

GAY MEN'S HEALTH EQUITY READINESS ASSESSMENT TOOL ISSUE BRIEF FEBRUARY 2019

INTRODUCTION

Gay, bisexual, and other men who have sex with men (GBM)¹ continue to face disproportionate rates of HIV and STD infections in the United States (U.S.) compared to the general population. Despite health departments' ongoing efforts, issues of stigma and discrimination, health care access, and health literacy among GBM remain. In October 2017, NASTAD and the National Coalition of STD Directors (NCSD) released the Gay Men's Health Equity (GMHE) readiness assessment tool. The tool was developed through the NASTAD and NCSD GMHE work group with contributions by health department members, NASTAD, and NCSD.

The readiness assessment tool encompasses several areas that measure a health departments' capacity to collect data and provide equitable services for GBM, particularly in the areas of HIV and STD care, treatment and prevention. The following brief showcases key findings gathered through the assessment including recommendations for health departments to consider as they continue their work to meet the needs of GBM.

The Gay Men's Health Equity Readiness Assessment Tool included the following categories:

- Health Department (National) Survey Administration
- Data Collection
- Providing Relevant Health Information for Gay Men
- Providing Relevant Services for Gay Men
- Resource Allocation
- MSM Expertise and Advisement
- Social Context and Cultural Responsiveness

METHODOLOGY

In October 2017, NASTAD and NCSD jointly invited their respective memberships to complete the GMHE readiness assessment tool. The assessment was accessible online, through SurveyGizmo, as well as via PDF. Twenty-five (n=25) health departments responded. Questions were scored individually, and responses that reflected best practices in gay men's health programming received higher scores. Each health department received a report comparing their scores to the average group scores. Aggregate findings were analyzed, highlights of which are detailed below.

LIMITATIONS

The assessment tool was developed by NASTAD and NCSD member health departments and staff of NASTAD and NCSD. Several iterations were created before the assessment tool was finalized. NASTAD and NCSD note that the assessment tool is not exhaustive and does not cover every issue pertaining to gay men's health and access to healthcare. Health departments self-selected to participate in the assessment and administer the questionnaire.

1 The brief moves away from using the acronym "MSM" to define gay, bisexual and other men who have sex with men and instead uses "GBM" to better reflect the diversity within this community. Despite this, questions in the GMHE readiness assessment tool specifically used MSM and therefore there is a slight discrepancy within this report between acronyms used.

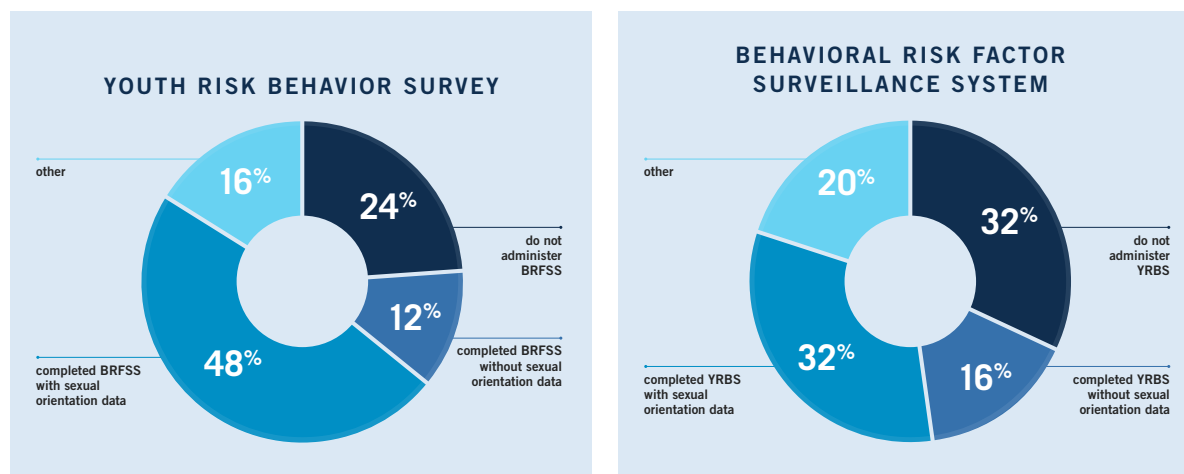
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AGGREGATE FINDINGS

National Survey Administration

The GMHE readiness assessment tool asks whether health departments have completed CDC-supported [Youth Risk Behavior Survey \(YRBS\)](#) and [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), and whether sexual orientation indicators were included in survey tools. The YRBS is a national survey implemented in schools and monitors several health-related behaviors that contribute to the leading causes of death and disability among adolescents, including sexual behaviors that can increase the risk of HIV and STD transmission.² The BRFSS is a telephone-based survey that collects data on health-related behaviors, including HIV testing.³

For the YRBS, 32% reported not having administered the YRBS, 16% reported completing the YRBS without sexual orientation data, 32% reported completing the YRBS with sexual orientation data, and 20% reported other. For the BRFSS, 24% reported not completing BRFSS, 12% reported completing the BRFSS without sexual orientation data, 48% reported completing the BRFSS with sexual orientation data, and 16% reported other.



Data for Decision Making

For health departments that completed the YRBS and BRFSS surveys with sexual orientation data, approximately one third (32%) and one fourth (26%), respectively, reported using sexual orientation data for programmatic decision making.

DATA COLLECTION

Estimation of the number of GBM within a jurisdiction supports health departments' efforts to determine prevalence, annual incidence of infectious disease within a population, and supports evidence-based planning with proportional resource allocation.⁴ In determining population size of MSM by jurisdiction, 36% of health

2 CDC Youth Risk Behavioral Surveillance System. 14 June 2018. <<https://www.cdc.gov/healthyyouth/data/yrebs/index.html>>.

3 CDC. Behavioral Risk Factor Surveillance System. 13 September 2017. <<https://www.cdc.gov/brfss/brfssprevalence/index.html>>.

4 Satoshi Ezoe, Takeo Morooka, Tatsuya Noda, Miriam Lewis Sabin, Soichi Koike. "Population Size Estimation of Men Who Have Sex with Men through the Network Scale-Up Method in Japan." PLOS One (2012).

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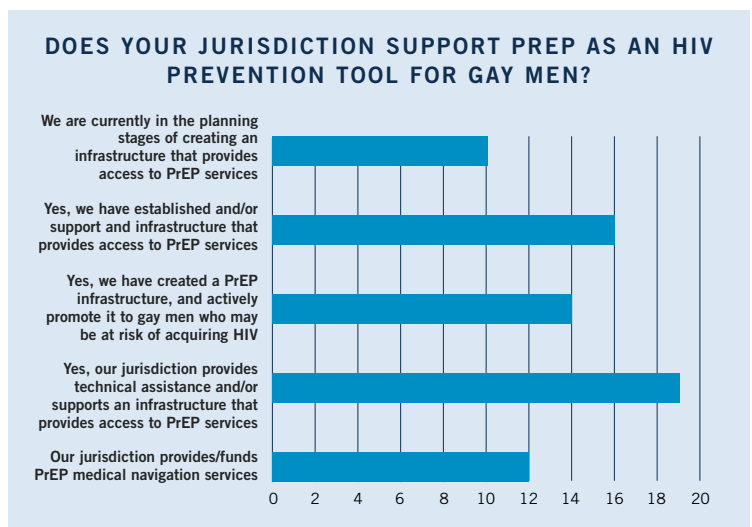
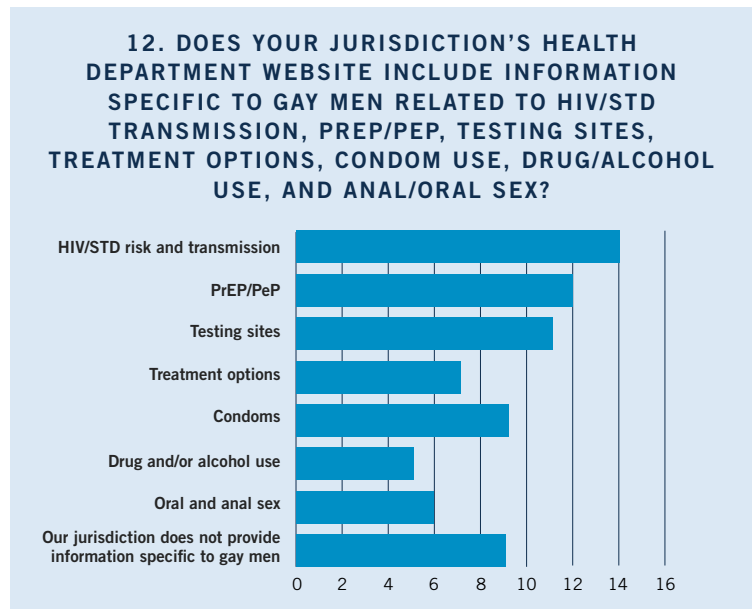
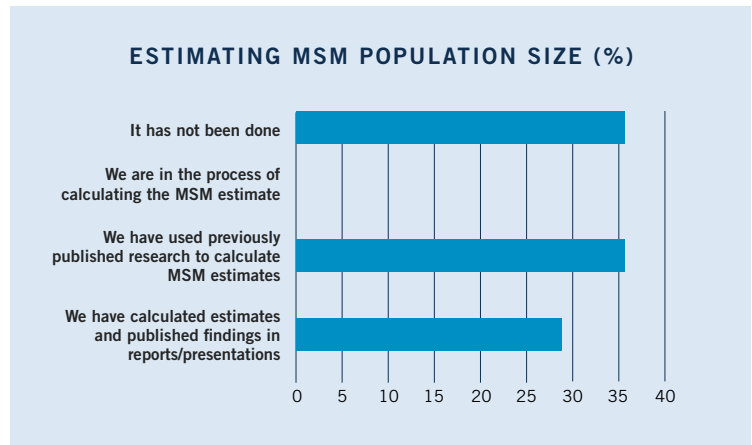
departments reported not having started, no health department reported being in the midst of the process of calculating MSM size, 36% reported using previously published research to calculate MSM estimates, and 28% reported calculating estimates and published findings in reports/presentations.

PROVIDING RELEVANT HEALTH INFORMATION TO GAY MEN

Online distribution of information is crucial to reaching large audiences. Health departments consistently disseminate general information on HIV and STDs. However, GBM require specific health care information specific to their needs.⁵ Among health departments, 14 reported including information on HIV/STD risk and transmission, 12 include PrEP/PEP, 11 include information on testing sites, seven include treatment options, nine include condoms information, five include drug and/or alcohol use, six include oral/anal sex, and nine do not provide information specific to gay men. Health departments were able to select multiple categories.

Gay Men and HIV Care Continuum

PrEP is a major advancement in the field of biomedical HIV prevention. Yet, many people lack access to this medication due to lack of health insurance or access to PrEP-knowledgeable providers. Health departments have worked to promote PrEP access to those more at risk of acquiring HIV. Of health departments who responded, 10 were currently in the planning stages of creating an infrastructure that provides access to PrEP services, 16 established and/or support an infrastructure that provides access to PrEP services and 14 have created a PrEP infrastructure and are actively promoting it to GBM who may be at risk of acquiring HIV. An additional 19 respondents provide technical assistance and/or support an infrastructure that provides access to PrEP services and 12 respondents provide/fund PrEP medical navigation services.



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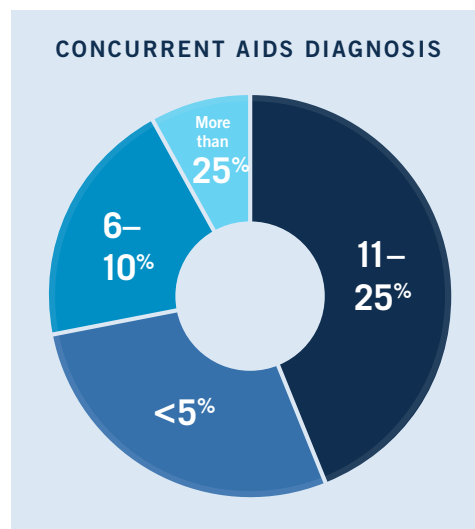
When it comes to leveraging social media platforms, from Facebook and Snapchat to dating applications, many health departments use such tools for public health messaging to GBM. While 52% reported using dating apps, hook-up apps, and websites specifically for their general HIV/STD partner services programs, 64% reported using internet and social media sites to promote HIV/STD prevention among GBM.

PROVIDING RELEVANT SERVICES TO GAY MEN

HIV “targeted”⁶ testing is critical to ensure those most in need of HIV prevention and treatment services are reached. Of those reporting, 16% of health departments reported that 6-10% of their HIV “targeted” testing programming is conducted among gay men, 25% of health departments reported 11-25%, and 60% of health departments reported more than 60% of their “targeted” testing is focused on GBM.

Eighty-eight percent of health departments reported collecting specimens from the throat, anus, and/or vagina for gonorrhea and chlamydia cases; 12% reported that they do not.

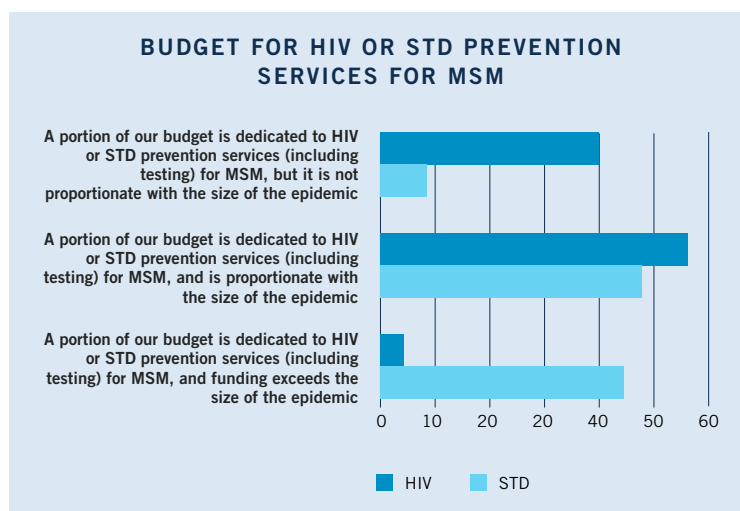
Twenty-eight percent of health departments reported less than five percent of MSM newly diagnosed with HIV also received a concurrent AIDS diagnosis. Twenty percent of health departments reported 6-10%, 44% reported 11-25%, and 8% reported 25% or more MSM received an AIDS diagnosis concurrent with their HIV diagnosis.



RESOURCE ALLOCATION

Health departments work with limited resources and are required to prioritize populations based on the size and scope of the epidemic. Health departments reported on the proportions of their budgets that are dedicated to HIV or STD prevention services for MSM, compared to the size of the epidemics within their jurisdictions.

For HIV prevention services, 40% of health departments reported that while a portion of the budget is dedicated to HIV prevention services, it is not proportionate to the size of the epidemic, 56% reported their budget is proportionate for the size of the epidemic among MSM, and 8% reported their budget proportion exceeds the size of the epidemic.



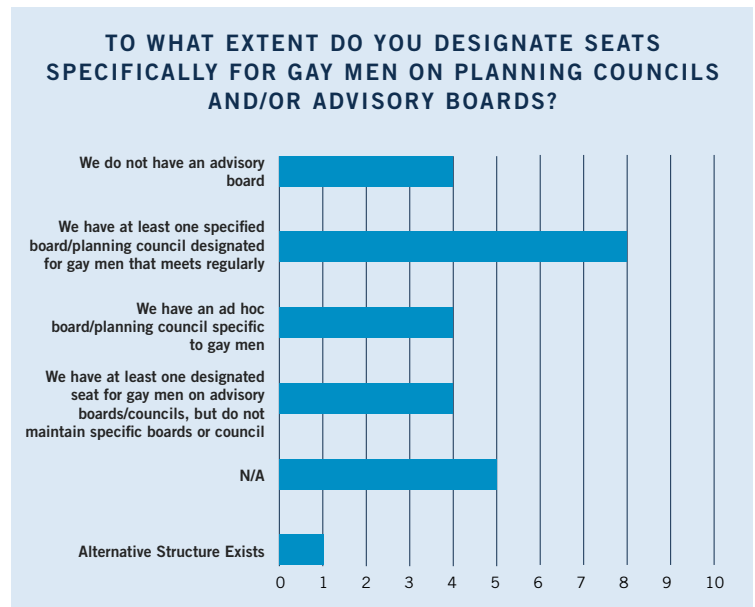
⁶ The term “targeted” was used for the survey from CDC guidelines around surveillance and prevention programming. NASTAD and NCSDD prefer to use the term “prioritized”

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For STD prevention services, 8% reported that while a portion of the budget is dedicated to STD prevention services, it is not proportionate to the size of the epidemic, 48% reported their budget is proportionate to the size of the epidemic among MSM, and 44% reported their budget proportion exceeds the size of the epidemic.

GBM EXPERTISE AND COMMUNITY ADVISEMENT

Engagement with the community helps to ensure that programming best meets the needs of the people that health departments are trying to serve. When asked if the health department designates seats specifically for gay men on planning councils and/or advisory boards, four noted they do not have an advisory board, eight had one specified seat designated for a gay man, four noted they have an ad hoc board/planning council, four noted they do have designated seats for gay men on advisory boards or councils, six did not respond, and one noted that an alternate structure exists.

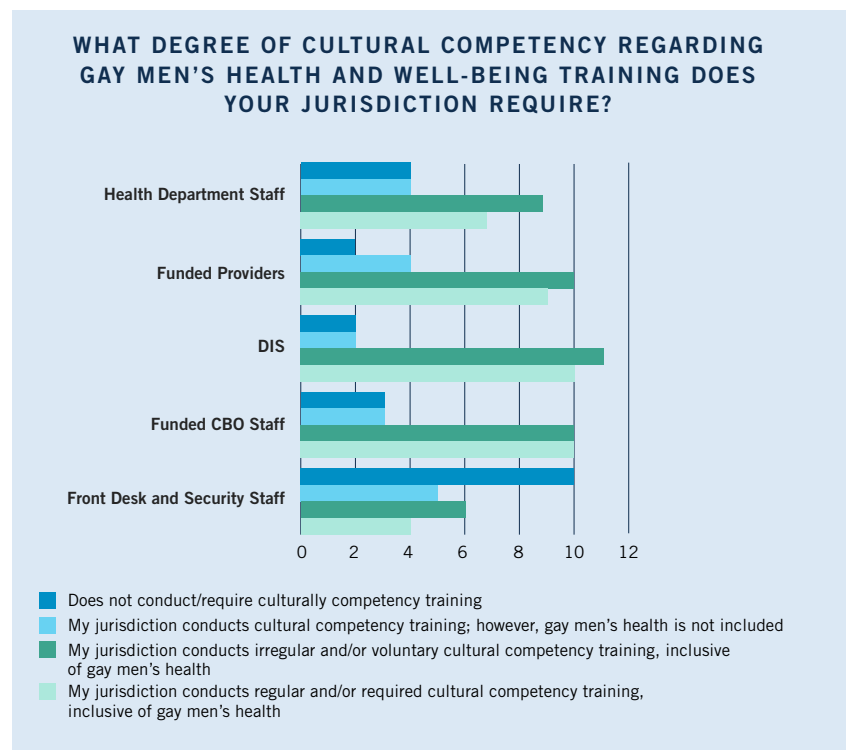


SOCIAL CONTEXT AND CULTURAL RESPONSIVENESS

Respondents were surveyed on their current policies pertaining to cultural competency training for gay men's health and well-being particularly for health department staff, funded providers, disease intervention specialists (DIS), community-based organization (CBO) staff, and security/front desk staff.

For health department staff, four did not require cultural competency training, four did not include gay men's health in the cultural competency training, nine had irregular or voluntary cultural competency training inclusive of gay men's health, and seven had regular or required cultural competency training, inclusive of gay men's health.

For funded providers, two did not require cultural competency training, four did not include gay men's health in the cultural competency training, ten had irregular or voluntary cultural competency training inclusive of gay men's health, and nine had regular or required cultural competency training, inclusive of gay men's health.



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For DIS staff, two did not require cultural competency training, two did not include gay men's health in the cultural competency training, eleven had irregular or voluntary cultural competency training inclusive of gay men's health, and ten had regular or required cultural competency training, inclusive of gay men's health.

For funded CBO staff, three did not require cultural competency training, three did not include gay men's health in the cultural competency training, ten had irregular or voluntary cultural competency training inclusive of gay men's health, and ten had regular or required cultural competency training, inclusive of gay men's health.

For front desk and security staff, ten did not require cultural competency training, five did not include gay men's health in the cultural competency training, six had irregular or voluntary cultural competency training inclusive of gay men's health, and four had regular or required cultural competency training, inclusive of gay men's health.

RECOMMENDATIONS

Cultural Competency Training

There were mixed findings regarding training requirements around GBM culturally competent care. Many health departments did not conduct/require cultural competency training specific to GBM healthcare for front desk and security staff. Funded CBO staff and funded providers have the most consistent training for gay men's healthcare. Health departments should ensure that all staff, from security and front desk to leadership, are regularly trained in providing culturally competent care to GBM.

Early and Consistent Testing

More than 50% of health departments reported that at least 10% of MSM who test positive for HIV also received a concurrent AIDS diagnosis. Efforts need to be taken to ensure consistent and early testing for gay men's health and to further prioritize resources for the most at-risk GBM to HIV. Not only will this improve the health outcomes of the individual living with HIV but will also help prevent further transmission.

Online Public Health Resources

Health departments had a mixed response on what public health information specific to GBM was available on their supported websites. Health departments should review what information is available and find ways to link to national or trusted local websites dedicated to GBM's health care to reinforce messaging.

Included in this information should be conversations around what it means to have an undetectable viral load. The assessment did not include messaging specific to the inability for persons with undetectable viral loads, who take their medication as prescribed, to transmit HIV sexually. Even so, it is important for health departments to find ways to incorporate the science behind the Prevention Access Campaign's Undetectable equals Untransmittable (U=U) initiative in their prevention and linkage to care outreach.⁷

Equity

The questions included in the GMHE readiness assessment tool were focused on gay men's health broadly. GBM face varying barriers to healthcare including, but not limited to, geographic location, socioeconomic status, and race. Health departments should remain committed to addressing the multiple barriers facing the diverse GBM community as they access HIV and STD care.

⁷ *Prevention Access Campaign 2019 U=U* <<https://www.preventionaccess.org/undetectable>>

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CONCLUSION

Each health department that completed the GMHE readiness assessment tool now has an individualized report that showcases areas of strength as well as areas of potential growth regarding GBM healthcare. Health departments are encouraged to work with their stakeholders to explore ways they can work together to enhance services, policies and procedures. NASTAD and NCSD remain committed to providing technical assistance to health departments in strengthening the HIV and STD response for GBM.

Other health departments can reach out to NASTAD or NCSD for support in implementation of the assessment, analysis of scores, and to request further technical assistance.

MORE INFORMATION

For more information, including how to be a part of NASTAD's or NCSD's GMHE work groups, please reach out to Andrew Zapfel, NASTAD Manager, Health Equity (azapfel@nastad.org) or Neil Rana, NCSD Manager, Health Equity (nrana@ncsddc.org).