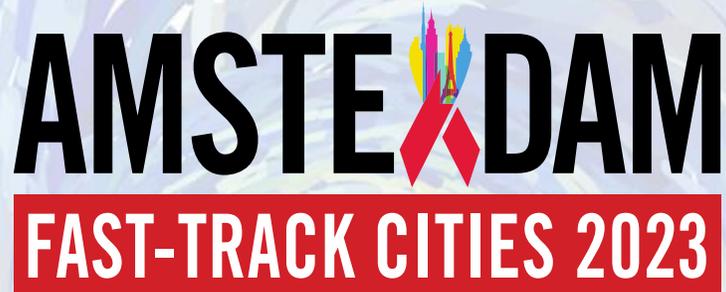


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Classes and Correlates of HIV Risk among those seeking sexual health services in Miami-Dade County: A Latent Class Analysis

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Context

- In South Florida rates of new HIV infections are particularly high
- PrEP use has not scaled proportionately to need
- Many potential PrEP candidates may not be aware of how to access PrEP or have barriers to obtaining PrEP
- University of Miami PrEP program conceived and implemented a mobile prevention clinic providing HIV and sexually transmitted infection (STI) testing and treatment as well as PrEP care

LCA Research Aims

- AIM 1: Characterize distinct patterns of HIV risk using latent class analysis
- AIM 2: Examine correlates of latent class membership

Sample

- We applied Latent Class Analysis (LCA) to a sample of 2036 individuals who sought sexual health services through the University of Miami PrEP programs between September 2018 and March 2023
- Mean participant age was 37.2 years (SD = 12.5)
- Participants were
 - Predominantly male sex assigned at birth (70.4%)
 - White (56%)
 - Hispanic (62.7%)
 - Foreign born (54.7%)

Methods/Analysis

- Latent Class Analysis
 - Used to identify underlying patterns of covariance in the data structure to identify classes or sub-groups
- Correlates
 - Descriptive mean and standard deviations of theoretical and empirical correlates of HIV risk behaviors
 - ANOVA and Chi Square analysis to determine significant associations and differences

LCA Model

- HIV Risk Classes were identified using:
 - history of bacterial sexually transmitted infection (STI) (yes/no)
 - history of transactional sex (yes/no)
 - history of anonymous sex (yes/no)
 - history of sex with an HIV positive sexual partner (yes/no)
 - history of sex with a person who injects drugs (yes/no)
 - history of use of injection drugs (yes/no)
 - history of condomless sex (yes/no)
- The timeframe for all measures was past 12 months

Correlates

- Age
- Gender (Male vs. Female vs. Transgender/Gender non-conforming)
- Race (White vs. Black/African American vs. Other vs. Asian)
- Ethnicity (Hispanic/Latino vs. Non-Hispanic/Non-Latino)
- Country of birth (Born in U.S vs. Not born in U.S)
- Type of service sought (PrEP services vs. Other services)
- Self-reported chances of getting HIV (None vs. Low vs. Moderate vs. High)

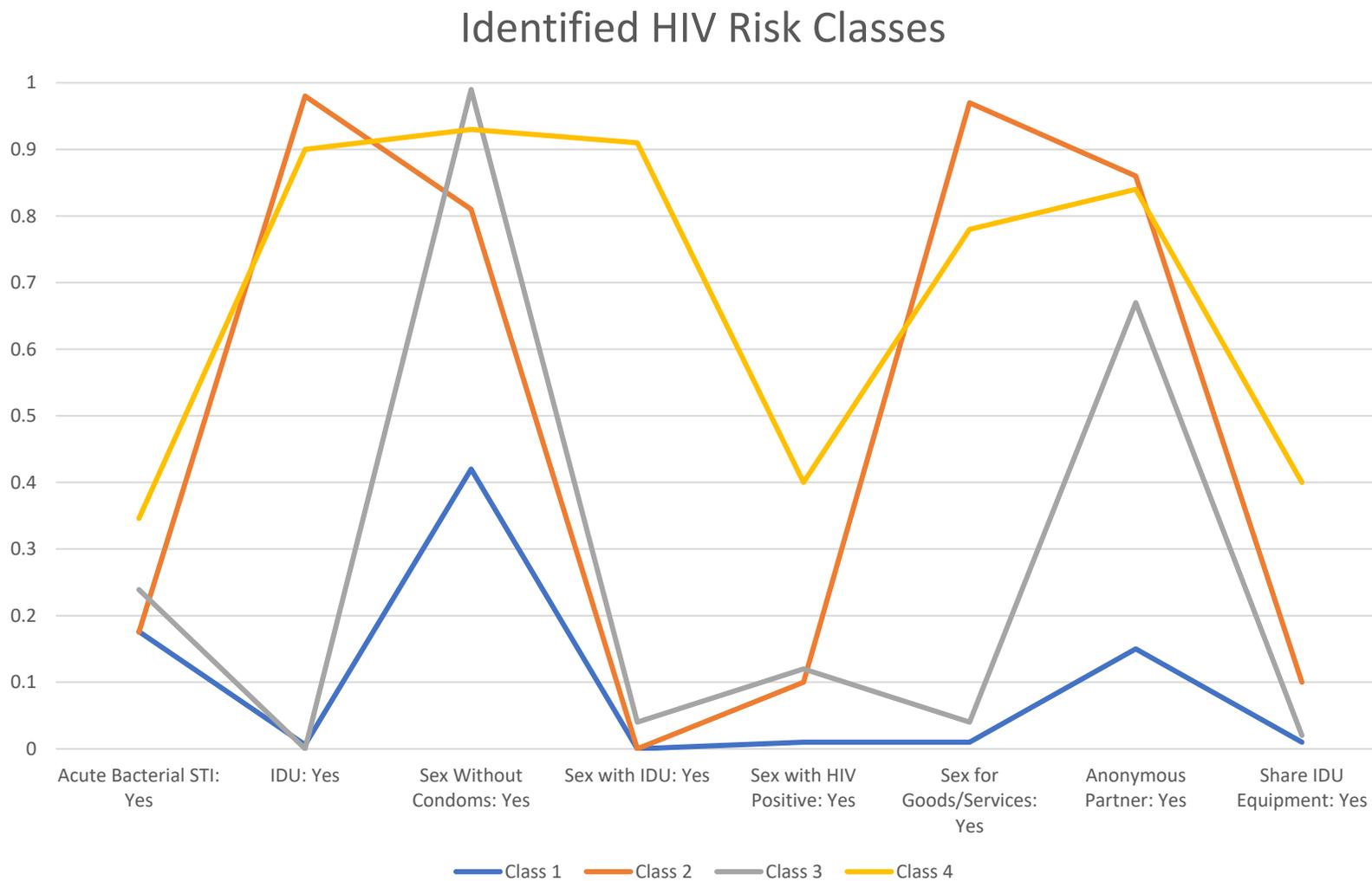
Results- Model Fit

Model Fit	2 Classes	3 Classes	4 Classes
AIC	8102.898	8042.515	8032.194
BIC	8174.048	8179.967	8151.977
ABIC	8132.748	8094.19	8088.438
χ^2	< 0.001	0.01	0.49
Entropy	0.969	0.81	0.85

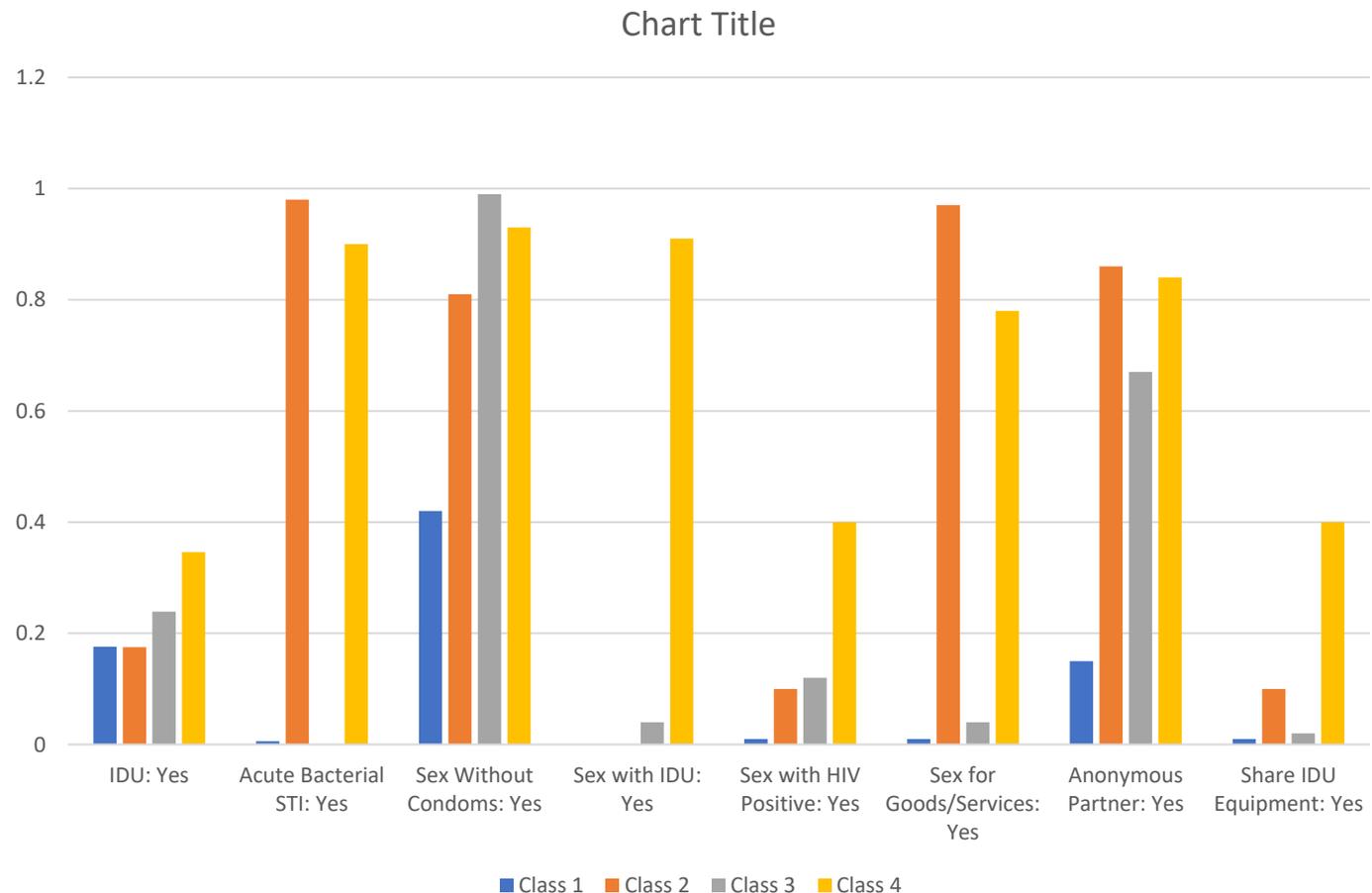
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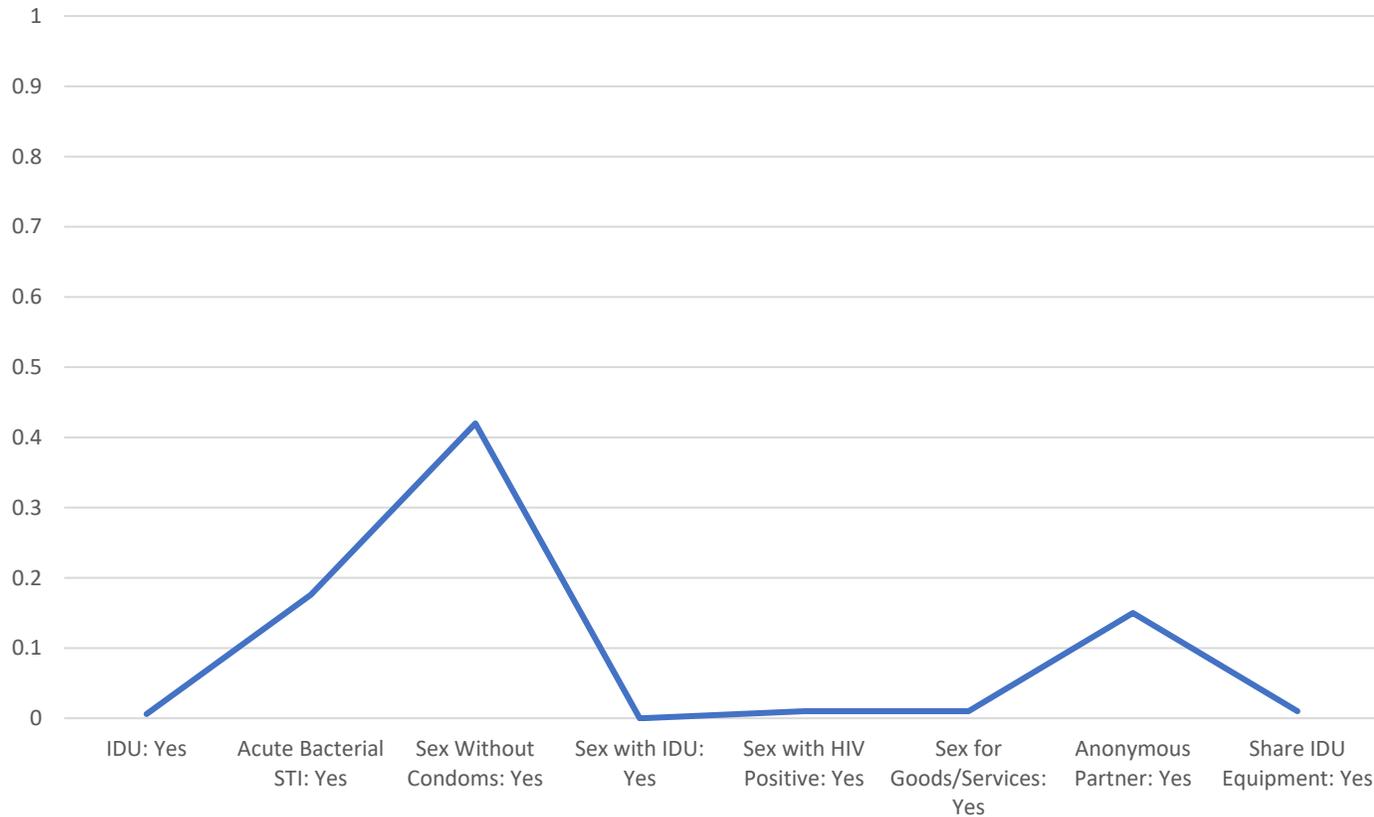


Results



Class 1:

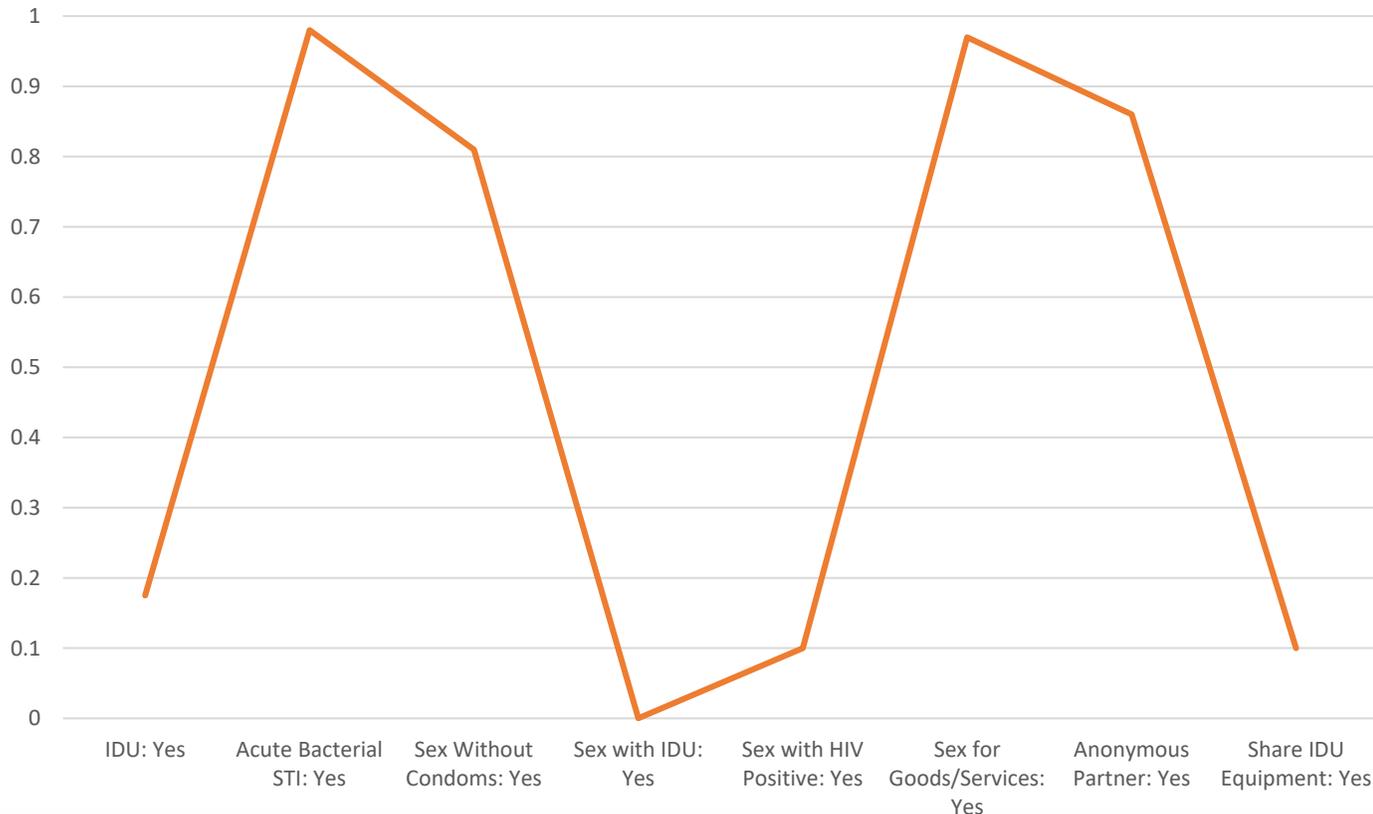
Class 1- Low Risk



- Characterized by lowest overall reported probability of positively responding to any of the risk variables (0 -0.42)
- Highest percentage of persons who were foreign born (69.5%)
- Highest percentage of those who identify as Male (87.6%)

Class 2:

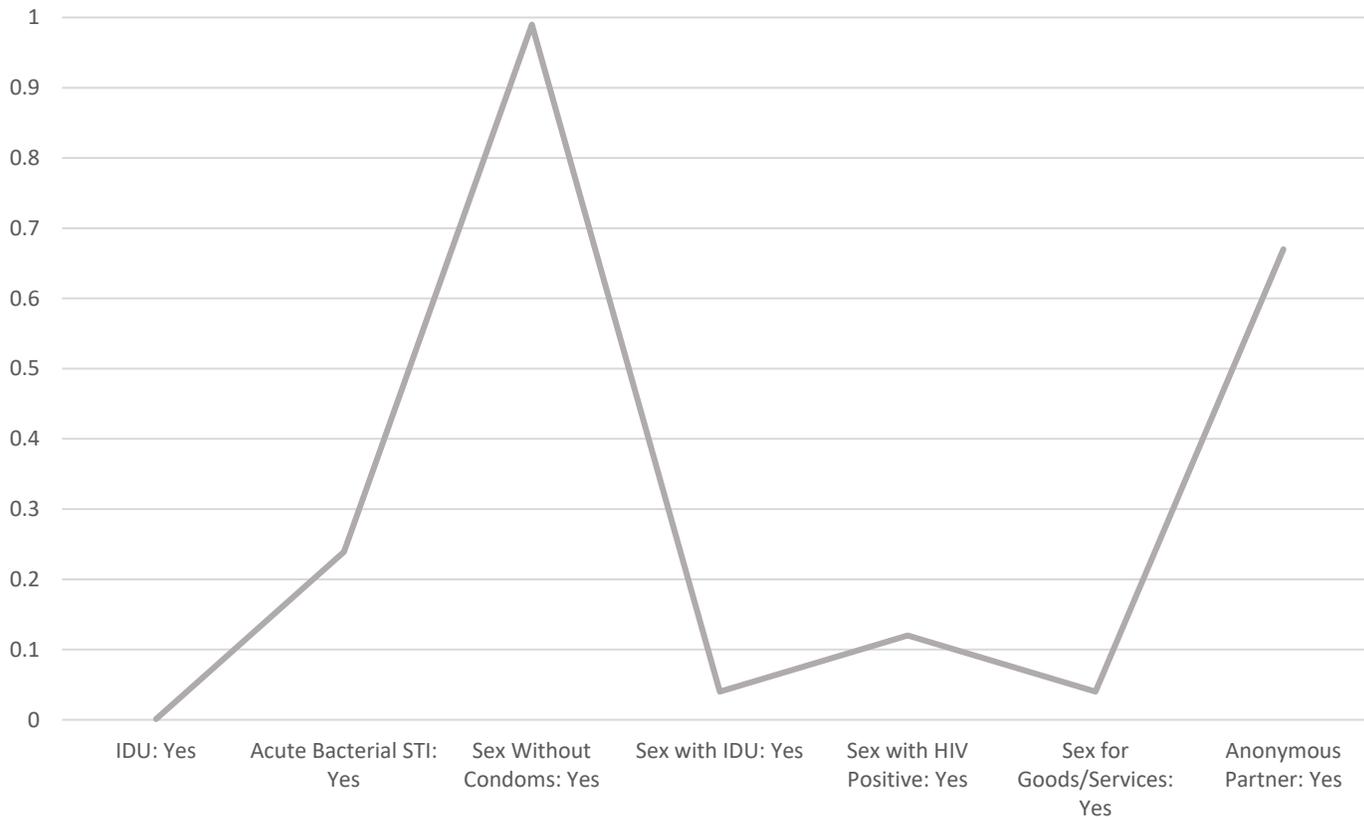
Class 2- Moderate Risk



- Characterized by:
 - High reported history of STI
 - High reported sex without condoms
 - High reported sex for goods/services (transactional sex)
 - High reported anonymous sex
- Highest percentage of persons who came for PrEP services (85.0%)
- Highest percentage of those who self-reported their HIV risk as high (18.8%)

Class 3:

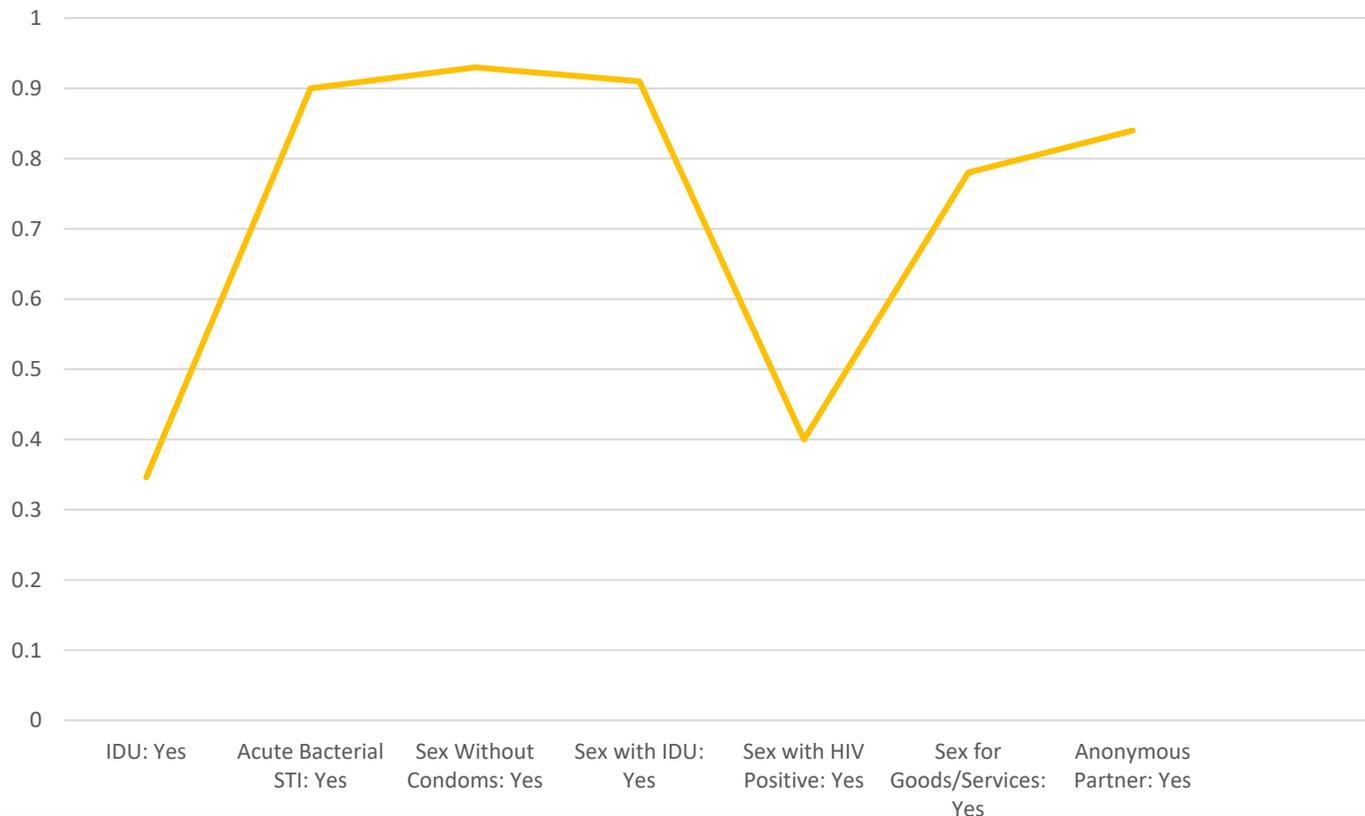
Class 3- Low/Moderate Risk



- Characterized by:
 - High reported condomless sex
 - Moderately high reported anonymous sex
- Highest percentage of those who identify as Female (31.4%)
- Highest percentage of those who self-reported race as Black/African American (32.3%)
- Highest percentage of those born in the U.S (48.0%)
- Highest percentage who came for services other than PrEP (59.5%)

Class 4:

Class 4- Higher Risk



- Characterized by:
 - Higher reported risk among all risk factor questions
- Highest percentage of those born outside of the U.S (69.5%)
- Highest percentage of those who self-reported their HIV risk as low (44.6%)

	Class 1 (N=420)	Class 2 (N=160)	Class 3 (N=1243)	Class 4 (N=213)	Overall (N=2036)	p-value
Age						
Mean (SD)	37.3 (10.3)	38.7 (10.7)	38.1 (13.5)	31.1 (9.19)	37.2 (12.5)	
Median [Min, Max]	35.0 [2.00, 76.0]	36.0 [19.0, 81.0]	35.0 [0, 122]	30.0 [0, 54.0]	35.0 [0, 122]	
Baseline Gender						<0.01
Female or Woman	41 (9.8%)	24 (15.0%)	390 (31.4%)	28 (13.1%)	483 (23.7%)	
Male or Man	368 (87.6%)	129 (80.6%)	765 (61.5%)	172 (80.8%)	1434 (70.4%)	
Transgender, Gender Non-conforming	11 (2.6%)	7 (4.4%)	88 (7.1%)	13 (6.1%)	119 (5.8%)	
Race						<0.01
White	310 (73.8%)	111 (69.4%)	597 (48.0%)	122 (57.3%)	1140 (56.0%)	
Black/ African American	58 (13.8%)	28 (17.5%)	402 (32.3%)	27 (12.7%)	515 (25.3%)	
More than One Race/ Other	44 (10.4%)	16 (10.0%)	199 (16.0%)	57 (20.7%)	316 (15.5%)	
Asian	8 (1.9%)	5 (3.1%)	45 (3.6%)	7 (3.3%)	65 (3.2%)	
Identifies as Hispanic/Latinx						<0.01
Yes	306 (72.9%)	104 (65.0%)	721 (58.0%)	145 (68.1%)	1276 (62.7%)	
No	111 (26.4%)	56 (35.0%)	491 (39.5%)	62 (29.1%)	720 (35.4%)	
Prefer Not to Answer	3(0.7%)	0 (0%)	31 (2.4%)	6 (2.8%)	40 (2.0%)	
Born in the U.S						<0.01
Yes	150 (35.7%)	63 (39.4%)	597 (48.0%)	63 (29.6%)	873 (42.9%)	
No	260 (61.9%)	95 (59.4%)	611 (49.2%)	148 (69.5%)	1114 (54.7%)	
Prefer Not to Answer	10 (2.4%)	2 (1.3%)	35 (2.8%)	2 (1.0%)	49 (2.4%)	
Type of Service						<0.01
Came for Other Services	76 (18.1%)	24 (15.0%)	739 (59.5%)	58 (27.2%)	897 (44.1%)	
Came for PrEP Services	344 (81.9%)	136 (85.0%)	504 (40.5%)	155 (72.8%)	1139 (55.9%)	
You Think Your Chances of Getting Infected with HIV Are:						<0.01
None	43 (10.2%)	11 (6.9%)	247 (19.9%)	31 (14.6%)	332 (16.3%)	
Low	183 (43.6%)	53 (33.1%)	431 (34.7%)	95 (44.6%)	762 (37.4%)	
Moderate	94 (22.4%)	50 (31.3%)	166 (13.4%)	58 (27.2%)	368 (18.1%)	
High	46 (11.0%)	30 (18.8%)	69 (5.6%)	23 (10.8%)	168 (8.3%)	
Missing	54 (12.9%)	16 (10.0%)	330 (26.5%)	6 (2.8%)	406 (19.9%)	

Discussion:

- Our analysis found low risk perception among those in the highest HIV risk class
- History of an STI was important to risk stratification between class 1 and 3 (low risk and low/moderate risk)
 - These groups differed by gender and type of services sought
- Interventions are needed to focus on addressing HIV risk perception
- Identifying those with a recent STI may help to focus prevention efforts.