Objective
Develop a behavioral HIV prevention intervention trial for HIV+ MSM
• Promote sexual risk reduction with HIV- and unknown-status partners
• Create a safe environment for HIV+ men to create community and socialize with other HIV+ men

Background
• Over 200 HIV+ MSM were interviewed to explore:
  – Safe and unsafe sexual encounters
  – Perceptions of treatment advances
  – Experiences with prevention programs
• Men reporting unsafe sex often rationalized the behavior and made assumptions about their partners’ behavior.
• Drugs and alcohol factored heavily in high risk behavior.
• Many differed in their opinion about how, when, and if one should disclose his serostatus.
• Consistently safe men were motivated by a personal responsibility to not infect anyone: “I would not wish HIV on anyone.”
• Many felt that there were plenty of support groups available but not enough opportunities to socialize with other HIV+ MSM.
• Few participated in prevention programs, and those who did had bad experiences.

The Intervention
• The intervention was named BAYMEN.
• Groups of 100 HIV+ MSM were randomly assigned to a 6-session enhanced intervention or a 1-session standard intervention
• The standard intervention was a large group gathering which included socializing time, refreshments, and a panel discussion about the latest research in HIV transmission and medical treatments.
• The 6-session enhanced intervention format included time to socialize and enjoy refreshments, participate in a large group activity introducing the evening’s theme, and gather into smaller groups to discuss the night’s topic.
• All small groups were co-facilitated by HIV+ MSM.
• The enhanced intervention focused on one of the following topic areas at each session:
  – Creating Community
  – Drugs and HIV Risk
  – Gray Areas
  – Dating and Relationships
  – Responsibility and Disclosure
  – The Emotional Roller Coaster of HIV

Recruitment
Active recruitment
• Bars, sex clubs, public sex environments, cafes, streets, community events
Passive recruitment
• Community-based organizations, medical offices, pharmacies, clubs, newsletters

Screening
• Only 41% of the total number screened participated in the intervention
  – 958 MSM were screened
  – 684 were eligible to participate
  – 578 completed baseline surveys
  – 388 attended the first event

Sample (N=388)
Ethnicity
– African American 15%
– Latino 13%
– Asian/Pacific Islander 1%
– Caucasian 65%
– Other 6%

Results
Coming Soon!