

## **Accessing and Utilizing HIV testing Services Among Black MSM: Applying the Andersen's Behavioral Model of Health Services for Vulnerable Population**

The proposed study will employ a cross-sectional design using secondary data from HPTN 061. The present study proposes to apply the Andersen's behavioral model for vulnerable populations (Andersen, 1995; Gelberg, Andersen, & Leake, 2000) to examine the influence and interaction of multilevel factors associated with environment, population-level characteristics, health behavior, and health outcomes determinants in impeding or facilitating the utilization of HIV testing services (HTS) among black men who have sex with men (BMSM) and to compare utilization of HTS across the six cities where HPTN 061 was conducted. The independent (predictor) variables are namely, environmental (including selected environmental characteristics such as health system status pertaining to state decision on Affordable Care Act Medicaid provision); population-level characteristics encompasses predisposing factors (including age, sexual identity, and stigma), enabling factors (including health insurance status, barriers to care such as cost, and not knowing where to seek services), perceived and evaluated need factors (health conditions that require use of health services such as mental health and drug treatment services); health behavior determinant is defined and measured by health practices such as health risk behaviors; and health outcomes determinant relate to the experience and satisfaction derived from the use of HTS that impacts future use of HTS. The dependent (outcome) variable, the use of HTS, is defined and measured by the HIV testing history (as a dichotomous variable). The current state of the epidemic is centralized in certain populations and settings resulting in disparities as evident among BMSM (Reif, Safley, McAllaster, Wilson, & Whetten, 2017). The ongoing collaborative efforts to end the HIV epidemic in the U.S. aims to target high impact populations and regions through increased resources and aggressive effort towards improved access to and utilization of HIV prevention, testing, and care services (Fauci, Redfield, Sigounas, Weahkee, & Giroir, 2019). Reaching this ambitious goal will change the trajectory of the epidemic among vulnerable groups, such as BMSM in the southern U.S. who are adversely impacted by the disparities in health service delivery (Villarosa, 2017). The findings from this present study have the potential to inform the development of targeted intervention strategies to increase access to and utilization of HTS to support ongoing efforts towards ending the HIV epidemic in the U.S. among BMSM.

## References

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