

Barriers to Recruitment of Latino Men who Have Sex with Men and Transgender Women to a Behavioral HIV Seroprevalence Study

John Flores, MD¹, Natalie Jaramillo, B.S.², Patricia Pagan Pirallo¹, Carina Alvarez³, David Hodge, MD, MPH¹, Shaveta Khosla, PhD¹, Maximo O. Brito, MD, MPH¹

University of Illinois Hospital & Health Sciences System, Chicago, IL¹, University of Illinois-Chicago², Northwestern University³

INTRODUCTION

Chicago's HIV epidemic disproportionately affects people of color. Almost a quarter (23%) of these infections occur in Hispanics.¹ In the city of Chicago, 17% of people living with HIV are Latinx – which is 2.4 times the rate of white males living in Chicago.² It is important to understand sexual behaviors and HIV risk in Latinx men who have sex with men (MSM) and transgender women (TGW) to create targeted culturally sensitive harm reduction interventions. However, participation of minority MSM and TGW in survey-based studies is low.^{3,4} The main objective of the study was to understand the sexual health of Latino MSM and TGW residing in Chicago, Illinois, United States as well as the behaviors that put them at risk for acquiring HIV and STIs. We herein report subject's attitudes towards participating in the study, observations about perceived barriers to enrollment of this population and demographic/behavioral characteristics of the participants who agreed to complete the survey.

Methods

We conducted a cross sectional analysis of a behavioral/HIV seroprevalence survey administered during 2017-2020 to presumed HIV negative, Latino identifying, MSM and TGW individuals. The survey included questions on sexual risk, HIV & HIV Pre-exposure therapy knowledge, and depression scores. Rapid oral HIV test was performed. We categorized the most common reasons participants provided for declining to participate in the study. We generated descriptive statistics.

Results

A total of 48 community organizations assisted with recruitment. Of 149 participants screened, 142 were deemed eligible, with only 18 (12%) agreeing to complete the survey. Among those who declined to complete the survey (n=131), the most common reasons given were: participants were uncomfortable answering some of the questions (n=59, 45.0%), participant's did not have the time to initiate or complete the survey (n=41, 31.3%) and survey was deemed long (n=16, 12.2%) (Fig. 1).

Of those eligible, 18 (12.1%) took the full survey & HIV test, all of which tested negative for HIV (100.0%). Six (33.3%) were born in the continental United States, 7 (38.9%) had education beyond high school, 12 (66.7%) endorsed alcohol use, 9 (50%) endorsed recreational drug use, 13 (72.2%) were employed with 8 (44.4%) making below the Federal Poverty Line. Five (27.8%) report history of STI, 8 (44.4%) endorse condom use > 50% of sexual encounters. Fifteen (83.3%) had been counseled or tested for HIV in the past, 10 (55.5%) of participants did not know if their partners had HIV, and 14 (77.8%) endorsed knowledge of treatment options for HIV. When asked about interest in PrEP therapy, 14 of 15 (93.3%) responded affirmatively. Of 15 who completed the PHQ-9 tool, 11 (73.3%) reported depression symptoms, and 4 (26.7%) met criteria for at least moderate depression (Fig. 2).

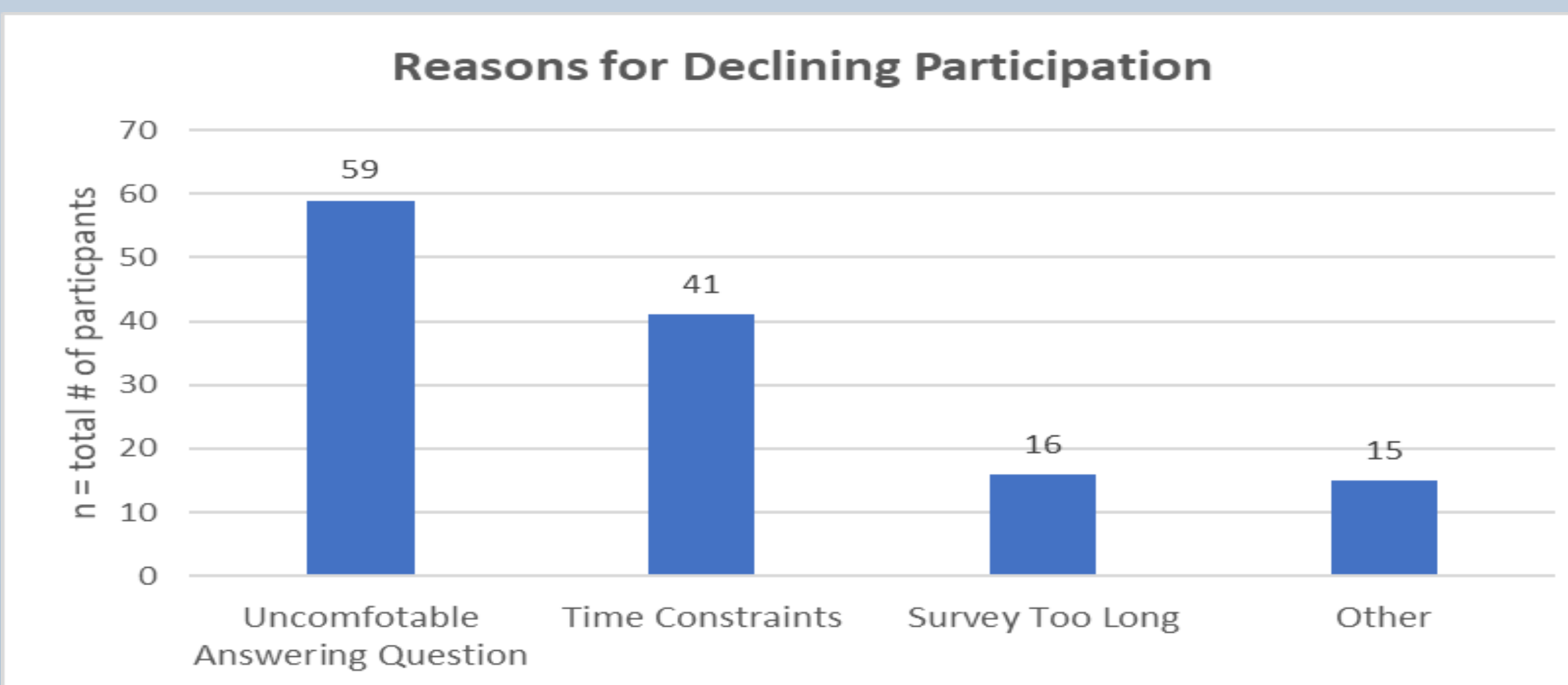


Figure 1: Reasons for Declining Participation

Results

| PHQ-9 | Score | All (n=15) |
|---------------------|----------|------------|
| Depression Severity | | |
| Minimal or none | 0 to 4 | 9 (60.0%) |
| Mild | 5 to 9 | 1 (6.7%) |
| Moderate | 10 to 14 | 2 (11.1%) |
| Moderately Severe | 15 to 19 | 2 (11.1%) |
| Severe | 20 to 27 | 0 (0%) |

Figure 2: PHQ-9 results of those who participated.

CONCLUSIONS

Despite extensive community networking, we encountered barriers to recruiting high-risk Latino MSM and TGW into an HIV seroprevalence study. The main limitation of this analysis is that it was based on participant's responses and retrospective research team observations. Formal qualitative research is needed to characterize participant's survey responses and to better understand barriers to recruitment, and thus, increase representation of this key population in prevention studies.

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