

Comprehensive health for sexual and gender minority people: Caring for the whole person



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December 16, 2010

Defining sexual health: Report of a technical consultation on sexual health (WHO, 1/02)



- Sexual and reproductive health and well-being are **essential** if people are to have responsible, safe, and satisfying sexual lives.
- Sexual health requires a **positive approach** to human sexuality and an **understanding** of the complex factors that shape human sexual behaviour.....
- Health programme managers, policy-makers and care providers need **to understand and promote** the potentially positive role sexuality can play in people's lives and to **build health services** that can promote sexually healthy societies.

HIV/STD in U.S. MSM

- MSM are 44X as likely to be HIV-infected compared to MSW
- Most men dx'ed with syphilis in the US are MSM
 - 46 times as likely compared to other men
(Purcell et al., National STD Prevention Conference, 2010)
- Evidence of growing role in other STDs
 - GC (20+% of cases in CDC's GISP are MSM)
 - Lower estimate (many places don't test non-GU)
 - Outbreaks of LGV
 - HPV and anal cancer
- High rates of HIV co-infection
 - Syphilis 40-60%, GC 5-10%

Increased Prevalence of Health Disparities in Sexual and Gender Minorities (Massachusetts BRFSS 2001-8, n=67359)

- Sexual minorities more often reported activity limitation, tension, worry, smoking, substance use, asthma, lifetime sexual victimization.
- Bisexuals reported more barriers to health care, sadness, suicidal ideation, cardiovascular disease risks.
- Lesbians more likely to be obese and have multiple cardiovascular risks.

Conron, et al, *AJPH*, 2010

Developmental Challenges for Sexual and Gender Minority Youth

- Adolescent development – “normative” = opposite sex attractions
- Masculine socialization stress
- Bullying, Victimization
- Need to keep one’s feelings covert
- Pressure to date women
- Socio-political stress (e.g. exclusion from DOD = governmental norm that homosexuality is abnormal)
- Exacerbated if early life events are stressful

Rob Garafalo, April, 2010



Consequences of Internalized Homophobia

Correlates of Depressed Mood:

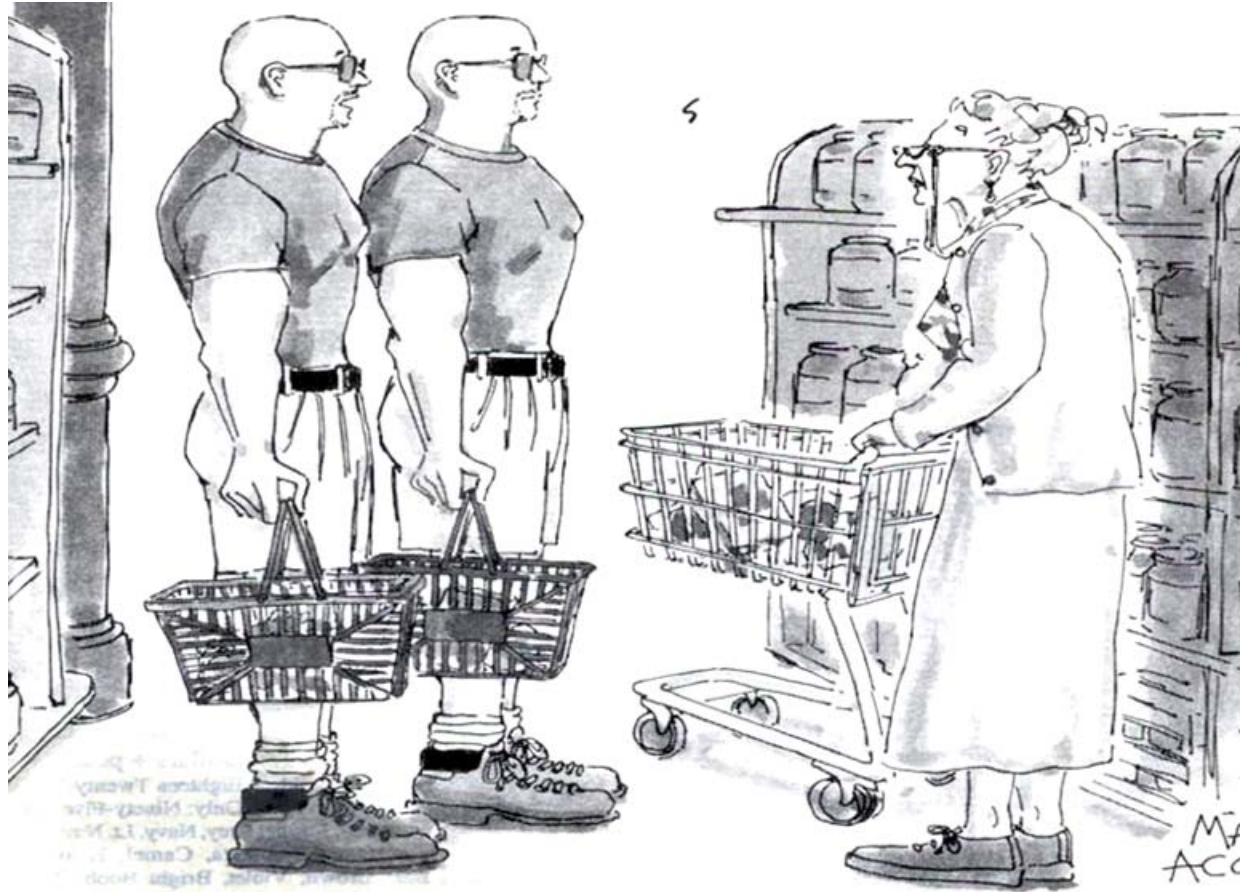
- Not having a primary partner
- Not identifying as gay/queer/homosexual
- ≥ 1 anti-gay violent attack in past 5 years
- Alienation from gay community

Mills, T., et al., Distress and Depression among Urban MSM, Am J Psychiatry, 2004; 161(4):776

The Effects of “Syndemics” on HIV Risk in MSM

- Cross sectional household telephone survey of MSM in Chicago, LA, New York ,and SF (N = 2881)
- Prevalence and interconnectedness of depression, poly drug use, childhood sexual abuse, and partner violence
- Additive effects: Odds ratios increased as did number of these psychosocial health problems

	1 problem	2 problems	3 and 4 problems
High risk sex ($P < .01$)	1.6	2.4	3.5
HIV prevalence ($P < .001$)	1.8	2.7	3.6



“No, we are not twins.”

MSM-STI

- STI risk higher in subgroups of MSM
 - Racial /ethnic minorities
 - Non-prescription drug use (methamphetamine)
- Changing attitudes and venues
 - Unprotected oral sex perceived as low risk
 - Sero-adaptation; HIV as a chronic issue
 - New venues (internet, sex parties) as well as old venues, e.g. bathhouses and sex clubs

2010 STD Treatment

Guidelines

Multivariable analysis of seroconversion risk: Drug use in Explore (N=4295)

Drug	N at baseline	No. of infections	Hazard ratio* (95% CI)
Heavy alcohol**	419	41	1.9 (1.2, 2.8)
Amphetamines	527	67	1.9 (1.4, 2.6)
Alcohol/drugs before sex	2952	205	1.6 (1.1, 2.3)

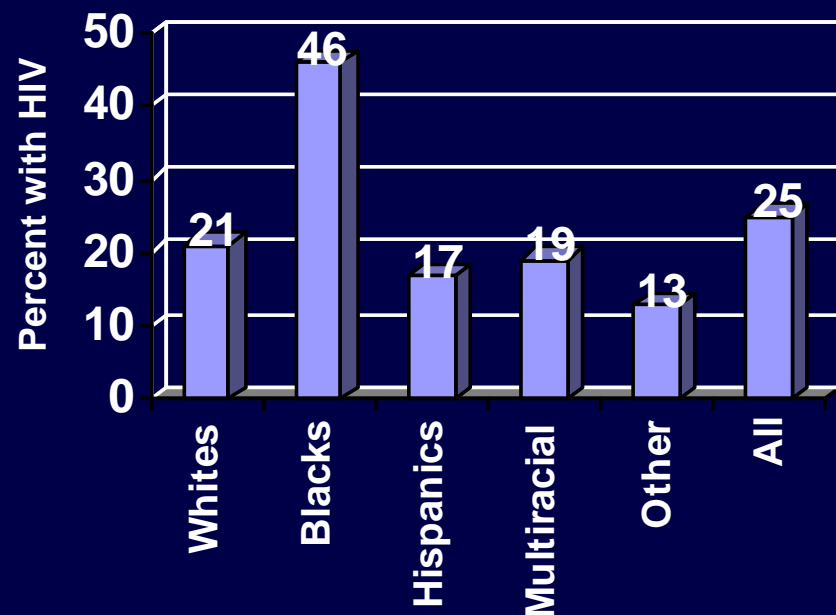
*REF = no/light/moderate use of alcohol; no speed use; no use before sex

** 4+ drinks every day or 6+ drinks on a typical day

The HIV Hyper-Epidemic among U.S. Black MSM

High HIV prevalence despite significantly lower rates of high risk behaviors

HIV Prevalence Among MSM,
5-City CDC Survey, 2004-2005



- Young Black MSM less likely than young white MSM to engage in unprotected anal sex
- Black MSM less likely than white MSM to use drugs associated with risk of HIV infection
- Black MSM are more likely to engage in sex with other Black MSM, than other racial partners
- High rates of Bacterial and Viral STI potentiate HIV transmission
- Impact of dual stigmas?

- **Interventions focusing solely on traditional individual risk behaviors may not be the most effective**

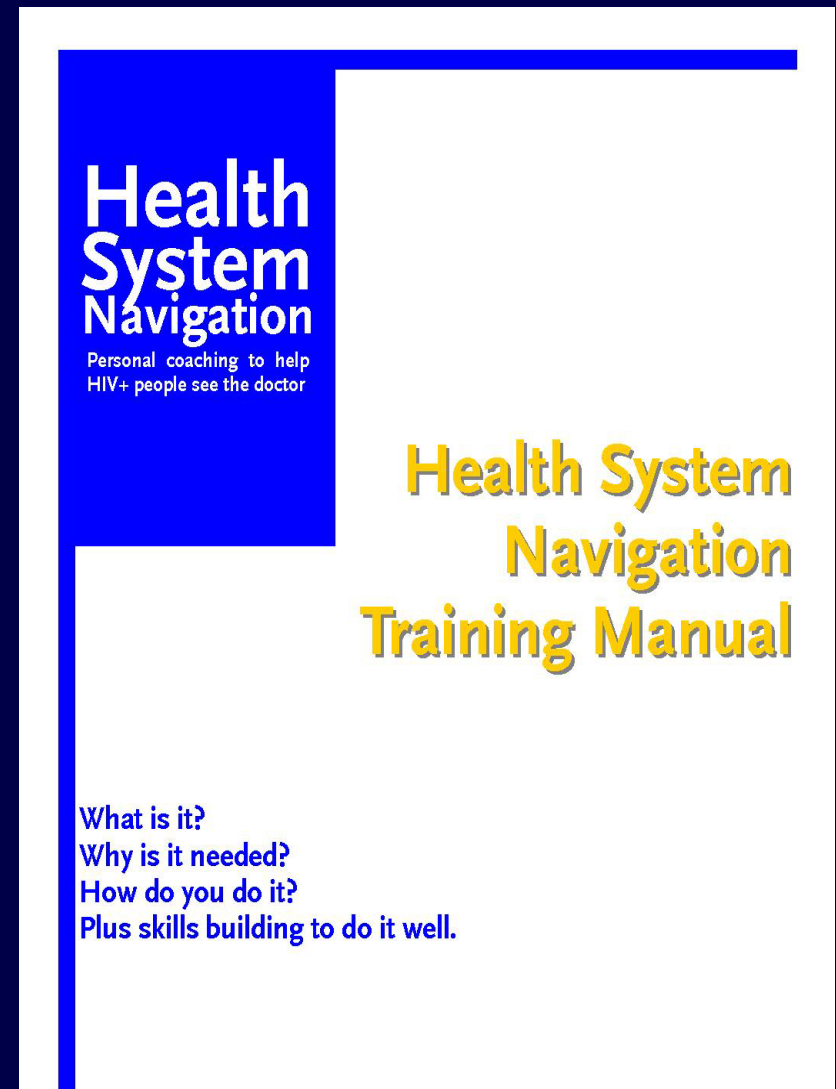
Black MSM and Recent HIV Screening, Massachusetts (N=145)

- Bivariate associations with not testing:
 - less education, less gay identity
 - less engaged in community activities
 - serodiscordant anal sex
 - substance use
 - difficulty with condoms
 - did not have a PCP.
- Only multivariable association with testing:
provider recommended HIV test at last visit
(controlling for age and education).

HIV System Navigation: An Emerging Model to Improve HIV Care Access

- Near Peers
- Structured training
HRSA-funded evaluation:
Helpful for engagement in care, adherence, retention
Associated with ↓ PVL
- Unique feature of HPTN 061: assessment of HSN for HIV Prevention and Care

Bradford, AIDS Pt Care & STDs, 2007



Resilience in the Face of Stressors: Majority of those affected are not infected or at increased risk

	No. of Psychosocial Health Problems			
	0 (<i>n</i> = 1,392)	1 (<i>n</i> = 812)	2 (<i>n</i> = 341)	3 or 4 (<i>n</i> = 129)
Recent high risk sex	7%	11%	16%	23%
HIV prevalence	13%	21%	27%	22%

All associations have p 's < 0.001.
All p values are two-tailed.

From Stall et al., 2003

STD Treatment Guidelines (MMWR, 12/17/10)

Recommended Annually for all sexually active MSM:
HIV serology, if HIV uninfected or status unknown
Syphilis serology
Screening for GC and CT using NAAT for all
relevant mucosal surfaces

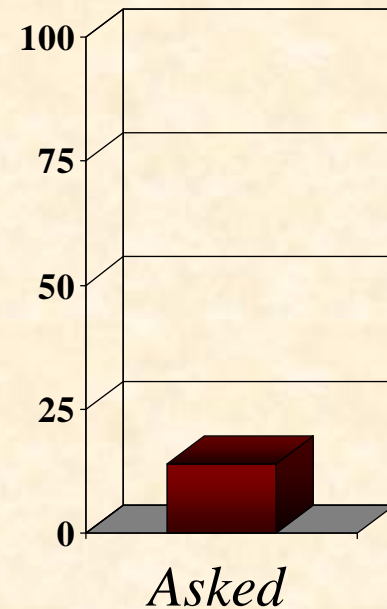
More frequent screening for STDs if more
active.....

Screen all MSM for Hepatitis A and B, and vaccinate
Screen for anal HPV (HPV vaccination ?)

Are Providers Ready?: Proportion of Physicians Discussing Topics with HIV-Infected Patients

4 US Cities (n=317)

- ◆ Adherence to ART 84%
- ◆ Condom use 16%
- ◆ HIV transmission and/or risk reduction 14%



Ask Screen Intervene

(*AmJPublicHealth*. 2004;94:1186-92)

HIV Prevention: 2010

DECREASE SOURCE OF INFECTION

- Barrier protection
- Blood screening
- IDU harm reduction
- STI Treatment?
- Antiretroviral Therapy
 - PMTCT
 - Rx infected partners

DECREASE HOST SUSCEPTIBILITY

- Barrier protection
- Infection Control
- Circumcision
- Vaccines?
- STI Treatment?
- PEP
- Oral PREP
- Topical microbicides

ALTER BEHAVIOR

- Condom and HIV testing promotion
- Individual interventions
- Couples interventions
- Community-based interventions
- Structural interventions (e.g., economic)

MSM Health Concerns: More than HIV

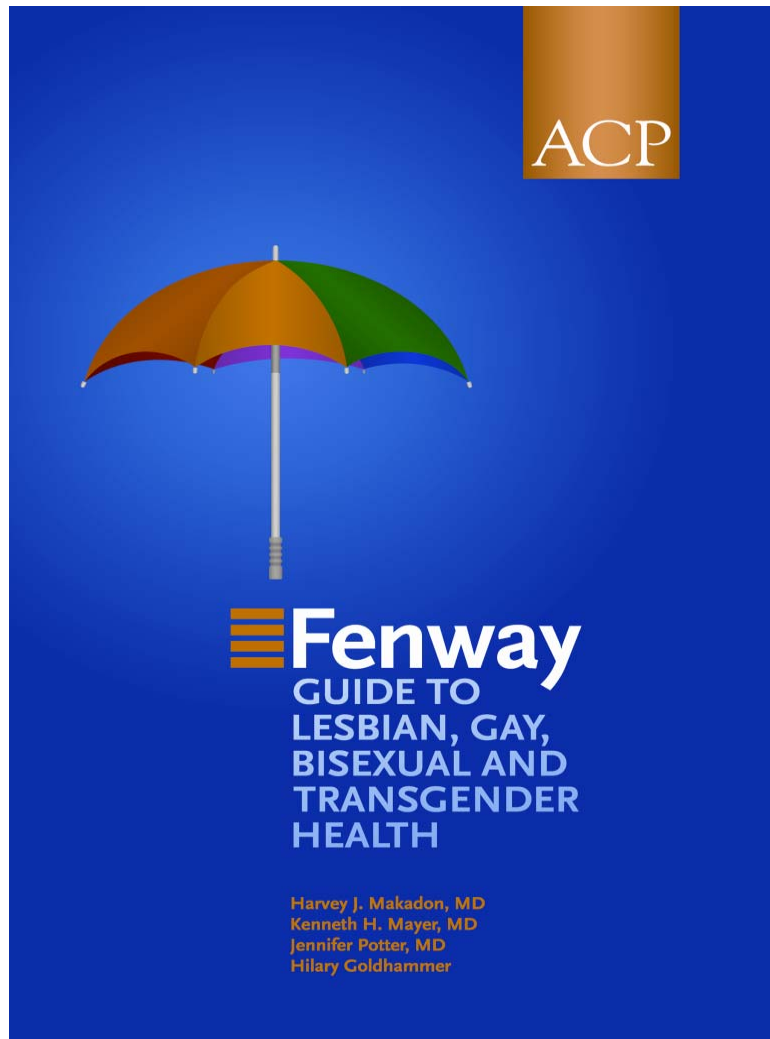
- Cigarette smoking
- Alcohol and recreational drug use and abuse
- STI, viral hepatitis
- Body Dysmorphia, Overweight and obesity, Eating disorders



- Mental health concerns
- Violence and trauma
- Cancers
- Coming out
- Families
- Aging



Cultural Competence



-Do you create a welcoming environment?

-How is risk assessed?

-Are culturally appropriate resources and referrals available to address other medical, mental health and social concerns?

Resources for Clinicians:

www.thefenwayinstitute.org

www.acponline.org

Thank You

Steven A. Safren
Conall O’Cleirigh
Patricia Case
Matthew Mimiaga
Rodney Vanderwarker
Jim Maynard
Harvey Makadon
Judy Bradford
Steve Boswell
Fenway CAB and IRB
Beryl Koblin
Susan Buchbinder
Ron Stall
Rob Garafalo
NIAID
NIMH, NIDA, NICHD
CDC
Mass DPH

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Enhancing Healthcare=Enhancing Human Rights



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