



# Strategy Lab for HIV Prevention Policy

June 16, 2010

# **LGBT Marginalization as a Social Driver of the HIV/AIDS Epidemic**

# Overview

- Marginalization hampers effective prevention and treatment and is a major underlying driver of the HIV/AIDS epidemic
- Societal discrimination can prevent LGBT people from accessing health care and results in significant health disparities, including elevated rates of HIV/AIDS
- LGBT marginalization excludes people from social support structures, leaving them without access to services others take for granted

## Sidebar: Sexual Orientation and Gender Identity

- Separate but related aspects of identity
- **Sexual orientation:** whether an individual is romantically and/or sexually attracted to men, women, or both
- **Gender identity:** how an individual perceives their gender, which may or may not be congruent with the sex they were assigned at birth
- Every person has both a sexual orientation and a gender identity

# Epidemiology of HIV/AIDS

- Gay and bisexual men and other MSM comprise 48% of PLWHA and 54% of new infections
- HIV prevalence among transgender women exceeds 25% nationwide
- Gay and bisexual men are 50 times more likely to become HIV positive than heterosexual men
- People of color, including LGBT people of color, are much more likely than white people to become HIV positive
- There are limited resources and research available for interventions targeting LGBT populations, especially LGBT people of color

# Marginalization as a Driver of HIV/AIDS: Family Rejection

- Marginalization can start in the families into which LGBT people are born
- Family marginalization encourages risk-taking behavior and hampers delivery of proper medical treatment
- 30% of LGBT youth report being physically abused by family members because of their sexual orientation or gender identity or expression
- LGBT youth comprise 20-40% of the homeless youth population in the US

# Marginalization as a Driver of HIV/AIDS: Invisibility and Discrimination

- Societal discrimination is linked to high-risk behaviors
- Provider bias and discrimination prevents LGBT people and people with HIV from accessing vital medical services
- Discrimination can result in non-disclosure of LGBT identity or HIV status, leading to knowledge gaps and inappropriate care
- Invisibility results in lack of focus on LGBT people in HIV/AIDS research and information campaigns

# Marginalization as a Driver of HIV/AIDS: Intersectional Disparities

- Many LGBT people belong to racial, ethnic, language, or other minority groups as well
- They thus face multiple layers of discrimination
- HIV/AIDS research and services are not explicitly designed for many groups at high risk of HIV, especially MSM and transgender women of color

# Marginalization as a Driver of HIV/AIDS: Mental Health and Substance Use

- Social discrimination is correlated with increased mental health issues and substance use
- LGBT youth are at elevated risk for poor mental health outcomes and substance use
- Use of controlled substances can elevate risk of HIV infection

# Marginalization as a Driver of HIV/AIDS: Employment Discrimination

- Lack of LGBT employment protections contributes to a lack of health insurance and health care access for LGBT people
- High unemployment can lead to inadequate housing, survival sex, and increased risk of HIV
- 97% of transgender people report being mistreated at work
- Transgender people have twice the general unemployment rate, which is even higher for transgender people of color
- Gay men and lesbians are twice as likely as heterosexuals to be uninsured

# Marginalization as a Driver of HIV/AIDS: Sex Work

- Issues in sex work, such as difficulty negotiating condom usage and higher rates of substance use, escalate risk for HIV infection
- Risks and fear of full disclosure of sexual behavior can result in loss of opportunity to discuss prevention and treatment options with health care professionals

# Marginalization as a Driver of HIV/AIDS: Detention Settings

- LGBT persons, especially people of color and undocumented people, are particularly vulnerable to police harassment
- Prison hierarchies put gay and bisexual men, gender-variant individuals, and transgender women at high risk of rape and other forced sexual contact
- HIV-positive people face difficulty accessing HIV treatment
- Post-release stigma, combined with LGBT marginalization, creates cycle of violence, exploitation, and incarceration

# Marginalization as a Driver of HIV/AIDS: Safety Net Programs

- LGBT people are frequently discriminated against in safety net programs such as foster care and transitional housing
- Transgender people often have difficulty finding housing where their gender identity and personal safety are respected
- These obstacles can prevent LGBT people from seeking services that could reduce HIV-related risks

# Marginalization as a Driver of HIV/AIDS: Lack of Research

- A large knowledge gap exists around the health and health care needs of LGBT people and people with HIV
- Less than 1% of research between 1980 and 1999 was LGBT-focused
- Most LGBT-focused studies around HIV/AIDS deal only with white MSM

# Marginalization as a Driver of HIV/AIDS: Identity vs. Behavior

- Some people may identify as heterosexual while having sexual contact with people of the same sex
- Despite not self-identifying as gay or lesbian, MSM and WSW are at elevated risk for HIV transmission and require specifically targeted prevention and education materials



# Recommendations for Action

- 1. Create a dedicated, independent Office of LGBT Health at HHS**

# **Recommendations for Action**

- 2. Create a federally coordinated anti-stigma and antidiscrimination initiative focused on eliminating disparities in the health status and outcomes of LGBT populations**
  - Support efforts to increase professional and cultural competencies of providers
  - Public education campaign to combat homophobia, biphobia, and transphobia

# Recommendations for Action

## **3. Improve sexual health programming and make HIV prevention efforts more accountable**

- Create and fund model comprehensive sexual health programs nationwide
- Expand funding for age-appropriate, comprehensive sexuality education that includes LGBT individuals
- Support community-level interventions for families and other social support services

# Recommendations for Action

4. **Scale up strategic programming for LGBT people**
  - Key priority for National HIV/AIDS Strategy
  - Physical, mental, and behavioral health and related services for LGBT populations
  - Housing and other structural interventions

# Recommendations for Action

- 5. Ensure HIV research supports and advances development and testing of specific interventions for LGBT populations, including youth and transgender people**
  - Flexibility to fund promising programs
  - Routine data collection on sexual orientation, sexual behavior, and gender identity to measure health status and health seeking behaviors among the LGBT population

# Recommendations for Action

6. **Develop funding streams and programs that focus on the members of LGBT communities that are most heavily impacted by HIV/AIDS**
  - MSM, particularly MSM of color
  - Transgender women of color
  - Youth

# Recommendations for Action

## **7. Reform and repeal laws and policies that reinforce stigma and discrimination, including federal and state laws that stigmatize LGBT people**

- Repeal Section 2500 of the federal Public Health Service Act (“No Promo Homo”)
- Pass the Employment Nondiscrimination Act (ENDA)
- Implement the Ending LGBT Health Disparities Act (ELHDA)
- Full marriage benefits at state and federal levels
- Reduce the deferral period for MSM donating blood
- Repeal Don’t Ask Don’t Tell (DADT)



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