

# FACTORS RELATED TO STI AND HIV PREVALENCE AMONG HOUSE AND BALL YOUTH IN TWO US CITIES

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## Background

Black young men who have sex with men (BYMSM) and Black transgender youth are at high risk for contracting and transmitting HIV, and represent a priority population for developing effective interventions. HIV stigma in the Kiki scene and House Ball Community (HBC), subcultures of the LGBTQTI community, coupled with high HIV prevalence rates and elevated levels of undiagnosed/untreated HIV infection, places BYMSM in these communities at risk for HIV infection. The Kiki scene and HBC consist of networks of chosen families that provide social support and showcase talent in performance and fashion at competitions known as Balls or Lounges. The POSSE Project studies the health disparities affecting these communities while implementing a tailored adaptation of the Popular Opinion Leader (POL) Effective Behavioral Intervention.

## Methods

POSSE Project examines the effectiveness and implementation of a community-level HIV prevention intervention based on POL models across two cities with similar HBCs, Chicago and Philadelphia. Every 6 months between 2016 and 2019 BYMSM aged 15-24 were surveyed and offered optional HIV and STI screenings at social events (balls, lounges) sponsored by POSSE. Survey questions included risk behaviors, housing status, health care access, and HIV stigma. Participants were shown how to use self-administered anal swabs for STI screening. Study staff conducted rapid HIV tests. 580 participants opted in to STI testing, HIV results were collected from 428 participants and 103 participants self-reported HIV status.

## Results:

In comparing the two cities, STI rates were similar. This remained consistent throughout data collection waves. Rates were similar for youth 15-17 and 18-24 (23.3% and 22%). 23% of male participants, 19% of trans female participants and 33% of trans male participants who opted into STI testing received a positive result. Overall, chlamydia was slightly more prevalent (66%) than gonorrhea (54%). Participants could choose to self report HIV+ status to opt out of the rapid test. The Chicago cohort saw greater numbers of HIV+ youth. Additionally, Philadelphia did not identify any new sero-conversions while Chicago discovered 42 through study visit HIV tests. This is in contrast to the higher reports of unprotected anal sex in Philadelphia.

Variable	Philadelphia (%)	Chicago (%)
Self-report living with HIV/AIDS	12.6 (survey)	20.9 (survey)
	8.6 (reason declined HIV screening)	33.76 (reason declined HIV screening)
Positive rapid HIV test at study visit	0	11.1
Positive gonorrhea or chlamydia result	18.2	25.2
Condomless anal sex at last encounter	41.7	31
Condomless anal sex at least once in the last month	60	48
Exchange sex ever	32	36.1
Use research visits as primary access to health care	25	40
Has a primary care physician	78	73
Has ever taken PrEP	33.4	22.3



## Conclusions

Although the Kiki and HBC communities share similar demographic profiles and norms across cities, local context is key to understanding health trends. During the years of the project, Philadelphia saw the rebirth of prevention navigation programs but Chicago did not. There are differing levels of collaboration among health departments, community based organizations and HBC leadership in the two cities prior to and during implementation of POSSE. This may have an impact on access to and use of prevention and testing services. We can see an indication of this in that although most youth reported having a primary care physician, Chicago youth were more likely to use research visits as their access point for health care and testing. It is recommended that researchers and providers foster relationships with HBC and Kiki leaders to ensure appropriate and effective HIV prevention and care strategies are in place to serve these youth.

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