

NYC CHAIN Report
2005_1



Prevention for Positives

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C.H.A.I.N. REPORT

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Introduction

In July 2003, the Centers for Disease Control and Prevention (CDC) released its report “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV” (MMWR July 18, 2003, 52(RR-12):1-24), thereby launching its “Prevention for Positives” campaign. The report’s central argument was that in order to reduce transmission of HIV, public health efforts should refocus on secondary prevention efforts among individuals already known to be infected with the virus. The CDC report, which was developed in collaboration with the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the HIV Medicine Association, recommended increased screening in clinical settings for HIV transmission risk behaviors, behavioral risk-reduction interventions, and a greater emphasis on partner notification.

The CDC rolled out its prevention campaign nationally throughout 2003 and 2004. In an effort to evaluate how well such prevention counseling messages and efforts are being implemented in NYC and the Tri-County region, the CHAIN project added a series of questions to its annual survey, which is administered to a representative cohort of HIV-positive adults. Seven questions, in particular, were designed to capture key elements of prevention counseling:

“Health care providers sometimes counsel their HIV+ patients about behaviors that can put them at risk for different infections, or put others at risk for HIV. At any time during the past 6 months, did your doctor or any other medical provider...

... ask you about your recent sexual activity?

... ask about your recent drug use?

... discuss with you the risk of HIV re-infection or ‘super-infection’?

... work with you to develop specific HIV risk reduction strategies you could use

... ask if you were using condoms every time you had sexual intercourse?”

... counsel or refer you to drug treatment?

... ask whether you had sexual partners who should be referred for HIV testing?

Responses to these questions were intended to establish a baseline from which systematic improvements could be gauged, and generally speaking, to describe the extent to which such prevention messages are being delivered to an HIV-positive population in care. This report represents results from the second round of interviewing, between February 2004 and November 2005, of 495 respondents.

Tables 1 and 1-a illustrate the prevention counseling indicators and cohort characteristics examined in this descriptive report. The authors sought to understand whether prevention counseling messages were systematically delivered (or not delivered) to specific segments of the HIV-positive population in care in New York City. The seven prevention counseling messages were evaluated overall (Table 2), by sociodemographic characteristics (Table 3), economic resources (Table 4), family and household characteristics (Table 5), health characteristics (Table 6), risk characteristics and behaviors (Tables 7 & 8), and psychological and medical care characteristics (Table 10). The final table illustrates multivariate regression analyses that explore which of the characteristics across all of these domains are most significantly associated with prevention counseling.

Key Findings

Although the CDC recommendations suggest a need for universal counseling, it appears as though providers may use “risk profiling” in order to target prevention messages. Men, black and Latino respondents, and respondents with less formal education were more likely to receive a variety of prevention counseling messages, according to clients’ self reports. When we examined actual risk behaviors reported by respondents – such as having unprotected sex with either HIV- or HIV+ partners; exchanging money or drugs for sex; or using alcohol, cocaine or crack, or heroin frequently – we found that (1) most of these high-risk behaviors are relatively rare at any one point in time, and (2) the characteristics of individuals more likely to report such risks do not necessarily match the risk profiles. Although men were more likely than women to engage in unprotected sex with HIV- partners, white respondents were more likely than either black or Latino respondents to report unprotected sex with HIV+ partners and also more likely to report frequent cocaine or crack use. This finding suggests that adherence to a universal counseling message may make more sense in de-stigmatizing the risks themselves, and in more appropriately reaching the intended target audience.

Among the other findings of note is the consistent value of comprehensive primary medical care as a characteristic associated with greater prevention counseling. Simply having a regular medical provider (available for well-visits and preventive health activities, health information or advice, and accessible 24 hours a day) was significantly associated with increased prevention counseling regarding drug use, super infection, risk reduction, and drug treatment, regardless as to whether the respondent was satisfied with the doctor or appeared to have good patient-physician communication. This finding suggests that prevention counseling may be a consequence of medical practice design. Given the findings in other CHAIN reports as to the value of such comprehensive primary care in reducing service gaps among CHAIN respondents reporting specific needs, such system re-design – by which medical practices are encouraged or rewarded for providing such comprehensive care – may offer a considerable benefit to HIV-positive individuals in care that extends beyond the bounds of simply providing medical care.

Table 1. Outcome variables – Prevention for Positives Counseling

Indicator	Measurement
<i>Sexual activity</i>	Within the past 6 months, a doctor or other health provider asked about respondent's recent sexual activity
<i>Drug use</i>	Within the past 6 months, a doctor or other health provider asked about respondent's recent drug use
<i>Super-infection</i>	Within the past 6 months, a doctor or other health provider discussed the risk of HIV super-infection or re-infection with respondent
<i>Risk Reduction</i>	Within the past 6 months, a doctor or other health provider worked to develop specific HIV risk reduction strategies for respondent to use
<i>Condom use</i>	Within the past 6 months, a doctor or other health provider asked if respondent always uses condoms during sexual intercourse
<i>Drug treatment</i>	Within the past 6 months, a doctor or other health provider counseled or referred respondent to drug treatment
<i>Sexual partners</i>	Within the past 6 months, a doctor or other health provider asked if respondent had sexual partners that should be referred for HIV testing

Table 1a. Independent Variables

Sociodemographic characteristics	
<i>Gender</i>	Respondent's self-report of gender
<i>Race/Ethnicity</i>	Black, non-Hispanic; White, non-Hispanic; Hispanic
<i>Age group</i>	Respondent's age at interview (20-34, 35-49, 50+)
<i>Geographical Location</i>	Urban Westchester (south of Rt 287), Suburban West/Putnam, Rockland
Economic resource characteristics	
<i>Education</i>	Less than high school, greater than high school
<i>Employment status</i>	Employed full-time, employed part-time, not employed
<i>Annual Household Income</i>	<\$10,000, \$10-24,999, \$25,000+
Family & Household characteristics	
<i>Current partner relationship</i>	Not in relationship, Co-resident or non-coresident partner
<i>Children in household</i>	Number of minor children in household (non, 1-3, 4 or more)
<i>Current housing</i>	Predominant living situation over past 6 months
<i>Housing stability</i>	Any episode of unstable housing in past 6 months
Health characteristics	
<i>T-cell count</i>	Self-reported CD4 count (<200, 201-500, >501)
<i>Stage of HIV Infection</i>	Asymptomatic and symptomatic HIV, clinically-diagnosed AIDS

<i>Antiretroviral therapy</i>	Self-reported use of HIV medications
<i>Family members with HIV</i>	Co-resident and non co-resident partners, minor children
Risk	
<i>HIV risk behavior</i>	Self-reported as MSM; MSM + IDU; IDU; Other
<i>Drug Use</i>	Self-reported as current user; former user; never used
<i>Injection drug use</i>	Any lifetime injection drug use
<i>Mental health score</i>	Based on MOS SF-36 mental health component summary score
<i>Dually-diagnosed individuals</i>	Low mental health and current drug use
Reported Risk Behaviors	
<i>Unprotected sex with HIV- partner</i>	Self-reported sex without a condom with a partner of opposite or same sex who is HIV- or whose status is unknown, in past 6 months
<i>Unprotected sex with HIV+ partner</i>	Self-reported sex without a condom with a partner of opposite or same sex who is HIV+, in past 6 months
<i>Exchanged sex for drugs/money</i>	Self-reported exchange of sex (given or received) for drugs or money with partner of opposite or same sex, in past 6 months
<i>Problem alcohol use</i>	Self-reported weekly (or greater) consumption of 5+ alcoholic drinks, or drank "eye-opener," felt need to cut down, felt annoyed by criticism of drinking, or felt guilty about drinking in past 6 months
<i>Frequent cocaine/crack use</i>	Self-reported use of cocaine/crack 3 or more times per week in past 6 months
<i>Frequent heroin use</i>	Self-reported use of heroin 3 or more times per week in past 6 months
<i>Shared needles</i>	Self-reported sharing of needle/works without cleaning with HIV- or HIV+ individuals, in past 6 months
Psychological and medical care characteristics	
<i>Self-efficacy</i>	Higher self-efficacy associated with <i>disagreeing</i> with statements that "not much chance people will do anything to make this a better world," "every time I try to get ahead someone tries to stop me," "people like me don't have very good chance to be successful in life," and <i>agreeing</i> with statements that "individuals should follow good health practices even if it means giving up things they like to do," "most of the time I'm in firm control of my life," and "I can handle most things that happen in my life."
<i>Comprehensive primary care</i>	Current medical provider available for routine visits, information, and 24-hour emergency service in past 6 months
<i>Satisfied with MD</i>	Respondent satisfaction with care from current medical provider
<i>Poor patient-MD communication</i>	Patient doesn't know t-cell or viral load, OR says current doctor "could do a better job explaining my treatment options to me"
<i>Primary care visits</i>	Number of primary care visits in 6-month period

Table 2. Prevention counseling by health care providers, as reported by respondents in prior 6 month period, by cohort

	NYC	Tri-County
n	496	268
<i>Sexual activity</i>	60%	57%
<i>Drug use</i>	48%	45%
<i>Super-infection</i>	69%	56%
<i>Risk Reduction</i>	53%	
<i>Condom use</i>	69%	64%
<i>Drug treatment</i>	19%	15%
<i>Sexual partners</i>	36%	25%
<i>Safer sex practices</i>		56%
<i>Safer drug use practices</i>		31%

Key Finding:

- Overall, the proportion of respondents receiving prevention counseling messages is relatively similar in both NYC and the Tri-County region, although NYC respondents were slightly more likely to report super-infection prevention counseling.

Table 3. Prevention Counseling by Sociodemographic Characteristics (row percentages)

	Total	In the past 6 months, has your doctor or another health provider talked to you about..													
		Sexual activity		Drug use		Super-infection		Risk Reduction		Condom use		Drug treatment		Sexual partners	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total Sample	495	296	60%	236	48%	344	69%	265	56%	340	69%	96	19%	179	36%
Gender															
<i>Female</i>	205	116	57%	80	39%***	130	63%*	106	51%	129	63%*	33	16%	68	33%
<i>Male</i>	290	180	62%	156	54%	214	74%	159	55%	211	73%	63	22%	111	38%
Race/Ethnicity															
<i>White, non-Hispanic</i>	44	22	50%	18	40%	22	49%**	16	36%*	22	49%*	5	11%	7	16%***
<i>Black, non-Hispanic</i>	257	149	58%	121	47%	176	68%	137	53%	182	71%	49	19%	89	35%
<i>Hispanic/Latino</i>	190	124	65%	95	50%	143	75%	110	58%	135	71%	41	22%	83	44%
Age categories															
<i>20-34 years old</i>	29	19	66%	13	45%	21	72%	17	59%	25	86%*	2	7%	15	52%
<i>35-49 years old</i>	282	171	61%	139	49%	191	67%	149	53%	197	70%	62	22%	97	34%
<i>50+ years old</i>	184	106	58%	84	46%	132	72%	99	54%	118	64%	32	17%	67	36%
Borough															
<i>Bronx</i>	122	72	59%	66	54%**	85	69%	68	55%	89	72%*	25	20%†	45	37%*
<i>Brooklyn</i>	144	94	65%	75	52%	106	74%	75	52%	101	70%	33	23%	62	43%
<i>Manhattan</i>	134	68	51%	45	34%	88	66%	66	49%	78	58%	16	12%	33	25%
<i>Queens</i>	72	47	65%	38	53%	49	68%	40	56%	55	76%	15	21%	30	42%
<i>Staten Island</i>	23	15	65%	12	52%	16	70%	16	70%	17	74%	7	30%	9	39%

† p<=.10

* p<=.05

** p<=.01

*** p<=.001

Key Findings

- Doctors more likely to counsel men than women about drug use, super-infection, and condom use
- Doctors more likely to counsel black and Latinos than white respondents about super-infection, risk reduction, condom use and partner notification
- Doctors more likely to counsel younger respondents about condom use, and less likely to counsel Manhattanites about drug use, condom use, and partner notification.

Table 4 Prevention Counseling by Economic Resources (row percentages)

	Total	In the past 6 months, has your doctor or another health provider talked to you about..													
		Sexual activity		Drug use		Super-infection		Risk Reduction		Condom use		Drug treatment		Sexual partners	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total Sample	495	296	60%	236	48%	344	69%	265	56%	340	69%	96	19%	179	36%
Education															
<i>High school graduate</i>	301	169	56%*	131	44%*	200	66%†	146	49%**	196	65%*	45	15%**	95	32%**
<i>Less than high school</i>	194	127	65%	105	54%	144	74%	119	61%	144	74%	51	26%	84	43%
Employment status															
<i>Employed full-time</i>	24	16	67%	10	42%	14	58%	10	42%*	14	58%*	2	8%	8	33%
<i>Employed part-time</i>	47	28	60%	25	52%	28	58%	15	31%	26	54%	7	15%	13	27%
<i>Volunteer</i>	10	6	60%	3	30%	7	70%	4	42%	9	90%	1	10%	5	50%
<i>Not employed</i>	413	245	59%	197	48%	294	71%	235	40%	290	70%	86	20%	153	37%
Annual household income															
<i><\$10,000</i>	342	201	59%	172	50%	243	71%	185	54%	238	70%	79	23%**	126	37%*
<i>\$10,000 - \$24,999</i>	116	72	62%	49	42%	79	68%	62	53%	79	68%	13	11%	39	33%
<i>\$25,000+</i>	35	21	60%	14	40%	20	57%	16	46%	21	60%	3	9%	12	34%

† p<=.10

* p<=.05

** p <=.01

*** p<=.001

Key Findings:

- Across all prevention indicators, respondents reported that doctors were more likely to counsel the less educated
- Similarly, doctors are more likely to counsel respondents with household income <\$10,000

Table 5 Prevention Counseling by Family & Household Characteristics (row percentages)

	Total	In the past 6 months, has your doctor or another health provider talked to you about..													
		Sexual activity		Drug use		Super-infection		Risk Reduction		Condom use		Drug treatment		Sexual partners	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total Sample	495	296	60%	236	48%	344	69%	265	56%	340	69%	96	19%	179	36%
Current partner relationship															
<i>Not in partner relationship</i>	256	169	59%	118	46%	169	66%†	125	49%†	160	62%**	49	19%	85	33%
<i>Living with spouse or partner</i>	114	28	61%	59	52%	79	69%	64	56%	90	79%	23	20%	42	37%
<i>Non-coresident partner relationship</i>	125	127	62%	59	47%	96	77%	76	61%	90	72%	24	19%	52	42%
Number of children under 18 in household															
<i>None</i>	409	241	59%	202	49%	284	69%	213	52%	280	68%	86	21%	142	35%
<i>1 - 3</i>	76	46	61%	29	38%	51	67%	44	58%	51	67%	6	8%	32	42%
<i>4 or more</i>	10	9	90%	5	50%	9	90%	8	80%	9	90%	4	40%	5	50%
Current living situation															
<i>Own or rent an apartment or house</i>	418	252	60%	197	50%	288	69%*	220	53%*	284	68%	80	19%**	152	36%
<i>“Doubled up” with friend or relative</i>	10	6	60%	5	50%	8	80%	5	50%	6	60%	2	20%	3	30%
<i>Welfare hotel or motel, shelter, street, or other public place</i>	23	16	70%	15	63%	21	88%	18	75%	20	82%	6	25%	12	50%
<i>Specialized AIDS housing</i>	14	6	43%	6	43%	11	79%	10	71%	12	86%	3	21%	4	29%
<i>Drug treatment program housing, hospital, nursing home, hospice</i>	3	2	67%	3	100%	3	100%	3	100%	2	67%	2	67%	2	67%
<i>Other</i>	27	14	52%	10	37%	13	48%	9	33%	16	59%	3	11%	6	22%
Stability of housing in past 6 months															
<i>Stably housed</i>	423	254	60%	192	45%	288	68%	221	52%	285	67%	76	18%†	145	34%*
<i>Unstably housed</i>	72	42	58%	44	60%	56	77%	44	60%	55	75%	20	27%	34	47%

† p<=.10

* p<=.05

** p <=.01

*** p<=.001

Key Findings:

- Doctors more likely to counsel unstably housed individuals about referring sexual partners
- Doctors less likely to counsel those not in partner relationship about super-infection or condom use
- Doctors less likely to counsel respondents who own or rent apartment about risk reduction and drug treatment

Table 6 Prevention Counseling by Current Health Status (row percentages)

	Total	In the past 6 months, has your doctor or another health provider talked to you about..													
		Sexual activity		Drug use		Super-infection		Risk Reduction		Condom use		Drug treatment		Sexual partners	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total Sample	495	296	60%	236	48%	344	69%	265	56%	340	69%	96	19%	179	36%
Most recent t-cell count															
<i>Less than 200 cells per mm³</i>	104	59	62%	55	53%	70	67%	59	57%	66	63%	22	21%	28	27%*
<i>201-500 cells per mm³</i>	213	125	59%	100	47%	146	69%	105	49%	145	68%	39	18%	76	36%
<i>Greater than 500 cells per mm³</i>	171	106	57%	77	45%	122	71%	96	56%	123	72%	32	19%	72	42%
Stage of HIV infection															
<i>Asymptomatic HIV</i>	146	87	60%	71	48%	103	70%	74	50%	111	76%	26	18%	58	39%
<i>Symptomatic HIV</i>	55	36	65%	23	42%	41	75%	33	60%	41	75%	12	22%	22	40%
<i>Clinically-diagnosed AIDS</i>	294	173	59%	142	48%	200	68%	158	54%	188	64%	58	20%	99	34%
Current use of antiretroviral therapy															
<i>No HIV therapy</i>	106	64	60%	50	47%	72	67%	53	50%	73	68%	21	20%	35	33%
<i>Guidelines: First Choice</i>	289	171	59%	138	48%	204	71%	153	53%	198	69%	53	18%	105	36%
<i>Guidelines: Second Choice</i>	29	16	55%	10	34%	15	52%	15	52%	18	62%	5	17%	6	21%
<i>ART (Not HAART)</i>	33	21	64%	17	52%	23	70%	21	64%	23	70%	8	24%	16	48%
<i>Not Recommended</i>	38	24	63%	21	55%	30	79%	23	61%	28	74%	9	24%	17	45%

† p<=.10

* p<=.05

** p <=.01

*** p<=.001

Key Findings:

- Generally, no differences in prevention counseling by clinical markers of HIV stage or therapy
- Only noteworthy difference is that doctors are more likely to counsel people with t-cells above 500 about referring their sexual partners to HIV testing

Table 7 Prevention Counseling by Risk Characteristics (row percentages)

	Total	In the past 6 months, has your doctor or another health provider talked to you about..													
		Sexual activity		Drug use		Super-infection		Risk Reduction		Condom use		Drug treatment		Sexual partners	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total Sample	495	296	60%	236	48%	344	69%	265	56%	340	69%	96	19%	179	36%
HIV Risk Behavior															
<i>MSM</i>	102	68	67%	47	46%**	75	74%	51	50%	76	75%	18	18%	40	39%
<i>Problem drug use</i>	186	112	60%	104	56%	133	71%	94	50%	129	69%	41	22%	67	36%
<i>MSM + problem drug use</i>	45	28	62%	26	58%	31	69%	26	58%	30	67%	11	24%	16	36%
<i>Heterosexual and other</i>	162	88	54%	59	36%	105	65%	94	58%	105	65%	26	16%	56	35%
Drug use															
<i>Never used drugs</i>	111	68	61%	30	27%***	73	66%	61	55%	75	68%	12	11%	41	40%
<i>Former drug use</i>	256	146	57%	119	46%	177	69%	131	51%	171	67%	39	15%	89	35%
<i>Current drug use</i>	128	82	64%	87	67%	94	73%	73	57%	94	73%	45	35%	49	38%
Injection drug use															
<i>Never injected drugs</i>	340	199	59%	150	44%*	233	69%	183	54%	236	69%	65	19%	123	36%
<i>Ever injected drugs</i>	152	95	63%	86	56%	109	71%	80	52%	102	67%	30	20%	54	35%
Mental health component summary score (MCS)															
<i><37.0 (very low mental health score)</i>	162	96	59%	79	49%	112	69%	89	55%	105	65%	30	19%	53	33%
<i>37.0 - 42.0 (low mental health score)</i>	109	67	61%	54	49%	73	66%	66	60%	78	71%	22	20%	42	38%
<i>>42.0 (average mental health score)</i>	224	133	59%	103	46%	159	71%	110	49%	157	70%	44	20%	84	38%
Dually-diagnosed individuals (Low mental health & drug use) (Dual diagnosed more likely than no dx)															
<i>Not dually diagnosed</i>	438	258	59%	198	45%**	302	69%	233	53%	300	68%	79	18%	155	35%
<i><37.0 (very low mental health score) & drug use</i>	57	38	67%	38	67%	42	74%	32	56%	40	70%	17	30%	24	42%

† p<=.10

* p<=.05

** p <=.01

*** p<=.001

Key Findings on Risk

- Among the risk characteristics only drug use is associated with an increased reporting of drug-use related prevention counseling.

Table 8 Prevention Counseling by Reported Risk Behavior Characteristics (row percentages)

	Total	In the past 6 months, has your doctor or another health provider talked to you about..													
		Sexual activity		Drug use		Super-infection		Risk Reduction		Condom use		Drug treatment		Sexual partners	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total Sample	495	296	60%	236	48%	344	69%	265	56%	340	69%	96	19%	179	36%
Sexual risk in past 6 months															
<i>Sometimes/Often had sex with HIV- partner and no condom</i>	9	8	59%†	4	44%	7	78%	5	53%	9	100%*	0	-	5	56%
<i>Never or once or twice had sex with HIV- partner and no condom</i>	486	288	89%	232	48%	337	69%	260	56%	331	68%	98	20%	174	36%
<i>Sometimes/Often had sex with HIV+ partner and no condom</i>	37	25	59%	21	47%	26	70%	21	53%	27	73%	3	8%†	16	43%
<i>Never or once or twice had sex with HIV+ partner and no condom</i>	458	271	68%	215	57%	318	69%	244	57%	313	68%	93	20%	163	36%
<i>Exchanged \$\$ or drugs for sex</i>	28	21	75%†	24	86%***	22	69%	16	57%	23	82%	11	39%**	11	39%
<i>Did not exchange \$\$ or drugs for sex</i>	467	275	59%	212	45%	322	79%	249	53%	317	68%	85	18%	168	36%
Drug risk in past 6 months															
<i>Problem alcohol use</i>	55	34	62%	35	64%*	41	75%	33	60%	38	69%	18	33%**	22	40%
<i>No problem alcohol use</i>	440	262	60%	201	46%	303	69%	232	53%	302	68%	78	18%	157	36%
<i>Frequent cocaine/crack use</i>	21	14	67%	17	77%**	15	69%	15	68%	17	77%	7	32%	6	27%
<i>No frequent cocaine/crack use</i>	474	282	59%	219	46%	329	68%	250	53%	323	68%	89	19%	173	37%
<i>Frequent heroin use</i>	4	1	25%	3	47%	2	50%	2	50%	2	50%	1	25%	1	25%
<i>No frequent heroin use</i>	492	295	60%	233	75%	342	70%	263	53%	338	69%	95	19%	178	36%

† p<=.10

* p<=.05

** p <=.01

*** p<=.001

Key Findings:

- Doctors more likely to counsel respondents who have exchanged money/drugs for sex about sexual activity, drug use, and drug treatment

Table 9 Actual Risk Behaviors by Risk "Profiles"

	Total	Gender		Race/Ethnicity			Housing	
		Women	Men	White	Black	Latino	Stable	Unstable
Total Sample	548	232	316	50	286	206	464	84
Sexual risk in past 6 months								
<i>Sometimes/Often had sex with HIV- partner and no condom</i>	9	0%	3%	8%	1%	1%	2%	0%
<i>Never or once or twice had sex with HIV- partner and no condom</i>	539	100%	97%**	92%	99%	99%***	98%	100%
<i>Sometimes/Often had sex with HIV+ partner and no condom</i>	41	6%	8%	16%	6%	7%	6%	13%
<i>Never or once or twice had sex with HIV+ partner and no condom</i>	507	94%	91%	84%	94%	93% †	94%	87%*
<i>Exchanged \$\$ or drugs for sex</i>	31	3%	8%	8%	5%	6%	5%	7%
<i>Did not exchange \$\$ or drugs for sex</i>	517	97%	92%***	92%	95%	64%	95%	93%
Drug risk in past 6 months								
<i>Problem alcohol use</i>	63	12%	11%	16%	13%	8%	11%	14%
<i>Not problem alcohol use</i>	485	88%	89%	84%	87%	92%	89%	86%
<i>Frequent cocaine/crack use</i>	27	4%	6%	10%	6%	2%	4%	12%
<i>Not frequent cocaine/crack use</i>	521	96%	94%	90%	94%	98%*	96%	88%***
<i>Frequent heroin use</i>	4	0%	1%	2%	1%	1%	1%	0%
<i>Not frequent heroin use</i>	544	100%	99%	98%	99%	99%	99%	100%

† p<=.10

* p<=.05

** p <=.01

*** p<=.001

Key Findings:

- Men are statistically significantly more likely than women to report unprotected sex with HIV- partners and exchanging money or drugs for sex
- White respondents are significantly more likely to report unprotected sex with an HIV+ partner and frequent cocaine or crack use than are black or Latino respondents
- Unstably housed respondents are more likely to report unprotected sex with an HIV+ partner and frequent cocaine or crack use than are stably housed respondents

Table 10 Prevention Counseling by Psychological and Medical Characteristics (row percentages)

	Total	In the past 6 months, has your doctor or another health provider talked to you about..													
		Sexual activity		Drug use		Super-infection		Risk Reduction		Condom use		Drug treatment		Sexual partners	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total Sample	495	296	60%	236	48%	344	69%	265	56%	340	69%	96	19%	179	36%
Psychological															
<i>High self-efficacy score</i>	242	68	67%	105	43%†	170	70%	131	54%	156	64%†	42	17%	83	34%
<i>Low self-efficacy score</i>	253	88	54%	131	52%	174	69%	134	53%	184	72%	54	21%	96	38%
Clinical/medical organization perceptions															
<i>Comprehensive primary medical care</i>	377	234	62%†	195	52%***	282	75%***	226	60%***	268	71%*	81	21%*	157	42%***
<i>No comprehensive primary med care</i>	118	62	53%	41	34%	62	52%	39	33%	72	61%	15	13%	22	18%
<i>Satisfied with MD</i>	471	286	61%†	229	49%†	333	71%**	260	55%**	330	70%**	94	20%	175	37%†
<i>Not satisfied with MD</i>	22	9	41%	7	30%	10	43%	5	22%	10	43%	2	9%	4	17%
<i>Good patient-MD communication</i>	333	202	61%	152	46%	237	71%	186	56%	231	69%	56	25%*	115	34%
<i>Poor patient-MD communication</i>	162	94	58%	84	52%	107	66%	79	49%	109	67%	40	17%	64	40%
Primary care visits															
<i>No visits</i>	14	7	50%**	4	29%*	6	43%**	4	29%*	6	43%*	1	7%*	4	29%†
<i>1-3 visits</i>	271	143	53%	115	42%	176	65%	133	49%	180	66%	41	15%	88	32%
<i>4-6 visits</i>	148	104	70%	82	55%	117	79%	93	63%	112	76%	39	26%	66	45%
<i>7+ visits</i>	57	38	67%	32	56%	41	72%	31	54%	38	67%	12	21%	18	32%

† p<=.10

* p<=.05

** p <=.01

*** p<=.001

Key Findings:

- Respondents reporting comprehensive primary care more likely to be counseled about all prevention messages
- Respondents satisfied with MD more likely to be counseled about all prevention messages except drug treatment

Table 11 Odds Ratios of Factors Associated with Preventions († p<=.10 * p<=.05 ** p<=.01 *** p<=.001)

	In the past 6 months, has your doctor or another health provider talked to you about...						
	Sexual activity	Drug use	Super-infection	Risk reduction	Condom use	Drug treatment	Sexual partners
n	491	492	492	492	492	492	492
Sociodemographic Characteristics							
<i>Male</i>	1.04	1.93**	1.53	1.13	1.82 *	1.23	1.12
<i>White (ref)</i>	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<i>Black</i>	1.40	1.35	2.34 *	2.18 *	2.33 *	2.30	2.66 *
<i>Latino</i>	1.81	1.25	3.05 **	2.26 *	1.86	2.57	3.64 **
<i>20-34 years old (ref)</i>	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<i>35-49 years</i>	0.87	1.14	0.84	0.80	0.28 *	6.36 *	0.53
<i>50+ years</i>	0.85	1.09	1.05	0.90	0.23 *	5.14 †	0.64
<i>Bronx (ref)</i>	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<i>Brooklyn</i>	1.36	0.98	1.22	0.81	0.90	1.35	1.53
<i>Manhattan</i>	0.80	0.52*	0.99	0.93	0.62	0.74	0.72
<i>Queens</i>	1.36	1.06	0.99	1.06	1.37	1.32	1.35
<i>Staten Island</i>	1.18	0.81	0.80	1.45	0.92	1.86	1.04
<i>Less than HS education</i>	1.56 *	1.50 †	1.37	1.62 *	1.60 *	1.75 *	1.61 *
<i>Less than \$10k annual income</i>	0.70	0.97	1.42	0.93	0.96	2.09	0.65
<i>\$10k - \$25k income</i>	0.97	0.97	1.56	1.14	1.27	1.09	0.69
<i>Greater than \$25 (ref)</i>	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<i>On Medicaid</i>	1.00	1.18 †	0.98	1.02	1.19	0.51	1.38
Health Characteristics							
<i>Comprehensive primary care</i>	1.30	2.00 **	2.66***	2.94 ***	1.43	1.83 †	2.80 ***
<i>Satisfied with MD</i>	2.13	2.31	2.04	3.05 *	2.70 *	2.88	2.28
<i>Poor patient-MD communication</i>	0.84	1.32	0.80	0.76	0.86	2.00 **	1.26
Risk Characteristics							
<i>MSM</i>	1.49	0.86	1.15	1.06	1.01	1.05	1.21
<i>Current drug user</i>	1.45	3.18 ***	1.30	1.34	1.47	3.24 ***	1.19
<i>Unstably housed</i>	0.93	1.60 †	1.54	1.39	1.38	1.46	1.83 *
<i>Very low mental health score</i>	0.90	0.98	1.05	1.16	0.71	0.80	0.73

- (1) Prevention counseling appears to be associated with risk profiling – groups more likely to report prevention counseling include men, black and Latino respondents, younger individuals, those with less education, and drug users.
- (2) A significant health system factor – comprehensive primary medical care – was associated with an increase of prevention counseling across a number of indicators.