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# Prevalence of and racial/ethnic differences in sexuality disclosure among men who have sex with men in 23 U.S. cities—National HIV Behavioral Surveillance, 2017

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## Abstract

Sexuality disclosure among men who have sex with men (MSM) is key in access to HIV prevention services. We used weighted 2017 data from National HIV Behavioral Surveillance to investigate prevalence of, and racial/ethnic differences in, sexuality disclosure among MSM. Of 10,753 MSM, 89.4% (95% CI: 88.5–90.3%) had disclosed their sexuality to any non-lesbian, gay, or bisexual (LGB) friends, 85.9% (95% CI: 84.8–87.0%) had disclosed their sexuality to any family members, and 82.8% (95% CI: 81.6–83.9%) had disclosed their sexuality to any health care providers. Although most MSM had disclosed, 23.8% (95% CI: 22.4–25.1%) had not disclosed to at least one of the three groups. Black, Hispanic/Latino, or Asian MSM were less likely than White MSM to have disclosed their sexuality to any non-LGB friends, any family members, or any health care providers, after adjusting for age and region. We found high prevalence of sexuality disclosure among MSM, but racial/ethnic differences persist. Strategies and interventions to promote sexuality disclosure among MSM are needed.

### Keywords

Sexuality disclosure; racial/ethnic differences; MSM; National HIV Behavioral Surveillance

## Introduction

In the United States, gay, bisexual, and other men who have sex with men (MSM) are disproportionately affected by HIV, with 66% of new HIV diagnoses in 2018 associated with

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Authors' contributions

All authors contributed to the analysis plan and design. JQF performed statistical analysis and prepared materials for submission, and LT and ARB reviewed the analysis and edited the materials. JQF wrote the manuscript, and all authors commented on and edited the manuscript. All authors read and approved the final manuscript.

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male-to-male sex (Centers for Disease Control and Prevention, 2020). Black and Hispanic/Latino MSM are most burdened by HIV among all racial/ethnic groups, with 38% and 31% of new HIV diagnoses, respectively (Centers for Disease Control and Prevention, 2020). Routine HIV testing and oral pre-exposure prophylaxis (PrEP) are key to HIV prevention, but their uptake remains suboptimal among MSM (Finlayson et al., 2019), due in part to sexuality nondisclosure (Petroll & Mosack, 2011). Reasons for not disclosing sexuality include potential stigma from family members and friends and discrimination from health care providers, which may lead to MSM not receiving social support, appropriate care, or PrEP (Petroll & Mosack, 2011; Stahlman et al., 2016).

Sexuality disclosure plays a crucial role in maintaining social support, reducing sexual risk behaviors, and raising PrEP awareness (LaSala, 2000; Watson et al., 2020; Zhao et al., 2016). Disclosure of sexuality to health care providers can facilitate access to, and uptake of, HIV testing and PrEP among MSM (Qiao et al., 2018). Disclosure of sexuality to family members and friends can be a facilitator encouraging MSM to get tested for HIV and seek PrEP or HIV care and services. However, MSM, especially racial/ethnic minorities, can fear disclosing their sexuality to friends, families, health care providers, and others due to lesbian, gay, or bisexual (LGB)-related stigma, same-sex discrimination, and cultural backgrounds or influences (Kennamer et al., 2000; Pachankis et al., 2015; Schrimshaw et al., 2018). Such issues are exacerbated among older MSM and MSM who live in communities or areas that stigmatize LGB persons (Millett et al., 2005; Schope, 2002).

Previous studies documenting sexuality-disclosure prevalence among MSM have found that Hispanic/Latino, Black, and Asian MSM were less likely than White MSM to disclose their sexuality to friends, family members, health care providers, and others (Bernstein et al., 2008; Centers for Disease Control and Prevention, 2003; Kennamer et al., 2000; Millett et al., 2005; Schope, 2002; Schrimshaw et al., 2018); however, these study samples are small. Most literature on sexuality disclosure among MSM does not have sufficient power to produce estimates for understudied racial/ethnic groups of MSM, such as Asian and American Indian or Alaska Native. Using a weighted analysis of a large, multisite sample of MSM, we estimated national prevalence of sexuality disclosure and assessed racial/ethnic differences in sexuality disclosure among MSM across 23 U.S. cities.

## Methods

### Sampling and eligibility

The Centers for Disease Control and Prevention's (CDC) National HIV Behavioral Surveillance (NHBS) conducts rotating, annual, biobehavioral surveys among three key populations at high risk for HIV, including MSM (Gallagher et al., 2007). In 2017, venue-based, time-space sampling (VBS) methods were used to recruit and offer interviews and HIV testing to MSM in 23 U.S. metropolitan statistical areas (MSAs) (Centers for Disease Control and Prevention, 2017; MacKellar et al., 2007). Eligibility criteria included being assigned male sex at birth and self-identifying as male gender, being 18 years of age or old, residing in a participating MSA, ever having had sex with another man, not having already participated in NHBS during 2017, being able to provide informed consent, and being able to complete the survey in English or Spanish. Data were weighted to account for unequal

selection probabilities, multiplicity, and nonresponse, allowing us to generalize estimates to all venue-attending MSM in the 23 MSAs. NHBS sampling methods and procedures have been previously published (Centers for Disease Control and Prevention, 2017; MacKellar et al., 2007). Local institutional review boards (IRB) in each participating MSA and CDC approved NHBS activities (Centers for Disease Control and Prevention, 1999; United States Department of Health and Human Services, 2009). All NHBS participants provided informed consent. NHBS was determined by CDC to be a routine public health surveillance system, and thus exempted from IRB review.

## Measures

We measured sexuality disclosure by asking participants, "I'm going to read you a list of people you may have told. Please tell me whether you have told anyone in each group of people. Have you told any 1) friends who are not lesbian, gay, or bisexual; 2) family members; 3) health care providers." Response options for each item were yes and no. If participants had disclosed their sexuality to any friends who are not lesbian, gay, or bisexual, they were categorized as having disclosed their sexuality to any non-LGB friends. If participants had disclosed their sexuality to any family members, they were categorized as having disclosed their sexuality to any family members. If participants had disclosed their sexuality to any health care providers, they were categorized as having disclosed their sexuality to any health care providers. If participants had disclosed their sexuality to all three groups, we categorized them as having disclosed to all three groups. If participants had not disclosed their sexuality to at least one of the three groups, we characterized them as not having disclosed to at least one group. We looked at MSM who had not disclosed their sexuality to at least one group because it implies that there is at least one group of people in their lives—family members, non-LGB friends, or health care providers who they do not feel comfortable disclosing their sexuality to. This suggests certain degree of hiding and feeling that they would not be accepted by that group of people. From both public health and social work perspectives, the idea goal is for every MSM to disclosure their sexuality to everybody because MSM are fully accepted in society and do not fear rejection.

If there is even one group of people MSM cannot disclose their sexuality to, there is still stigma and we have not achieved our goal. Additional demographic characteristics included race/ethnicity, age group, region, highest level of education, health insurance coverage, employment status, federal poverty level, and sexual identity. All participants who reported Hispanic/Latino ethnicity were considered Hispanic/Latino, regardless of their reported race. Federal poverty level was defined by the 2017 U.S. Department of Health and Human Services federal poverty guidelines (United States Department of Health and Human Services, 2020). Regions included Midwest: Illinois and Michigan; Northeast: Massachusetts, New Jersey, New York, and Pennsylvania; South: District of Columbia, Florida, Georgia, Louisiana, Maryland, Tennessee, Texas, and Virginia; West: California, Colorado, Oregon, and Washington; and San Juan, Puerto Rico.

## Statistical analysis

We used weighted percentages with 95% confidence intervals (CI) to describe demographic characteristics and estimate prevalence of sexuality disclosure among MSM overall, by

age group, and by region. *P*-values were calculated using Rao-Scott chi-square tests. We assessed racial/ethnic differences in prevalence of sexuality disclosure among MSM. Crude prevalence ratios (cPR) and adjusted prevalence ratios (aPR) with 95% CIs were calculated using logistic regression with predicted marginal means (Bieler et al., 2010). Adjusted models were controlled for age and region. *p*-Values of <.05 were considered statistically significant. We suppressed variables with an unstable coefficient of variation (CV ≥ 0.3) because of sparse data; these variables were also excluded from regression models. All analyses were performed and accounted for complex survey design and weights using PROC SURVEYFREQ in SAS version 9.4 (SAS Institute, Cary, NC) and PROC RLOGIST in SAS-callable SUDAAN 11.0 (RTI International Research, Research Triangle Park, NC).

## Results

Overall, 10,753 MSM with non-missing weights were included in this analysis. The largest percentages of MSM were between the ages of 30–39 years (29.9%, 95% CI: 28.5–31.3%), were White (34.2%, 95% CI: 32.3–36.1%), and resided in the South (39.3%, 95% CI: 36.6–42.1%). Of the total analyzed, 89.4% (95% CI: 88.5–90.3%) had disclosed their sexuality to any non-LGB friends, 85.9% (95% CI: 84.8–87.0%) had disclosed their sexuality to any family members, 82.8% (95% CI: 81.6–83.9%) had disclosed their sexuality to any health care providers, and 76.0% (95% CI: 74.6–77.4%) had disclosed their sexuality to all three groups (Table 1).

By age group (Figure 1), MSM aged ≥50 years had the lowest percentages of sexuality disclosure to any non-LGB friends (85.0%, 95% CI: 82.6–87.5%) or to any family members (81.2%, 95% CI: 78.2–84.3%). However, MSM aged 18–24 years reported the lowest percentage of disclosing their sexuality to any health care providers (78.3%, 95% CI: 75.3–81.4%).

By region (Figure 2), MSM living in San Juan, PR had the lowest percentages of sexuality disclosure to any non-LGB friends (80.3%, 95% CI: 74.4–86.1%), to any family members (72.8%, 95% CI: 67.0–78.7%), to any health care providers (51.2%, 95% CI: 41.8–60.7%), or to all three groups (42.5%, 95% CI: 35.7–49.4%).

### Racial/ethnic differences in sexuality disclosure

After adjusting for age and region, Black (aPR = 0.91, 95% CI: 0.89–0.94) and Hispanic/Latino (aPR = 0.93, 95% CI: 0.91–0.95) MSM were less likely than White MSM to have disclosed their sexuality to any non-LGB friends; Asian (aPR = 0.79, 95% CI: 0.70–0.90), Hispanic/Latino (aPR = 0.93, 95% CI: 0.90–0.96), and Black (aPR = 0.93, 95% CI: 0.90–0.96) MSM were less likely than White MSM to have disclosed their sexuality to any family members; Hispanic/Latino (aPR = 0.93, 95% CI: 0.90–0.96) and Black (aPR = 0.93, 95% CI: 0.90–0.97) MSM were less likely than White MSM to have disclosed their sexuality to any health care providers. Asian (aPR = 0.76, 95% CI: 0.66–0.89), American Indian or Alaska Native (aPR = 0.79, 95% CI: 0.63–0.99), Black (aPR = 0.88, 95% CI: 0.84–0.92), multiracial (aPR = 0.88, 95% CI: 0.80–0.97), and Hispanic/Latino (aPR = 0.89, 95% CI: 0.85–0.93) MSM were less likely than White MSM to have disclosed their sexuality to all three groups (Table 2).

## Discussion

Overall, 1 in 10 did not disclose their sexuality to any non-LGB friends, almost 1 in 7 did not disclose their sexuality to any family members, and approximately 1 in 6 did not disclose their sexuality to any health care providers. Nearly a quarter of MSM did not disclose their sexuality to at least one of the groups. Even though there has been social progress in sexuality acceptance, stigma is still present and MSM may avoid disclosing their sexuality due to fear of social rejection and anticipation of negative reactions (Pachankis et al., 2015; Schrimshaw et al., 2018; Stahlman et al., 2016). Ideally, all MSM would feel comfortable disclosing their sexuality.

MSM aged ≥50 years were less likely to disclose their sexuality to any non-LGB friends and any family members than younger MSM, but MSM aged 18–24 years were least likely to disclose their sexuality to any health care providers. Although the weighted percentages are high, our findings suggest that older MSM may not feel comfortable disclosing their sexuality within non-LGB friend and/or family circles and that younger MSM may not feel comfortable disclosing their sexuality in healthcare settings, as literature indicates that older gay generations were less likely than younger gay generations to disclose their sexuality to friends, families, neighbors, and colleagues (Schope, 2002), and that younger MSM were less likely than older MSM to disclose their sexuality to health care providers (Bernstein et al., 2008; Stupiansky et al., 2017).

When looking at differences in sexuality disclosure by region, MSM living in San Juan, PR and the South had the lowest percentages of sexuality disclosure to any non-LGB friends, any family members, any health care providers, or all three groups. This aligns with previous findings that sexuality nondisclosure among MSM in PR may be attributable to heteronormative culture, LGB-related stigma, and same-sex discrimination (Fankhanel, 2010; Rodríguez-Díaz et al., 2016). In addition, only half of MSM in San Juan, PR had disclosed their sexuality to a health care provider, which could have subsequent consequences on missing opportunities for HIV testing and prevention services.

Our results also show racial/ethnic differences in sexuality disclosure among MSM that are consistent with other findings in the literature (Bernstein et al., 2008; Centers for Disease Control and Prevention, 2003; Kennamer et al., 2000; Millett et al., 2005; Qiao et al., 2018). Hispanic/Latino, Black, and Asian MSM were less likely than White MSM to have disclosed their sexuality to any non-LGB friends, and Asian MSM were less likely than White MSM to have disclosed their sexuality to any family members. The findings raise concerns in regard to social support, particularly in Hispanic/Latino, Black, and Asian communities. Studies have demonstrated that sexuality disclosure may help maintain family and social support, prevent sexual risk behaviors, and raise PrEP awareness (LaSala, 2000; Watson et al., 2020; Zhao et al., 2016). Moreover, family members and non-LGB friends can help encourage MSM to get tested for HIV and provide useful resources for PrEP or HIV care and services. Although public attitudes toward MSM have improved in recent years, additional culturally-tailored interventions for non-LGB persons regarding sexual acceptance of MSM may be needed.

Hispanic/Latino and Black MSM were less likely than White MSM to have disclosed their sexuality to any health care providers. This finding raises concerns because Black and Hispanic/Latino MSM are disproportionately affected by HIV (Centers for Disease Control and Prevention, 2020). Without disclosing sexuality to health care providers, MSM may miss the opportunity to be screened for HIV or prescribed PrEP. A systematic review demonstrates that disclosure of sexuality to health care providers is associated with increased HIV testing and use of healthcare services among MSM (Qiao et al., 2018). A stigma-free, nonjudgmental clinic environment is critical in helping health care providers discuss sexual history and behaviors with MSM in a sensitive, culturally appropriate way. Health care providers may also need training in anti-discrimination and diversity and inclusion practices that help improve sexuality disclosure among MSM, particularly among Hispanic/Latino and Black MSM.

Racial/ethnic differences in sexuality disclosure among MSM are associated with LGB-related stigma, same-sex discrimination, violence, and minority stress experienced among Hispanic/Latino and Black MSM (Kennamer et al., 2000; Meyer, 2013; Pachankis et al., 2015; Schrimshaw et al., 2018). Our analysis has implications for not only health care providers but also family members and friends not in LGBTQ+ communities. Ideally, all MSM would feel comfortable disclosing their sexuality to their family members, friends, and health care providers without fear of discrimination or rejection. Because MSM, particularly Hispanic/Latino and Black MSM, are most burdened by HIV, family members, friends, or health care providers can encourage and help them get tested for HIV and obtain PrEP or HIV care. We found that Hispanic/Latino, Asian, and Black MSM were less likely than White MSM to have disclosed their sexuality to these three groups of people. This suggests the need to promote sexuality disclosure among racial/ethnic MSM, which could help improve social support and facilitate HIV testing and other prevention services such as PrEP to curtail the HIV epidemic. To our knowledge, this analysis is the first to explore sexuality disclosure using a large, multisite, weighted national surveillance dataset. Further investigations need to assess the impact of sexuality disclosure on receipt of sexual health services and the role of social support as a potential contributing factor to racial/ethnic disparities in sexuality disclosure among MSM.

## Limitations

This analysis has several limitations. First, our measure of sexuality disclosure does not capture a comprehensive list of groups of people (e.g., colleagues, neighbors, and classmates) with whom MSM may discuss their sexuality. Second, we did not assess reasons MSM did not disclose their sexuality. Third, sexuality disclosure was self-reported and therefore is subject to social desirability bias. Fourth, there are likely unmeasured confounders, such as stigma, experience of same-sex discrimination, fear of rejection, and sexual risk behaviors, that may help explain the associations. Additionally, because the sample are MSM attending venues where most of the men are MSM, they are comfortable being seen in these public places. Further, the data only includes men who were willing to participate in a survey largely focused on their sexual behaviors, which means that the sample may be biased toward MSM who are more likely to disclose their sexuality. Lastly, MSM recruited through LGB-related venues may not be representative of all U.S. MSM.

## Conclusion

Our findings provide evidence that there are racial/ethnic differences in sexuality disclosure representative of venue-attending MSM across 23 U.S. cities. Hispanic/Latino, Black, and Asian MSM were less likely than White MSM to disclose their sexuality to any non-LGB friends, any family members, any health care providers, or all three groups. Our findings suggest the need for strategies and interventions to promote sexuality disclosure among MSM. Promoting sexuality disclosure could help improve social support, reduce sexual risk behaviors, and increase uptake of HIV testing and PrEP among MSM. Research determining factors associated with sexuality nondisclosure among MSM, especially among Hispanic/Latino, Black, and Asian MSM, could inform strategies and interventions to improve sexuality disclosure.

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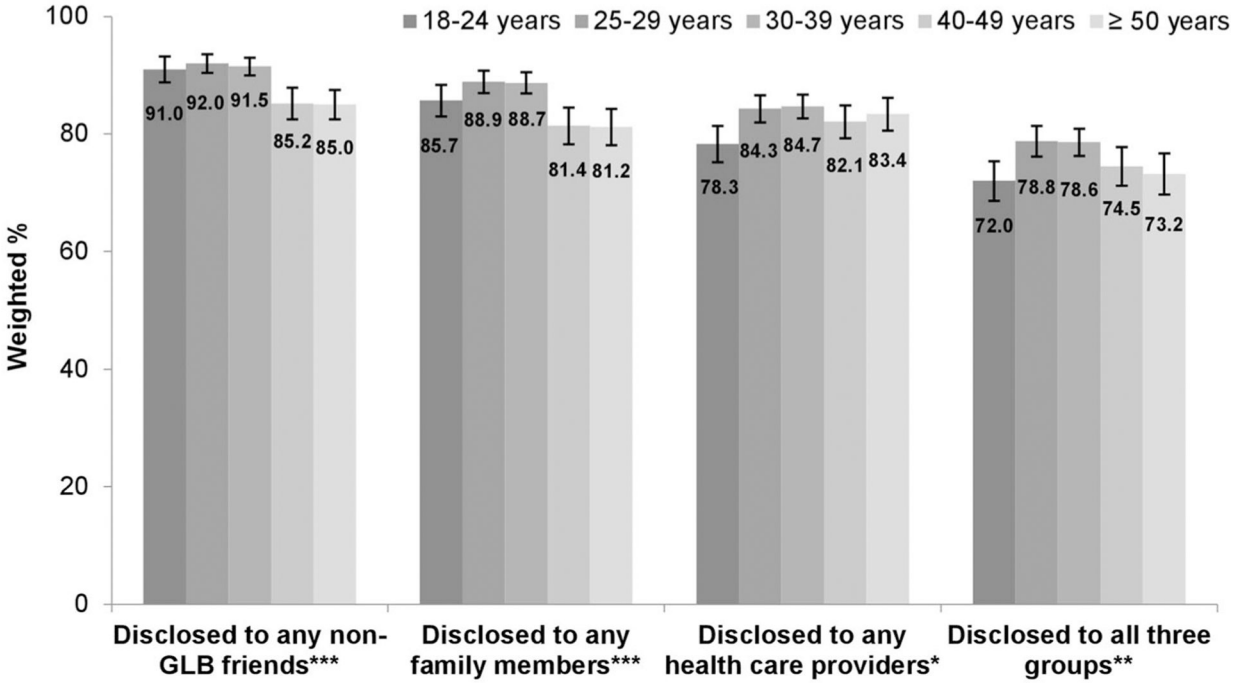


**Figure 1.**

Sexuality disclosure among men who have sex with men in 23 U.S. cities by age—National HIV Behavioral Surveillance, 2017. Bold values indicate statistical significance (*$p < .01$, **$p < .001$, ***$p < .0001$). Non-LGB, non-lesbian, gay, or bisexual.

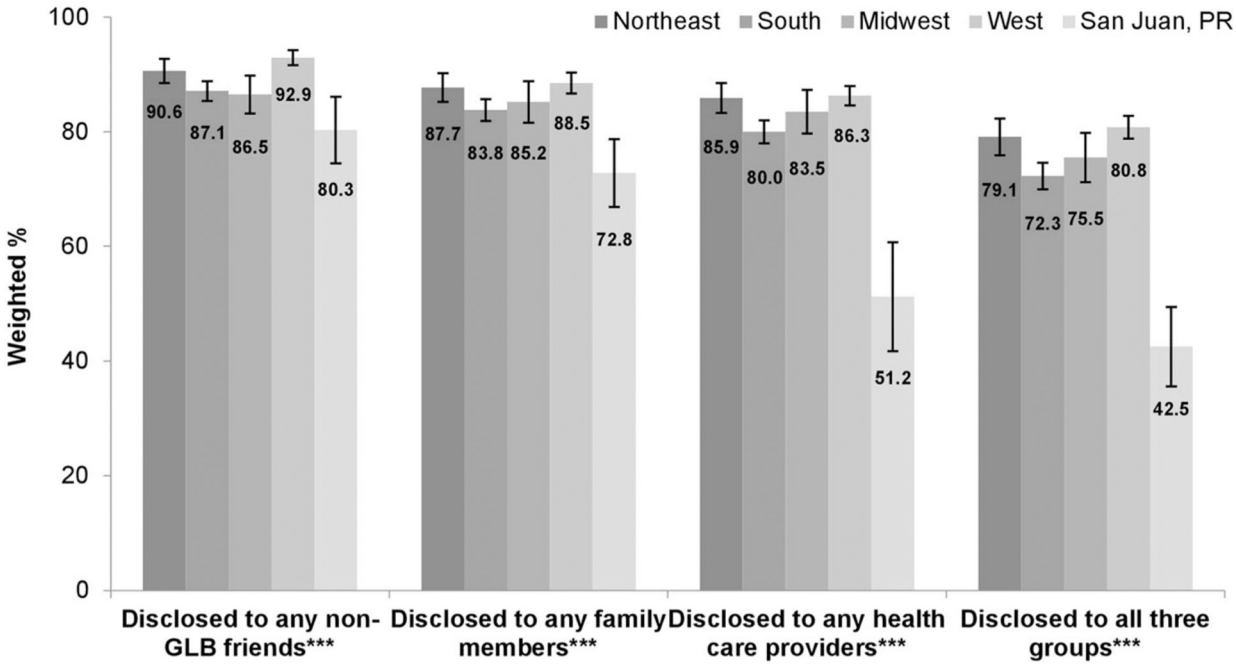


**Figure 2.**

Sexuality disclosure among men who have sex with men in 23 U.S. cities by region—National HIV Behavioral Surveillance, 2017. Bold values indicate statistical significance (***$p < .0001$). Non-LGB, non-lesbian, gay, or bisexual; PR, Puerto Rico.

**Table 1.**

Characteristics of men who have sex with men in 23 U.S. cities—National HIV Behavioral Surveillance, 2017 ($n$ = 10,753).

| Characteristic | Unweighted, *n* | Weighted, % | 95% CI |
|---|---|---|---|
| Age (years) | | | |
| 18–24 | 1,639 | 16.2 | 14.7–17.7 |
| 25–29 | 2,448 | 23.9 | 22.5–25.2 |
| 30–39 | 3,142 | 29.9 | 28.5–31.3 |
| 40–49 | 1,661 | 14.8 | 13.7–15.9 |
| ≥50 | 1,863 | 15.0 | 13.7–16.3 |
| Race/Ethnicity[a] | | | |
| Hispanic/Latino | 2,733 | 31.5 | 29.8–33.3 |
| American Indian or Alaska Native | 78 | 1.0 | 0.7–1.3 |
| Asian | 241 | 2.6 | 2.1–3.0 |
| Black | 3,238 | 25.7 | 23.6–27.8 |
| Native Hawaiian or Other Pacific Islander | 45 | 0.3 | 0.2–0.5 |
| White | 3,805 | 34.2 | 32.3–36.1 |
| Multiple races | 552 | 4.5 | 3.9–5.1 |
| Sexual identity | | | |
| Homosexual or gay | 8,533 | 80.5 | 79.3–81.7 |
| Bisexual | 1,978 | 17.1 | 16.0–18.2 |
| Heterosexual or straight | 191 | 2.2 | 1.7–2.7 |
| Region[b] | | | |
| Midwest | 1,108 | 5.1 | 4.3–5.9 |
| Northeast | 1,890 | 19.1 | 17.1–21.0 |
| San Juan, PR | 301 | 1.7 | 1.2–2.2 |
| South | 4,247 | 39.3 | 36.6–42.1 |
| West | 3,207 | 34.5 | 31.8–37.2 |
| Highest level of education | | | |
| High school/GED or less | 2,468 | 21.3 | 19.9–22.7 |
| Some college, associate or technical college | 3,602 | 32.0 | 30.5–33.4 |
| Bachelor’s degree | 3,113 | 30.5 | 28.9–32.0 |
| Any postgraduate studies | 1,566 | 16.0 | 14.8–17.3 |
| Currently has health insurance | | | |
| Yes | 8,947 | 82.5 | 81.3–83.8 |
| No | 1,789 | 17.2 | 16.0–18.4 |
| Employed full- or part-time | | | |
| Yes | 8,299 | 79.7 | 78.4–81.0 |
| No | 2,453 | 20.0 | 18.8–21.3 |
| Federal poverty level[c] | | | |
| Above poverty | 8,643 | 84.0 | 82.7–85.3 |
| At or below poverty | 2,021 | 15.8 | 14.5–17.1 |

| Characteristic | Unweighted, *n* | Weighted, % | 95% CI |
|---|---|---|---|
| Sexuality disclosure to any non-LGB friends | | | |
| Disclosed | 9,567 | 89.4 | 88.5–90.3 |
| Did not disclose | 1,177 | 10.3 | 9.4–11.3 |
| Sexuality disclosure to any family members | | | |
| Disclosed | 9,231 | 85.9 | 84.8–87.0 |
| Did not disclose | 1,516 | 13.9 | 12.8–15.0 |
| Sexuality disclosure to any health care providers | | | |
| Disclosed | 8,917 | 82.8 | 81.6–83.9 |
| Did not disclose | 1,826 | 17.0 | 15.8–18.1 |
| Sexuality disclosure to groups[d] | | | |
| Disclosed to all three groups | 8,158 | 76.0 | 74.6–77.4 |
| Did not disclose to at least one group | 2,580 | 23.8 | 22.4–25.1 |

CI: Confidence interval; GED: general educational development; Non-LGB: non-lesbian, gay, or bisexual; PR, Puerto Rico.

[a]Hispanic/Latino men can be of any race.

[b]Midwest: Illinois and Michigan; Northeast: Massachusetts, New Jersey, New York, and Pennsylvania; South: District of Columbia, Florida, Georgia, Louisiana, Maryland, Tennessee, Texas, and Virginia; West: California, Colorado, Oregon, and Washington.

[c]Federal poverty level is defined by the 2017 United States Department of Health and Human Services federal poverty guidelines: https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines.

[d]Disclosed to all three groups is defined as having disclosed sexuality to any non-LGB friends, any family members, and any health care providers. Did not disclose to at least one group is defined as not having disclosed sexuality to at least one of the three groups.

**Table 2.**

Racial/Ethnic differences in sexuality disclosure among men who have sex with men in 23 U.S. cities—National HIV Behavioral Surveillance, 2017 ($n$ = 10,753).

| | Disclosed to any non-LGB friends | | | Disclosed to any family members | | | Disclosed to any health care providers | | | Disclosed to all three groups[a] | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Race/ Ethnicity[b]** | **Weighted % (95% CI)** | **cPR (95% CI)** | **aPR[c] (95% CI)** | **Weighted % (95% CI)** | **cPR (95% CI)** | **aPR[c] (95% CI)** | **Weighted % (95% CI)** | **cPR (95% CI)** | **aPR[c] (95% CI)** | **Weighted % (95% CI)** | **cPR (95% CI)** | **aPR[c] (95% CI)** |
| Hispanic/ Latino | 88.0 (86.3–89.8) | **0.94 (0.91–0.96)** *** | **0.93 (0.91–0.95)** *** | 84.1 (82.0–86.1) | **0.93 (0.90–0.96)** *** | **0.93 (0.90–0.96)** *** | 79.8 (77.5–82.0) | **0.91 (0.88–0.94)** *** | **0.93 (0.90–0.96)** *** | 73.0 (70.4–75.7) | **0.87 (0.84–0.91)** *** | **0.89 (0.85–0.93)** *** |
| American Indian or Alaska Native | — | — | — | — | — | — | — | — | — | 66.6 (51.8–81.4) | **0.80 (0.64–1.00)** ** | **0.79 (0.63–0.99)** ** |
| Asian | 89.9 (84.0–95.9) | 0.96 (0.89–1.02) | **0.93 (0.86–1.01)** * | 75.0 (66.4–83.6) | **0.83 (0.74–0.93)** *** | **0.79 (0.70–0.90)** *** | 82.2 (74.8–89.7) | 0.94 (0.85–1.03) | 0.92 (0.83–1.02) | 66.7 (57.6–75.8) | **0.80 (0.70–0.92)** *** | **0.76 (0.66–0.89)** *** |
| Black | 85.5 (83.5–87.5) | **0.91 (0.89–0.93)** *** | **0.91 (0.89–0.94)** *** | 84.0 (81.8–86.1) | **0.93 (0.90–0.96)** *** | **0.93 (0.90–0.96)** *** | 80.7 (78.4–82.9) | **0.92 (0.89–0.95)** *** | **0.93 (0.90–0.97)** *** | 71.9 (69.4–74.5) | **0.86 (0.82–0.90)** *** | **0.88 (0.84–0.92)** *** |
| Native Hawaiian or Other Pacific Islander | — | — | — | — | — | — | — | — | — | — | — | — |
| Multiple races | 92.0 (87.9–96.2) | 0.98 (0.94–1.03) | 0.97 (0.92–1.02) | 87.1 (82.3–91.9) | 0.97 (0.91–1.02) | **0.95 (0.89–1.01)** * | 82.9 (77.3–88.5) | 0.94 (0.88–1.01) | 0.94 (0.87–1.01) | 74.8 (68.5–81.1) | **0.90 (0.82–0.98)** ** | **0.88 (0.80–0.97)** ** |
| White | 93.9 (92.7–95.2) | 1.0 (Referent) | 1.0 (Referent) | 90.2 (88.6–91.8) | 1.0 (Referent) | 1.0 (Referent) | 87.9 (86.2–89.6) | 1.0 (Referent) | 1.0 (Referent) | 83.5 (81.5–85.5) | 1.0 (Referent) | 1.0 (Referent) |

Bold values indicate statistical significance (*$p$ < .05; **$p$ < .01; ***$p$ < .001).

aPR: Adjusted prevalence ratio; CI: confidence interval; cPR: crude prevalence ratio; Non-LGB: non-lesbian, gay, or bisexual.

[a]Disclosed to all three groups is defined as having disclosed sexuality to any non-LGB friends, any family members, and any health care providers. Did not disclose to at least one group is defined as not having disclosed sexuality to at least one of the three groups.

[b]Hispanic/Latino men can be of any race.

[c]Adjusted for age and region.

—Categories that had coefficients of variation (CV) ≥ 0.30 were not reported and were excluded from regression models due to sparse data.