status Discrimination**
Diagnosed HIV-positive individuals who experienced discrimination based on their HIV-status were 45% less likely to have an undetectable viral load compared to those who had never experienced HIV-status based discrimination.

**Homelessness**
Diagnosed HIV-positive individuals who were homeless were 59% less likely to have an undetectable viral load compared to those who were not homeless.

**Incarceration**
Diagnosed HIV-positive individuals who were incarcerated within the past two years were 59% less likely to have an undetectable viral load compared to individuals who were not incarcerated.
PrEP Knowledge & Uptake

PrEP Knowledge
n=3,181*

Have you ever heard of PrEP?

52%

48%

No  Yes

Change in PrEP Knowledge Over Time

Percentage Having Heard of PrEP

2014  39%  p<0.001
  n=1,046

2014  58%  p<0.001
  n=1,249

2016  69%
  n=934

*Includes individuals (1) who reported >0 past-year male sexual partners; and (2) individuals who reported an HIV-negative status at the time of survey
**PrEP Uptake**

*n=1,666*

Are you currently taking PrEP?

- Yes: 17%
- No: 83%

Have you ever taken PrEP?

- Yes: 17%
- No: 83%

Do you know anyone taking PrEP?

- Yes: 41%
- No: 59%

*Includes individuals (1) who reported >0 past-year male sexual partners; (2) individuals who reported an HIV-negative status at the time of survey; and (3) indicated they had heard of PrEP*
CONFERENCE PRESENTATIONS

1. **AIDS 2016, 21st International AIDS Conference**
   Durban, South Africa, July 18-22, 2016
   - Physical assault partially mediates the impact of transgender status on depression and poly-substance use among Black men who have sex with men and Black transgender women in the United States. Oral presentation.
   - Identifying unaware HIV-positive status among HIV-positive Black men who have sex with men in the United States. Poster presentation.
   - Bi behavior, bi identity, or both? Interpreting disparities among bisexual Black men in the U.S. across the HIV prevention and care continuum. Poster presentation.
   - Characterizing Black men who have sex with men in the United States who have never received an HIV test. Poster presentation.
   - Characterizing Black men who have sex with men in the United States who have never received an HIV test. Poster presentation.

2. **International Academy of Sex Research (IASR)**
   Malmö, Sweden, June 2016
   - Who you are, or what you do? Associations between psychosocial health disparities, bisexual behavior, and bisexual identity among Black men in the United States. Poster presentation.

3. **National HIV Prevention Conference (NHPC)**
   Atlanta, GA, December 6-9, 2015
   - Characterizing the HIV care continuum among Black transgender women (BTW) and correlates of undetectable viral load. Poster presentation.

4. **National AIDS & Education Service for Minorities (NAESM)**
   Annual MSM Leadership Conference,
   Atlanta, GA, January 15-18, 2015

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**Grant Productivity**
2 Published


2 Under Review


8 in Progress

Characterizing BMSM who have never received an HIV test

Factors associated with awareness of HIV-positive status among BMSM

Temporal trends of PrEP awareness and uptake among BMSM

Prevalence and correlates of HIV Care Continuum outcomes among BTW.

Identifying differences related to correlates of HIV testing and care between BMSM and BTW

Prevalence and correlates of HIV Care Continuum outcomes among BMSTW.

HIV testing behaviors and discrimination among BTW

HIV testing typologies among BMSM
INVITED PRESENTATIONS

THE DEAN'S GRAND ROUNDS ON THE FUTURE OF PUBLIC HEALTH
TEAM SCIENCE FOR THE PUBLIC'S HEALTH 2016-2017

CENTER FOR LGBT Health Research

Philadelphia BLACK PRIDE

BLACK PRIDE

FRIDAY NIGHT YOUTH
6pm-10pm
Hang Out, Eat Pizza, Play Games

THE BLACK AIDS INSTITUTE

THE DEAN'S GRAND ROUNDS
PUBLIC HEALTH IMAGINATION
GROUNDBREAKING IDEAS IN POPULATION HEALTH

COLUMBIA UNIVERSITY | MAILMAN SCHOOL OF PUBLIC HEALTH
**Dry Blood Spotting (DBS)**

**2016 DBS Collection**

1. **Acceptability**
   85% of the 1,538 participants who completed a behavioral health survey provided a DBS sample which is nearly 100% of participants who opted to complete either HIV testing option.

2. **What's Next?**
   DBS samples collected at Black Pride events in 2016 have been processed, and we are currently adding this data to the POWER dataset.

**DBS data will allow us to:**

1. Examine differences in operationalizing HIV care continuum position using self-report and biological data

2. Explore HIV care continuum position and associated factors using a combination of behavioral and biological outcome data

3. Maximize intervention success for BMSM by allowing for the confident identification, and consequently the ability to target, sources of HIV disparities.
Please contact Leigh Bukowski in the Center for LGBT Health Research at the University of Pittsburgh via phone (412-624-6174) or email (lab108@pitt.edu) if you have any questions, comments or concerns regarding the 2016 POWER Annual Report.

We want to know how we can use POWER data to help you leverage the work you're doing in your communities. Please contact Leigh Bukowski via phone (412-624-6174) or email (lab108@pitt.edu) if there are any analyses we could perform to achieve this goal.

What would you like to see next from the POWER study? Your feedback is highly valued and allows us to do our best work!

We look forward to hearing from you!
Appendix I

Table 1: Characteristics of Black men who have sex with men in the POWER sample

<table>
<thead>
<tr>
<th>Category</th>
<th>n=4,414</th>
<th>% (n)</th>
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<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>7.1 (314)</td>
<td></td>
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<tr>
<td>High School diploma</td>
<td>19.7 (869)</td>
<td></td>
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<tr>
<td>Some college</td>
<td>36.0 (1588)</td>
<td></td>
</tr>
<tr>
<td>College diploma or more</td>
<td>37.2 (1643)</td>
<td></td>
</tr>
<tr>
<td>Age mean (standard deviation)</td>
<td>30.8 (9.8)</td>
<td></td>
</tr>
<tr>
<td><strong>Health care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presence of health coverage</td>
<td>85.3 (3764)</td>
<td></td>
</tr>
<tr>
<td>Unable to access care</td>
<td>20.0 (882)</td>
<td></td>
</tr>
<tr>
<td>US Born</td>
<td>96.7 (4266)</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>23.2 (1023)</td>
<td></td>
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<tr>
<td><strong>Alcohol</strong></td>
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<tr>
<td>Alcohol Consumption (past year)</td>
<td>80.8 (3564)</td>
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<tr>
<td>Problematic Alcohol Consumption</td>
<td>19.2 (848)</td>
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<tr>
<td><strong>Drug Use</strong></td>
<td></td>
<td></td>
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<tr>
<td>Poly-Substance Use</td>
<td>5.3 (234)</td>
<td></td>
</tr>
<tr>
<td>Problematic Substance Use</td>
<td>8.6 (380)</td>
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<tr>
<td><strong>Violence</strong></td>
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<tr>
<td>Intimate Partner Violence</td>
<td>16.2 (713)</td>
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<tr>
<td>Physical Assault</td>
<td>13.7 (605)</td>
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</tr>
<tr>
<td>Childhood Sexual Abuse</td>
<td>24.4 (1077)</td>
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<tr>
<td><strong>Perceived Discrimination</strong></td>
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<tr>
<td>Race</td>
<td>20.8 (919)</td>
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<tr>
<td>Sexuality</td>
<td>20.4 (900)</td>
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<tr>
<td>HIV Status</td>
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<tr>
<td>Incarceration (past 2-years)</td>
<td>10.3 (455)</td>
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<tr>
<td>Homeless (past-year)</td>
<td>11.4 (504)</td>
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<tr>
<td><strong>Family Support</strong></td>
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<tr>
<td>A little</td>
<td>16.8 (741)</td>
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<tr>
<td>Somewhat</td>
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<tr>
<td>A lot</td>
<td>46.1 (2036)</td>
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<tr>
<td><strong>Friend Support</strong></td>
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<tr>
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<tr>
<td>Somewhat</td>
<td>691 (15.7)</td>
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<tr>
<td>A lot</td>
<td>67.8 (2770)</td>
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