Co-producing Wellness with Gay and Bisexual Men

Adam Thompson, Regional Partner Director
Gay and Bisexual Men’s HIV Awareness Day
September 27, 2016
Problem Solving

DATA → KNOWLEDGE → ACTION
How are we doing?
2015 Youth Behavioral Risk Survey

- LGB students are significantly more likely to report
  - Being physically forced to have sex (18% LGB vs. 5% heterosexual)
  - Experiencing sexual dating violence (23% LGB vs. 9% heterosexual)
  - Experiencing physical dating violence (18% LGB vs. 8% heterosexual)
  - Being bullied at school or online (at school: 34% LGB vs. 19% heterosexual; online: 28% LGB vs. 14% heterosexual)
2015 Youth Behavioral Risk Survey

- More than **40%** of LGB students have seriously considered suicide, and **29%** reported having attempted suicide during the past 12 months.
- Sixty percent of LGB students reported having been so sad or hopeless they stopped doing some of their usual activities.
- LGB students are up to **5 times** more likely than other students to report using illegal drugs.
- More than **1 in 10** LGB students reported missing school during the past 30 days due to safety concerns.

Kann L, Olsen EO, McManus T, et al. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. MMWR Surveill Summ 2016;65(No. SS-9):1–202. DOI: [http://dx.doi.org/10.15585/mmwr.ss6509a1](http://dx.doi.org/10.15585/mmwr.ss6509a1)
Gay/Bisexual Men and HIV in 2014

- Gay and bisexual men accounted for 83% (29,418) of the estimated new HIV diagnoses among all males aged 13 and older and 67% of the total estimated new diagnoses in the United States.

- Gay and bisexual men aged 13 to 24 accounted for an estimated 92% of new HIV diagnoses among all men in their age group and 27% of new diagnoses among all gay and bisexual men.

- Gay and bisexual men accounted for an estimated 54% (11,277) of people diagnosed with AIDS.

http://www.cdc.gov/hiv/group/msm/

<table>
<thead>
<tr>
<th>Health Outcomes/Conditions</th>
<th>Women</th>
<th>Lesbian and Bisexual</th>
<th>Men</th>
<th>Gay and Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Heterosexual, %</td>
<td>%</td>
<td>OR (95% CI)</td>
<td>AOR (95% CI)</td>
</tr>
<tr>
<td>Frequent poor physical health</td>
<td>15.47</td>
<td>15.79</td>
<td>1.02 (0.81, 1.30)</td>
<td>1.02 (0.80, 1.30)</td>
</tr>
<tr>
<td>Disability</td>
<td>36.87</td>
<td>44.27</td>
<td>1.36** (1.14, 1.62)</td>
<td>1.47*** (1.22, 1.77)</td>
</tr>
<tr>
<td>Frequent poor mental health</td>
<td>9.36</td>
<td>15.92</td>
<td>1.83*** (1.42, 2.37)</td>
<td>1.40* (1.07, 1.81)</td>
</tr>
<tr>
<td>Obesity</td>
<td>25.93</td>
<td>36.27</td>
<td>1.63*** (1.36, 1.95)</td>
<td>1.42*** (1.18, 1.71)</td>
</tr>
<tr>
<td>Arthritis^a</td>
<td>52.24</td>
<td>53.70</td>
<td>1.06 (0.83, 1.36)</td>
<td>1.29 (0.99, 1.67)</td>
</tr>
<tr>
<td>Asthma</td>
<td>15.89</td>
<td>20.57</td>
<td>1.37** (1.10, 1.70)</td>
<td>1.20 (0.96, 1.49)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>11.87</td>
<td>13.59</td>
<td>1.17 (0.91, 1.51)</td>
<td>1.25 (0.96, 1.64)</td>
</tr>
<tr>
<td>High blood pressure^b</td>
<td>43.33</td>
<td>36.02</td>
<td>0.74 (0.54, 1.00)</td>
<td>0.86 (0.62, 1.20)</td>
</tr>
<tr>
<td>High cholesterol^a</td>
<td>47.13</td>
<td>44.10</td>
<td>0.88 (0.69, 1.14)</td>
<td>1.00 (0.77, 1.30)</td>
</tr>
<tr>
<td>Cardiovascular disease^c</td>
<td>10.71</td>
<td>10.51</td>
<td>0.98 (0.73, 1.31)</td>
<td>1.37* (1.00, 1.86)</td>
</tr>
</tbody>
</table>

Stigma and Discrimination

- Affect your income, whether you can get or keep a job, and your ability to get and keep health insurance.
- Limit your access to high quality health care that is responsive to your health issues.
- Add to poor mental health and poor coping skills, such as substance abuse, risky sexual behaviors, and suicide attempts.
- Affect your ability to have and maintain long-term same-sex relationships that lower your chances of getting HIV & STDs.
- Make it harder for you to be open about your sexual orientation, which can increase stress, limit social support, and negatively affect your health.

Estimated New HIV Incidences Among the Most Affected Sub-populations

- Black MSM: 11,201
- White MSM: 9,008
- Hispanic/Latino MSM: 7,552
- Black Women, Heterosexual Contact: 4,654
- Black Men, Heterosexual Contact: 2,108
- Hispanic/Latina Women, Heterosexual Contact: 1,159
- White Women, Heterosexual Contact: 1,115

http://www.cdc.gov/hiv/group/msm/
THE RISE OF EVIDENCE-BASED MEDICINE AND HEURISTICS
Accessible Information
Evidenced Based Medicine
HIV Prevention and Care Providers
Heuristics

http://www.slideshare.net/juco1/interpersonal-skills-for-managers-psychology-in-business-decision-making-and-irrationality
Skip the Demographics Form
Time for Information Gathering
Hierarchy
STIGMA: DEVALUING AND DISCREDITING
The Experience of Stigma
Othering

STOP "OTHERING" ME!

WHAT'S "OTHERING"?

YOUR KIND COULD NEVER UNDERSTAND.
STIGMA: Notes on the Management of Spoiled Identity

- Erving Goffman, Sociologist who wrote about
  - Types of stigma
  - How individuals deal with stigma
  - How persons with stigma relate to others

Stigma

“[Stigma is] an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.”

The Stage Theory

Goffman’s Theatre

- Backstage
  - The “Own”
  - The “Wise”

- Audience
  - The “Normals”

Goffman's Coping Mechanisms

Some stigmatized people can physically remove their stigma

People can master those areas that stigmatize them

Stigmatized people can use their stigma for secondary gain

Stigmatized persons can come to view their stigma as a blessing

A stigma can cause people to reassess the limits of normals

Stigmatized persons can avoid contact with normals

Stigmatized people seek out sympathetic others
Management of the Normals

- One must assume that “normals” are ignorant rather than malicious.
- No response is needed to snubs or insults, and the stigmatized should either ignore or patiently refute the offence and views behind it.
- The stigmatized should try to help reduce the tension by breaking the ice and using humor or even self-mockery.
- The stigmatized should treat “normals” as if they are honorary wise.

Management of the Normals

- The stigmatized should follow disclosure etiquette by using disability as a topic for serious conversation, for example.
- The stigmatized should use tactful pauses during conversations to allow recovery from shock over something that was said.
- The stigmatized should allow intrusive questions and agree to be helped.
- The stigmatized should see oneself as “normal” in order to put “normals” at ease.

How do people stigmatize?

- Isolation and Rejection
- Shaming and Blaming
- Discrimination (Enacted Stigma)
- Self-Stigma
- Stigma by Association
- Layered Stigma

Forms of Stigma in Health Facilities

- Refusing to provide treatment
- Gossip or verbal abuse
- Differential treatment
- Marking files or clothing of patients or isolating them
- Forcing diagnostic testing on people
- Disclosing someone’s HIV status
- Excessive use of barrier precautions
Common at its Core

- Published in 2005
- Authors Jessica Ogden, Laura Nyblade
- Synthesis report of several different researchers
- Identifies commonalities in HIV-related stigma globally
Common at its Core

- “… evidence suggests that HIV and AIDS-related stigma is far less varied and context specific than many have been imagined.”
- “HIV and AIDS have all the characteristics associated with heavily stigmatized medical conditions.”

Root Causes of Stigma

- Knowledge
  - Lack of knowledge leads to fear
  - Fear-based messaging complicates prevention and care
- Morality
  - The “karma” effect
  - Good things happen to good people …
  - Innocence-Guilt Continuum

MEASURING STIGMA TO END IT
Change Components

1. Assess
2. Train
3. Sustain

### Change Component

<table>
<thead>
<tr>
<th><strong>ASSESS</strong> Measure and understand HIV stigma and discrimination in the facility</th>
</tr>
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<tbody>
<tr>
<td><strong>TRAIN</strong> Conduct participatory training to raise awareness and change attitudes and behaviors</td>
</tr>
<tr>
<td><strong>SUSTAIN</strong> Develop and mainstream action items and policies to sustain a stigma-free facility and HIV services</td>
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</tbody>
</table>

### Tools

<table>
<thead>
<tr>
<th><strong>ASSESS</strong></th>
<th><strong>TRAIN</strong></th>
<th><strong>SUSTAIN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Checklist for a Stigma-free Facility Environment and Policies for HIV stigma and discrimination</td>
<td>Menu of training programs for different types of staff</td>
<td>Code of Conduct</td>
</tr>
<tr>
<td>Questionnaire for facility staff</td>
<td>Modules with instructions and exercises</td>
<td>Action Plan</td>
</tr>
</tbody>
</table>

### Availability

<table>
<thead>
<tr>
<th><strong>ASSESS</strong></th>
<th><strong>TRAIN</strong></th>
<th><strong>SUSTAIN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Checklist is in this guide</td>
<td>Menu of training programs is in Annex B and on the HPP website</td>
<td>Code of Conduct tool in this guide</td>
</tr>
<tr>
<td>Staff questionnaire is in Annex A and on the HPP website</td>
<td>Full collection of modules is on the HPP website</td>
<td>Action Plan tool in this guide</td>
</tr>
<tr>
<td>User’s guide for implementing the questionnaire is on the HPP website</td>
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<td></td>
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</tbody>
</table>
Steps for Responding to Stigma and Discrimination

1. Set up or identify a stigma action group
2. Assess your facility
3. Review current policies and practices
4. Get ideas from community members or local organizations
5. Develop and launch a Code of Conduct
6. Mainstream stigma-free norms and practices
7. Monitor progress

Assess

- Comprehensive Brief Staff Survey
  - Validated survey, available in multiple languages
  - Measures health care and provider stigma

- Checklist
  - Assessment of the ability to support and deliver stigma-free HIV services
  - Six domains: Equal Access, Confidentiality, Safety, Training, Quality Assurance, Policy

Train

- HUGE training program
- Multiple modules appropriate to all levels of staff and volunteers
- Suggested agenda, handouts, and clear instructions

Sustain

- **Code of Conduct**
  - Set of agreed upon policies and procedures that guide staff behavior
  - Most effective when developed collaboratively
  - Development instructions available at the Health Policy Project

- **Action Plan**
  - The implementation of the Code of Conduct

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### Sample Action Plan Item

<table>
<thead>
<tr>
<th>WHERE WE ARE NOW (CHALLENGES)</th>
<th>WHERE WE WANT TO BE (RELEVANT CODE OF CONDUCT ITEM/S)</th>
<th>ROOT CAUSE(S) FOR CURRENT SITUATION</th>
<th>RECOMMENDED ACTIONS/QUALITY ASSURANCE</th>
<th>STAFF LEAD/S AND TARGET COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex workers are viewed as troublemakers and are often made to wait longer than other clients</td>
<td>All clients receive the same high-quality care without discrimination</td>
<td>Moral judgments and blame&lt;br&gt;Belief that other clients are more important</td>
<td>Train health facility staff on the needs of sex workers—and how to provide appropriate services and information&lt;br&gt;Assess training through pre- and post-surveys of participants&lt;br&gt;After training, gather feedback from clients or client representatives about experiences in the facility</td>
<td>Name/Date&lt;br&gt;Name/Date&lt;br&gt;Name/Date</td>
</tr>
</tbody>
</table>

Where to start?
Facilitators to LGB Health Care

- Creation of a safe, gay-positive space, free from violence and discrimination
- Development of trust in relationships and respect of privacy during service delivery.
- Use of outreach services to LGB communities.
- Provision of culturally competent care and referrals.
- Creation of anti-discriminatory health policies at the governmental and institutional level to facilitate the development of equitable and accessible health services.
We promised them ...
Gratitude

I am grateful for........
QUESTIONS?
COMMENTS?