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EVALUATION OF A COMMUNITY-LEVEL PEER-BASED HIV PREVENTION INTERVENTION ADAPTED FOR YOUNG BLACK MEN WHO HAVE SEX WITH MEN (MSM)

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BACKGROUND: Few interventions have been tested exclusively among black MSM, the group at highest risk for HIV in the US. In response to increasing HIV rates among black MSM, an adapted version of Popular Opinion Leader (POL) was evaluated. POL is a rigorously evaluated community-level intervention in which recruited opinion leaders have risk reduction conversations with their peers. The intervention has been shown effective in reducing unprotected anal intercourse (UAI) by 15-29%.

METHODS: To ensure that POL reflected experiences of black MSM, we conducted focus groups in September 2004. While maintaining core elements of POL, we then modified the intervention to include discussions and images, and address topics, relevant to black MSM. Using a quasi-experimental pre/post test design without control group, we conducted quarterly cross-sectional surveys in nightclubs across North Carolina from December 2004 to December 2005. Black men, ages 18-30, reporting sex with another male in the past year were eligible for participation. We used logistic regressions to examine changes in UAI.

RESULTS: At baseline (n=284), 32.4% of the sample reported unprotected receptive anal intercourse (URAI), 29.3% reported unprotected insertive anal intercourse (UIAI), and 42.0% reported any UAI. We found significant reductions for URAI at 4 months (n=287) and 8 months (n=307) and for all 3 outcomes at 12 months (n=278). URAI decreased by 23.6% [to 24.7%; OR=0.69, 95% Confidence Interval [CI]=(0.48, 0.99); p=0.0433] at 4 months, by 24.6% [to 24.4%; OR=0.67, CI=(0.47, 0.97); p=0.0330] at 8 months, and by 44.5% [to 18.0%; OR=0.46, CI=(0.31, 0.68); p=0.0001] at 12 months. At 12 months, UIAI decreased by 36.5% [to 18.6%; OR=.55, CI=(0.37, 0.82); p=0.0033] and any UAI decreased by 32.3% [to 28.5%; OR=.55, CI=(0.38, 0.78); p=0.0009].

CONCLUSIONS: We observed significant decreases after implementing the adapted intervention. We concluded that adapting evidence-based interventions is a key step in increasing the number interventions for black MSM.

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