



THE FENWAY INSTITUTE



***LAY OF THE LAND: ENSURING EQUITABLE HEALTH
OUTCOMES FOR GAY AND BISEXUAL MEN***
SEAN CAHILL, PHD

NASTAD National HIV and Hepatitis TA Meeting
October 11, 2023

thefenwayinstitute.org

PRESENTER

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Member, **Mass. Special Legislative Commission on LGBT Aging**

DISCLOSURE

Glaxo Smith Kline funds a research project we are leading at the Fenway Institute in partnership with Mpact: Global Action for Gay Men's Health and Rights examining knowledge of and attitudes toward **Hepatitis A & B vaccination among gay and bisexual men and transgender and nonbinary people**. Sean Cahill is Principal Investigator for the project.

Sean Cahill is on the **Patient Advocate Steering Committee for Prostate Cancer Clinical Trials for Janssen Global Services** representing gay and bisexual men and transgender women.

Neither of these activities has influenced the material discussed in this presentation.

OUTLINE

- I. Why sexual orientation and gender identity (SOGI) data collection
- II. Advances in the last decade
- III. Disparities affecting LGBTQI+ people caused in part by discrimination and barriers to access
- IV. Political and cultural context of anti-LGBTQ legislation—structural discrimination
- V. Impact of discrimination on health, well-being of LGBTQI+ people, public health

WHY COLLECT SEXUAL ORIENTATION AND GENDER IDENTITY DATA?

- SOGI is an important aspect of a patient's identity, life
- Honest communication and trust between patient and provider
- Conveys cultural responsiveness, that a health practice values LGBTQ+ patients
- SOGI also relates to a patient's family structure, support system
- Part of a patient-centered approach to care for LGBTQ+ patients

WHY COLLECT SOGI DATA?

- Can inform therapeutic and preventive services and screenings:
 - HIV/STI screenings for gay & bisexual men, transgender women
 - Referrals to LGBTQ-responsive cancer support, grief counseling

(Streed, Grasso, Reisner, Mayer, *AJPH*, 2020)
- SOGI correlates with health disparities in disease burden, risk behaviors, access to care, insurance coverage
 - Example: Higher rates of Hepatitis A & B among gay and bisexual men--10% of new Hepatitis A cases and 20% of new Hepatitis B cases each year occur among gay and bisexual men (CDC, 2013)
- Collecting SOGI data a first step toward understanding, addressing, eliminating disparities

DRAMATIC EXPANSION OF VOLUNTARY SOGI DATA COLLECTION IN HEALTH CARE OVER PAST DECADE

- Inclusion of SOGI in Meaningful Use Stage 3 guidelines in 2015, now called Promoting Interoperability
- SOGI included in Interoperability Standards Advisory since 2016, US Core Data for Interoperability since 2021
- SOGI data required by BPHC for 1400 FCHCs since 2016
- Hundreds of large hospital systems, University of California hospital system collecting SOGI
- Biden Harris Administration expanding SOGI data collection

HIGHEST RATES OF SOGI DATA COLLECTION AMONG SOUTHERN, BLACK SERVING FQHCs

Analysis of 2020-2021 FQHC data: SOGI data were missing for 29.1% and 24.0% of patients, respectively. Among patients with reported SOGI data, 3.5% identified as sexual minorities and 1.5% identified as gender minorities. **Southern FQHCs and those caring for more low-income and Black patients were more likely to have above-average SOGI data completeness.**

Liu M, King D, Mayer KH, et al. Sexual Orientation and Gender Identity Data Completeness at US Federally Qualified Health Centers, 2020 and 2021. *Am J Public Health*. 2023;113(8):883-892.

low-income and Black patients were more likely to have above-average SOGI data completeness. One potential explanation is that such FQHCs serve particularly socially vulnerable patients and are therefore motivated and have experience collecting comprehensive data related to demographics and social determinants of health.^{19,20} It is also important to note that the ongoing HIV/AIDS epidemic disproportionately impacts sexual and gender minorities and is spatially concentrated in southern states and counties with higher concentrations of low-income individuals and racial and ethnic minorities.^{21,22} Thus, FQHCs in such locations are likely aware of their critical role in providing appropriate SOGI-related care to their patients with multiply marginalized and disadvantaged identities.²³

BEST PRACTICES

Culturally responsive, affirming care—train staff

Collect and use SOGI and sex characteristics data and anatomical inventory to inform preventive screenings, clinical decision support, population health management

Adopt SOGI nondiscrimination policy in your practice or organization, advocate for SOGI nondiscrimination in local, state and federal public policy

We Are The National LGBTQIA+ Health Education Center

We provide educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

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What's New?

Enhancing the Resilience of Transgender and Gender Diverse Youth and their Families

 Learning Module

16 November, 2022

In this module, we explore shifting our perspectives on Trans and Gender-Diverse (TGD) from a focus on disparities to a focus on resiliencies and strengths, and how health centers can build and promote this strength.

[Read More »](#)



Sexual Orientation and Gender Identity Questions:

Information for Patients



Thank you for taking the time to complete these questions.
If you have additional questions, we encourage you to speak with your provider.



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$449,985.00 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

We are asking you about your sexual orientation and gender identity in order to provide more patient-centered care. Read inside to learn what the questions mean, and how the information will be used to improve health care for all.



Q: WHY AM I BEING ASKED ABOUT MY SEXUAL ORIENTATION AND GENDER IDENTITY?

Learning about the sexual orientation and gender identity of our patients helps us better understand the populations we are serving. It also allows us to offer culturally responsive care that focuses on a patient's specific needs.

Q: WHAT IS GENDER IDENTITY?

Gender identity is a person's inner sense of being a girl/woman/female, a boy/man/male, something else, or having no gender.

The term "transgender" describes people whose gender identity and sex assigned at birth do not correspond based on traditional expectations.

- **Transgender woman/female** describes someone assigned male at birth who has a female gender identity.
- **Transgender man/male** describes someone assigned female at birth who has a male gender identity.

Additional gender identities include, but are not limited to:

- **Gender fluid:** describes someone whose gender identity is not fixed.
- **Genderqueer/non-binary:** describe people whose gender identity falls outside the traditional gender binary of either girl/woman/female or boy/man/male.

Q: WHAT IS SEXUAL ORIENTATION?

Sexual orientation is how people describe their emotional and physical attraction to others.

- **Heterosexual (straight)** describes women who are primarily attracted to men, and men who are primarily attracted to women.
- **Gay** describes people who are primarily attracted to the same gender as themselves. The term "gay" most commonly refers to men attracted to men.
- **Lesbian** describes women who are primarily attracted to other women.
- **Bisexual** describes people who are emotionally and physically attracted to women/females and men/males. Some people define bisexuality as attraction to all genders.

Some people use other terms, such as **queer**, to describe their sexual orientation.

Q: WHAT IF I'M NOT SURE HOW TO ANSWER?

You can select "**Don't know**" if you are not sure, or you can talk with your provider.

Q: WHAT IF NONE OF THE CATEGORIES DESCRIBE ME?

There are many sexual orientations and gender identities. Unfortunately, it is not possible to list them all. If your sexual orientation or gender identity is not included in the list provided, you can select an additional category or, if space is provided, you can write in the terms you use to describe yourself.

Q: WHAT IF I DON'T WANT TO SHARE THIS INFORMATION?

You can select "**Choose not to disclose.**" Later, your provider may ask you these questions privately, and you can ask your provider questions. You never have to answer if you do not want to.

Q: WHO WILL SEE THIS INFORMATION?

Your health care providers will see this information, and it may become part of your electronic health record. If a staff member enters the information into your health record, that person will also see your answers. If you have concerns, talk to your provider.

Q: HOW WILL MY INFORMATION BE PROTECTED?

Your sexual orientation and gender identity information is confidential and protected by law, just like all of your other health information. If you are under 18 years old, your parent/guardian may have access to this information. Talk to your provider if you have any concerns.

Q: HOW WILL THIS INFORMATION BE USED?

Your provider(s) will use this information to better understand and meet your health care needs. In addition, gathering this information from all patients allows health centers to see if there are gaps in care or services across different populations.

Q: WHY DO HEALTH CENTERS ASK ABOUT PRONOUNS?

Pronouns are the words people use when they are referring to you, but not using your name. Examples of pronouns are she/her/hers, he/him/his, and they/them/theirs. Asking about pronouns helps staff correctly refer to patients. Otherwise, staff need to make assumptions, which can lead to embarrassing and disrespectful situations.

Download	Description
English	English language version of the Sexual Orientation and Gender Identity Questions: Information for Patients brochure.
العَرَبِيَّةُ/Arabic	Arabic translation of the Sexual Orientation and Gender Identity Questions: Information for Patients brochure.
Español/Spanish	Preguntas sobre la orientación sexual y la identidad de género: Información para pacientes.
فارسی/Farsi	Farsi translation of the Sexual Orientation and Gender Identity Questions: Information for Patients brochure.
Kreyòl Ayisyen/Haitian Creole	Nouvo kesyon sou preferans seksyèl epi sou idantite seksyèl : Enfòmasyon pou pasyan
Polski/Polish	Polish translation of the Sexual Orientation and Gender Identity Questions: Information for Patients brochure.





**Kesyon Konsènan
Preferans Seksyèl
ak Idantite Seksyèl**
Enfòmasyon pou Pasyan yo



**Mèsi paske ou pran tan ou
pou reponn kesyon sa yo.**
Si ou gen lòt kesyon, ou mèt poze
pwofesyonèl swen sante ou a yo.



Pwojè sa a te jwenn sipò Administrasyon Resous ak Sèvis
Lasante (Health Resources and Services Administration, HRSA)
nan Depatman Sèvis Sante ak Sèvis Sosyal (Health and Human
Services, HHS) Etazini grasa yon sibvansyon \$449,985.00 ototal
ki pa te gen okenn finansman nan òganizasyon non-gouvènmantral.
Enfòmasyon yo ki nan tiliv sa a se zafè otè a oswa otè yo, epi
yo pa nesesèman reprezante opinyon ofisyèl HRSA, HHS, oswa
gouvènman ameriken an, epi yo pa nesesèman kore enfòmasyon
sa yo nonplis. Pou plis enfòmasyon, ale sou HRSA.gov.

Rezon n ap mande ou preferans seksyèl ou
ak idantite seksyèl ou se paske nou vle bay plis
swen ki santre sou pasyan yo. Li tiliv sa a pou
w ka konprann kisa kesyon yo siyifi, ak kijan
nou pral itilize enfòmasyon yo pou amelyore
swen sante pou tout moun.



KESYON: POUKISA Y AP POZE MWEN KESYON KONSÈNAN PREFERANS SEKSYÈL MWEN AK IDANTITE SEKSYÈL MWEN?

Lè nou gen enfòmasyon sou preferans seksyèl ak idantite seksyèl pasyan nou yo, sa ede nou konprann popilasyon n ap sèvi yo pi byen. Epitou, li pèmèt nou ofri swen ki apwopriye kiltirèlman ak ki konsantre sou bezwen espesifik yon pasyan.

KESYON: KISA IDANTITE SEKSYÈL YE?

Idantite seksyèl se sèks yon moun santi li ye anndan li. Li gendwa santi li se yon tifi/fi oswa yon tigason/gason, yon lòt bagay, oswa li pa ni youn ni lòt.

Mo "transjan" an dekri moun idantite seksyèl yo, ki vle di sèks yo idantifye ak li a, pa koresponn ak sèks yo genyen lè yo fèt la selon sa lasosyete abitye aksepté a.

- **Fi transjan** dekri yon moun ki te fèt gason epi li idantifye tèt li kòm yon fi.
- **Gason transjan** dekri yon moun ki te fèt fi epi li idantifye tèt li kòm yon gason.

Men kèk lòt idantite seksyèl ki genyen:

- **Sèks ki ka chanje:** dekri yon moun ki pa gen yon sèks fiks.
- **"Genderqueer"/pa ni fi ni gason:** dekri moun ki pa limite tèt yo ak okenn nan sèks tradisyonèl yo; yo pa idantifye tèt yo kòm ni tifi/fi ni tigason/gason.

KESYON: KISA PREFERANS SEKSYÈL YE?

Preferans seksyèl se fason moun dekri atirans emosyonèl ak seksyèl yo anvè lòt moun.

- **Etewoseksyèl** dekri fi ki se prensipalman gason ki atire yo, ak gason kote se fi prensipalman ki atire yo.
- **Masisi** dekri moun ki se prensiplaman moun ki menm sèks ak yo ki atire yo. Jeneralman mo "masisi" a refere a gason ki renmen lòt gason.
- **Madivin** dekri fi ki se prensipalman fi ki atire yo.
- **Biseksyèl** dekri moun ki gen atirans emosyonèl ak seksyèl pou ni fi ni gason. Kèk moun defini biseksyalite lè moun atire ak tout sèks.

Gen moun ki itilize lòt mo, tankou **queer (omo)**, pou dekri preferans seksyèl.

KESYON: E SI M PA FIN SÈTEN KIJAN MWEN TA DWE REPONN?

Ou kapab koche kaz ki di "**Mwen pa Konnen**" an si ou pa fin sèten, oswa ou ka pale ak pwofesyonèl swen sante ou.

KESYON: E SI PA GEN OKENN NAN KATEGORI YO KI DEKRI MWEN?

Gen plizyè preferans seksyèl ak idantite seksyèl. Malerezman, nou pa ka mete yo tout nèt. Si preferans seksyèl oswa idantite seksyèl ou pa nan lis la, ou ka chwazi yon lòt kategori oswa, si gen espas, ou ka ekri mo ou itilize pou dekri tèt ou.

KESYON: E SI MWEN PA VLE PATAJE ENFÒMASYON SA YO?

Ou kapab koche kaz ki di "**Chwazi pa pataje**" a. Pita, pwofesyonèl swen sante ou ka poze ou kesyon sa yo an prive, epi ou ka poze pwofesyonèl swen sante ou a kesyon tou. Ou pa janm oblije reponn si ou pa vle.

KESYON: KIMOUN KI PRAL WÈ ENFÒMASYON SA YO?

Pwofesyonèl swen sante ou pral wè enfòmasyon sa yo, epi yo ka fè pati dosye sante elektwonik ou. Si yon manm pèsonèl la ap mete enfòmasyon yo nan dosye ou, moun sa a ap ka wè repons ou yo tou. Si ou gen nenpòt pwoblèm, pale ak pwofesyonèl swen sante ou.

KESYON: KIJAN YO PRAL PWOTEJE ENFÒMASYON MWEN YO?

Enfòmasyon sou preferans seksyèl ou ak idantite seksyèl ou se bagay konfidansyèl epi lalwa pwoteje yo menm jan ak lòt enfòmasyon sante ou yo. Si ou poko gen 18 tan, paran/responsab legal ou ka jwenn aksè nan enfòmasyon sa yo. Pale ak pwofesyonèl swen sante ou si ou gen nenpòt enkyetid.

KESYON: KIJAN YO PRAL UTILIZE ENFÒMASYON SA YO?

Pwofesyonèl swen sante ou a (yo) pral itilize enfòmasyon sa yo pou konprann epi satisfè bezwen swen sante ou yo pi byen. An plis, lè yo sanble enfòmasyon sa yo nan men tout pasyan yo sa pral pèmèt sant sante yo wè mank nan swen oswa sèvis nan diferan popilasyon.

KESYON: POUKISA SANT SANTE YO MANDE ENFÒMASYON SOU PWONON?

Pwonon se mo yo itilize lè yo ap refere ak ou, san yo pa itilize non ou. Nan lang anglè a, gen pwonon apa pou fi (*she/her/hers*) ak gason (*he/him/his*) ak lè yo pa vle itilize maskilen oswa feminen (*they/them/theirs*). Lè nou mande enfòmasyon konsènan pwonon, sa ede manm pèsonèl la refere ak pasyan yo kòrèkteman. Sinon, manm pèsonèl la pral oblije sipoze, sa ki ka fè moun nan wont oswa santi y ap derespekte l.

NEED FOR SOGISC DATA COLLECTION IN CANCER, CVD SURVEILLANCE, DEATH CERTIFICATES

- NCI's Surveillance, Epidemiology, and End Results (**SEER**) Program should collect, report SOGISC data in cancer prevalence, outcomes
- CDC's National Program of **Cancer Registries** should require that states collect and report SOGISC data
- Nat'l **Cardiovascular Data Registry**, Paul Coverdell Nat'l Acute Stroke Registry, STEMI registries should collect, report SOGI
- **US Standard Certificate of Death** should include SOGI

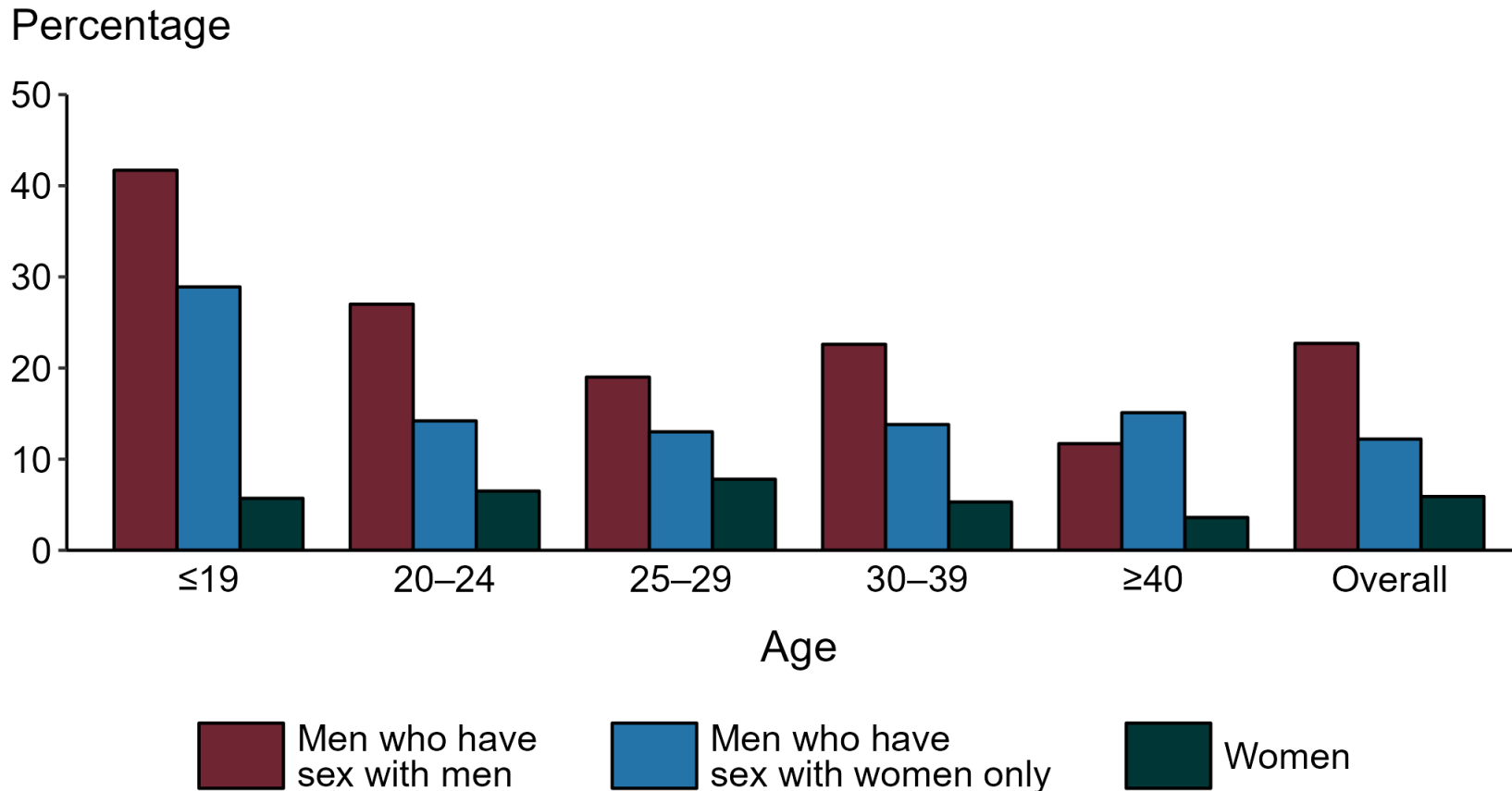
SEXUAL ORIENTATION IDENTITY QUESTIONS, SOGI BEING ADDED TO STI SURVEILLANCE

- SO identity question and response options are being added to **case surveillance forms** for HIV, syphilis, chlamydia, gonorrhea, Hep A, B, C (acute A,B,C; chronic B,C; perinatal B).
- SO identity has also been added to Mpox case report form (gender identity was already there).
- Ryan White HIV/AIDS Program still does not collect SO identity data for clients (does GI)

DISPARITIES IN STI PREVALENCE

SOGI disparities, intersect with racial and ethnic disparities

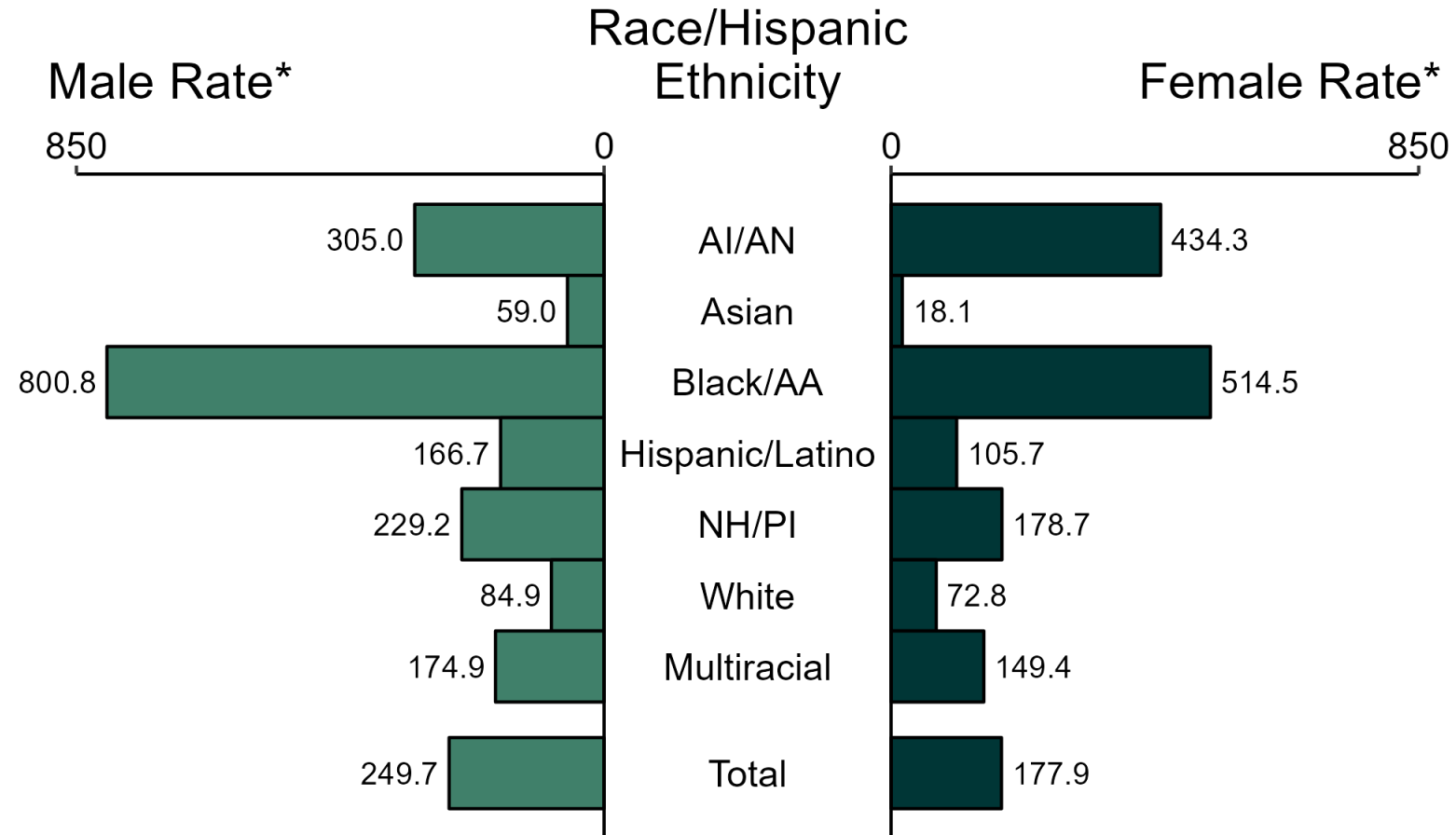
Gonorrhea — Proportion of STD Clinic Patients Testing Positive by Age Group, Sex, and Sex of Sex Partners, STD Surveillance Network (SSuN), 2021



NOTE: Results are based on data obtained from unique patients in 10 participating jurisdictions (Baltimore City, California [excluding San Francisco], Columbus, Florida, Indiana, Multnomah County, New York City, Philadelphia, San Francisco, and Washington) with known sex of sex partners attending SSuN STD clinics who were tested ≥ 1 times for gonorrhea in 2021 (n=47,139).



Gonorrhea — Rate of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2021



* Per 100,000

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

NOTE: Total includes all cases including those with unknown race/Hispanic ethnicity.



LGBT PEOPLE EXPERIENCE HIGHER RATES OF:

Cardiovascular disease risk factors (mental distress, lifetime depression diagnosis, smoking) among LGB people, risk factors and myocardial infarction among transgender people

- Caceres, Makarem, Hickey et al., *Am J Health Promot.* 2019; Alzahrani et al., *Circ Cardiovasc Qual Outcomes*, 2019.

Diabetes among LGB women and men

- Beach et al., *LGBT Health*, 2018; Corliss et al., *Diabetes Care*, 2018.

Obesity among sexual minority women

- Azagba, Shan, Latham, *Int J Environ Res Pub Health*, 2019; Carceras et al., *Am J Health Promot*, 2019

Kidney disease among older LGB+ people

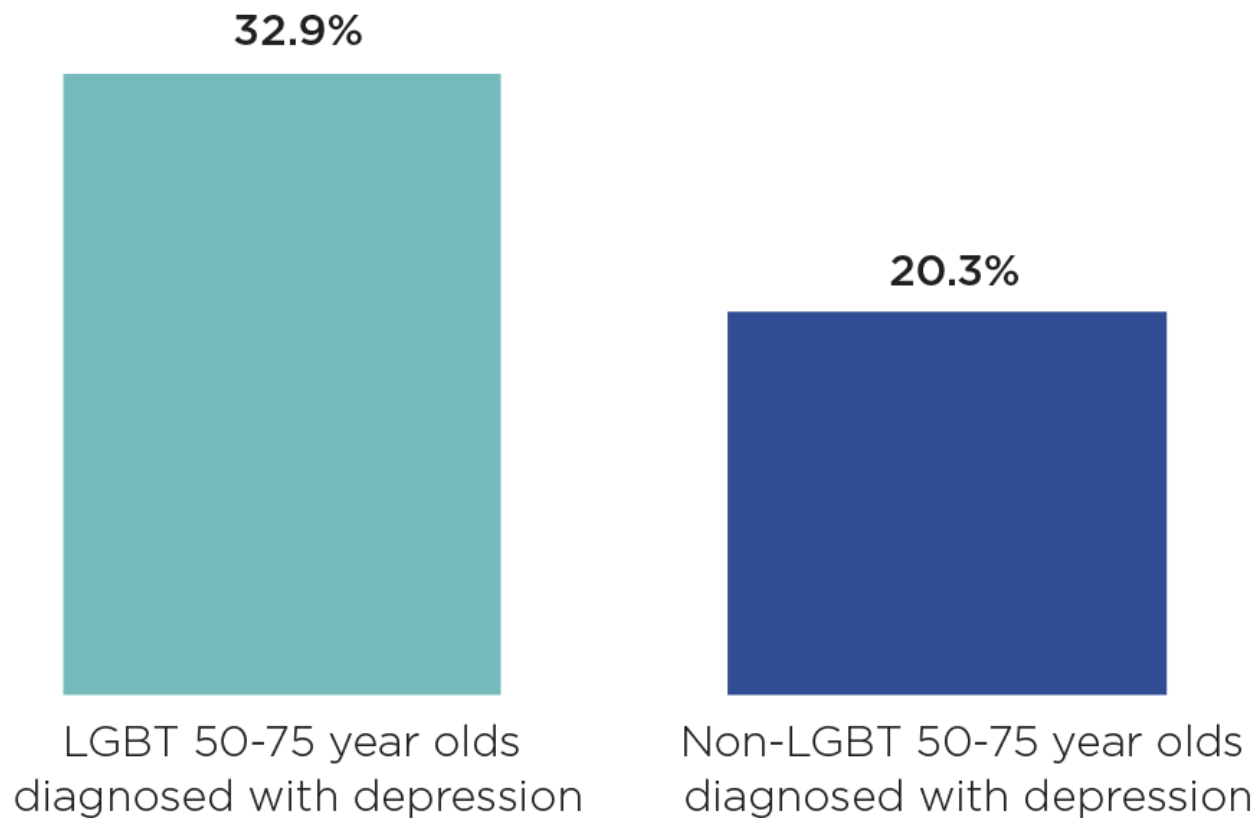
- Chandra, Hertel, Cahill, et al., *J American Society of Nephrology*, 2023.

HIGHER RATES OF SUBSTANCE USE

- Meghan Schuler et al. analysis of 2015-2017 National Survey of Drug Use and Health data (SAMHSA)
- All LGB subgroups had elevated lifetime **pain reliever misuse** rates relative to same-gender heterosexuals.
- Lifetime heroin use was elevated among LGB women and bisexual men; bi women had 4 times the odds of **injection heroin use**.
- LGB women and gay men had 1.4-2.4 times the odds of past-year **opioid misuse**; bisexual women had 2.5 times the odds of **OUD**.
 - Schuler, Dick, Stein. *Drug Alcohol Depend.* 2019.

Middle aged and older LGBT people are more likely to be diagnosed with depression.

Percentage of 50- to 75-year-olds reporting a depression diagnosis, Mass. BRFSS, 2014-2016.



Source: Analysis of 2014-2016 Massachusetts BRFSS data by Maria McKenna, Massachusetts Department of Public Health, November 2017.

DEPRESSION, LONELINESS MAJOR ISSUES FOR OLDER GAY AND BI MEN WITH HIV

Older PLWH—most of whom in the U.S. are gay and bisexual men—experience higher rates of **loneliness**,¹ **social isolation**,² and **lack of social support**.³

1. Kim, Fredriksen-Goldsen. *Gerontologist*. 2016.

2. Grov, Golub, Parsons et al. *AIDS Care*. 2010.

3. Matsumoto, Yamaoka, Takahashi et al. *Sci Rep*. 2017.

Depression is now a leading cause of morbidity and mortality among older people living with HIV, exceeding even that caused by HIV.⁴ **Untreated depression** correlates with **poorer health outcomes** among older PLWH.⁵

4. Bromberg, Paltiel, Busch, & Pachankis. *Soc Psychiatry Psychiatr Epidemiol*. 2021.

5. Laurence, Mncube-Barnes, Laurence, et al. *J Health Care Poor Underserved*. 2019.

DISCRIMINATION A MAJOR FACTOR IN DISPARITIES; HURTS LGBTQI+ PEOPLE'S HEALTH AND WELL-BEING, ACCESS TO CARE

- More than **1 in 3 LGBTQI+ Americans** faced discrimination in past year (half of trans & nonbinary people, POC, people with disabilities; two thirds of intersex people).
- More than 20% of LGBTQI+ Americans report **postponing or avoiding medical treatment** due to discrimination (nearly 1 in 3 trans & nonbinary individuals).
 - Medina C, Mahowald L, *Discrimination and Barriers to Well-Being: The State of the LGBTQI+ Community in 2022* (Center for American Progress)
- **69%** of those who reported discrimination **said it affected their psychological well-being; 44%** said it **affected their physical well-being**
 - Singh and Durso, Center for American Progress, 2017

Negative Transgender-Related Media Messages Are Associated with Adverse Mental Health Outcomes in a Multistate Study of Transgender Adults

Jaclyn M.W. Hughto, PhD, MPH,¹⁻⁴ David Pletta, MPH,^{4,5} Lily Gordon,⁶ Sean Cahill, PhD,^{4,7}
Matthew J. Mimiaga, ScD, MPH,^{1-4,*} and Sari L. Reisner, ScD^{4,8-10}

Abstract

Purpose: The purpose of this study was to examine the extent to which transgender people have observed negative transgender-related messages in the media and the relationship between negative media message exposure and the mental health of transgender people.

Methods: In 2019, 545 transgender adults completed an online survey assessing demographics, negative transgender-related media messages, violence, and mental health. Separate multivariable logistic regression

EXPOSURE TO NEGATIVE IMAGES OF TRANSGENDER PEOPLE → NEGATIVE BEHAVIORAL HEALTH EFFECTS

More frequent exposure to negative depictions of trans people in the media was significantly associated with clinically significant symptoms of:

- **depression** (adjusted odds ratio [aOR] = **1.18**; 95% confidence interval [CI] = 1.08–1.29; $p = 0.0003$);
- **anxiety** (aOR = **1.26**; 95% CI = 1.14–1.40; $p < 0.0001$);
- **PTSD** (aOR = **1.25**; 95% CI = 1.16–1.34; $p < 0.0001$);
- and **global psychological distress** (aOR = **1.28**; 95% CI = 1.15–1.42; $p < 0.0001$).

PRIOR TO THE CURRENT WAVE OF POLITICAL/POLICY ATTACKS, LGBTQI+ PEOPLE ALREADY EXPERIENCED DISCRIMINATION, MEDICAL MISTRUST

- Slew of recent anti-LGBTQ+ policy attacks, many anti-transgender policy attacks, have exacerbated these dynamics
- Rise in anti-LGBTQ+ hate speech, threats, violence, online harassment
- Rise in racist, anti-Semitic hate speech, violence, harassment through social media



NEWS

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DISCOVER AMAZING TRAVEL
SIDESTAGE.COM

White supremacists protest Taunton drag queen story time, police say

January 16, 2023 4:10 pm by [Alex Dube](#)





'War' on LGBTQ existence: 8 ways the record onslaught of 650 bills targets the community



Susan Miller

USA TODAY

Published 6:00 a.m. ET March 31, 2023 | Updated 1:45 p.m. ET April 5, 2023



OUT HEALTH AND WELLNESS

Tennessee blocked \$8 million for HIV, now ends up with \$13 million, stunning advocates

The state on Thursday passed \$9 million in state funding for HIV prevention, surveillance and treatment, adding to \$4 million in federal funds from the CDC.



Jade Byers, a Lee spokesperson, said the \$9 million in new state funding to combat HIV would recur and allow Tennessee to “provide better services and reach even more at-risk populations in the state, such as victims of human trafficking, mothers and children, and first responders.”

But none of these groups experience substantial HIV transmissions, the majority of which occur among gay and bisexual men, both in [Tennessee](#) and [nationally](#). [Blacks](#) and [Latinos](#) are particularly at risk, as are [trans individuals](#) and [people who inject drugs](#).

Toni Newman, a director of the HIV advocacy nonprofit organization NMAC, called the new state funds “a step forward.”



“But the real impact of this move will be determined by how the money is distributed,” Newman said. “Without a clear understanding of where the money is going and who it will benefit, we risk worsening the

WORLD & NATION

Florida expands 'Don't Say Gay' through 12th grade while House OKs anti-LGBTQ bills



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After 18 years in prison, he took over a gang. A string of murders followed

MUSIC
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Mars Volta's lead singer broke with Scott and reunited with the band. His battles with church aren't over

MUSIC

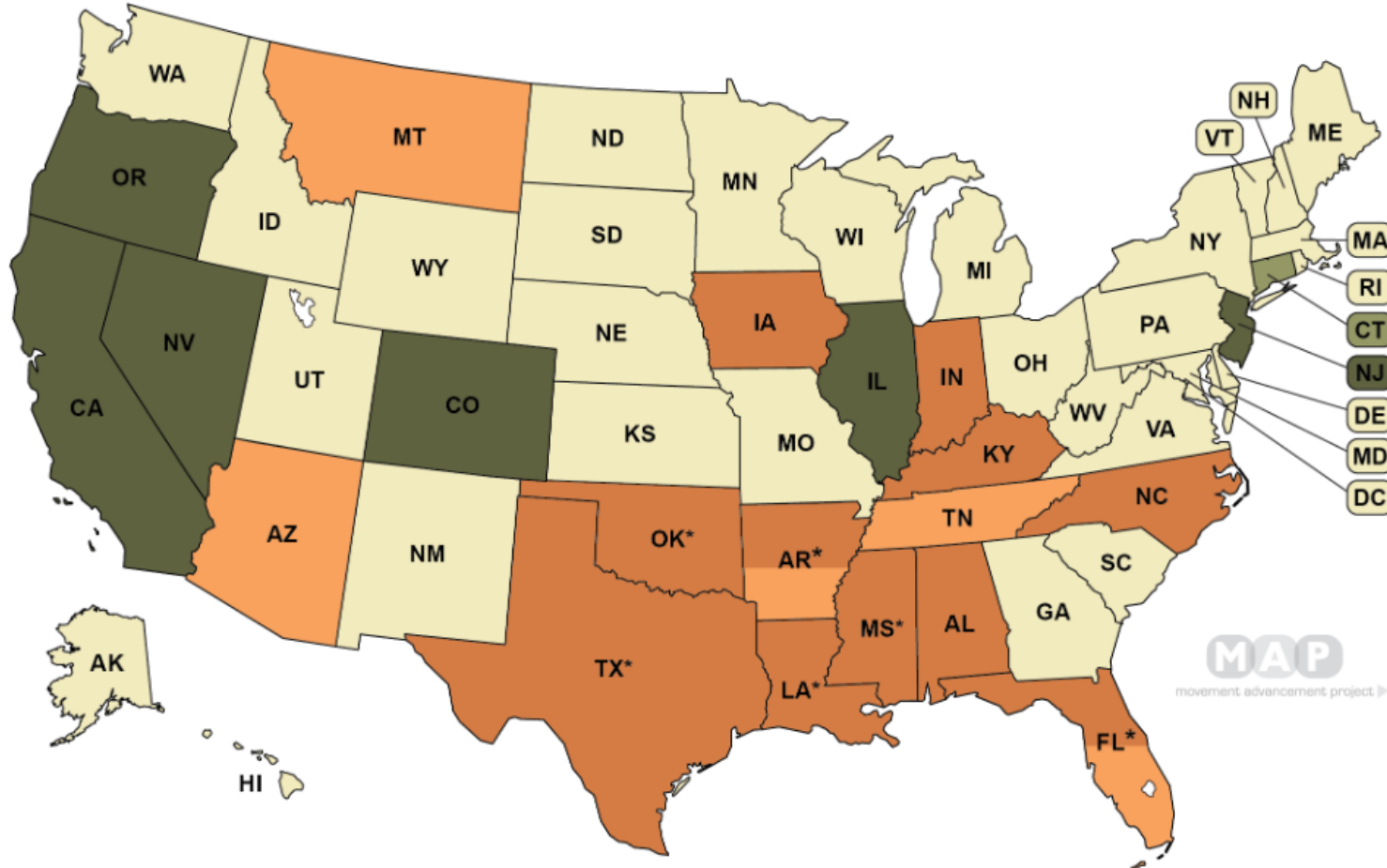
CHOOSE A STATE ▾

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PRINT 🖨



- State law explicitly requires LGBTQ inclusion in state curricular standards (6 states)
- State law requires state education department to create LGBTQ-inclusive model curriculum, but does not require schools to use it (1 state)
- State has none of these LGBTQ-specific curricular laws (29 states, 5 territories + D.C.)
- State law requires parental notification of LGBTQ-inclusive curricula and allows parents to opt their children out (5 states)
- State law censors discussions of LGBTQ people or issues in school (e.g., "Don't Say LGBTQ") (11 states)

Citations & More Information



movement advancement project

DEMOCRACY MAPS

EQUALITY MAPS

POLICY

COMMUNICATIONS

OPEN TO ALL

ABOUT

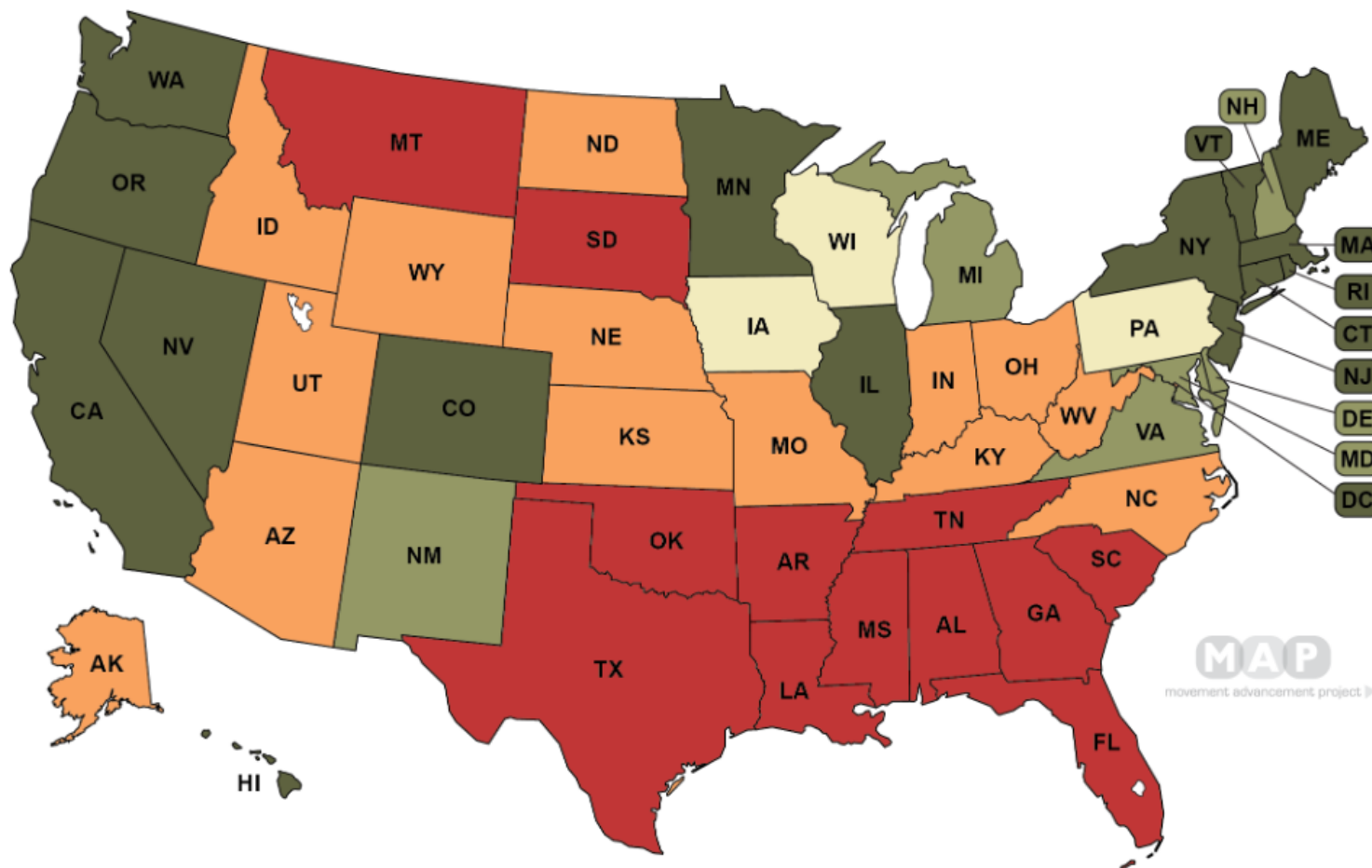
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Pride events targeted in surge of anti-LGBTQ threats, violence

Extremism trackers say political hate speech is fueling a rise in demonstrations and attacks against LGBTQ communities



By [Hannah Allam](#)

June 17, 2022 at 7:00 a.m. EDT

Gunman kills 5 at LGBTQ nightclub in Colorado Springs before patrons confront and stop him, police say



By [Eric Levenson](#), [Michelle Watson](#), [Andy Rose](#) and [Amir Vera](#), CNN

Updated 11:02 AM EST, Mon November 21, 2022

Texas man charged with threatening Boston doctor who provides transgender care

The threat to a doctor affiliated with a Boston LGBTQ education center comes after false information about Boston Children's Hospital spread online, officials said.

SIGNIFICANT PRE-EXISTING MEDICAL MISTRUST, ESPECIALLY AMONG KEY LGBTQ+ GROUPS

- LGBTQ+ people of color
- Transgender people
- Older LGBTQ+ people
- Intersex people

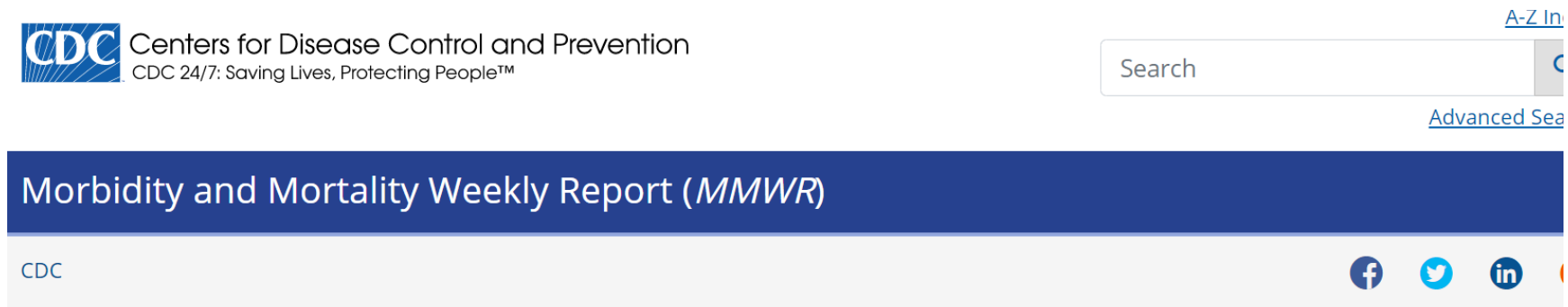


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Cahill et al., *AIDS Care*. 2017; D'Avanzo et al. *Behav Med*, 2019; Blakemore, *HISTORY*, 2020; Organisation International Intersex Europe, *COVID-19 Survey Report*, 2020

COVID-19, MPOX LIKELY EXACERBATED MEDICAL MISTRUST

- Black LGBT people, especially Black lesbian and bisexual women, much less likely to be vaccinated for COVID-19, according to CDC *MMWR*
- Significant Mpox vaccine hesitancy among Black, Latino gay, bi men



COVID-19 Vaccination Coverage and Vaccine Confidence by Sexual Orientation and Gender Identity — United States, August 29–October 30, 2021

Weekly / February 4, 2022 / 71(5);171–176

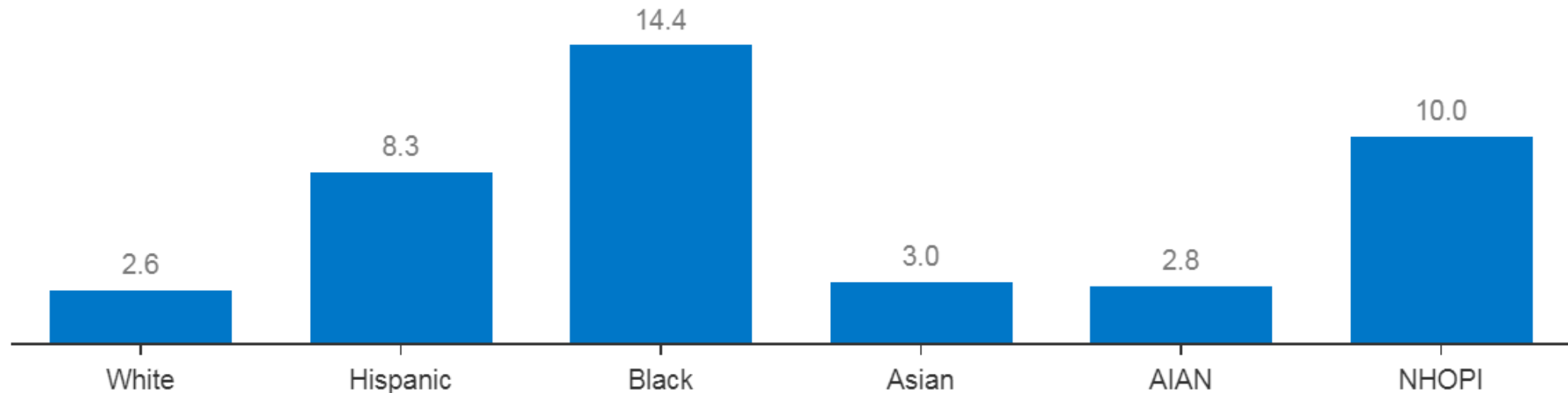
A.D. McNaghten, PhD¹; Noel T. Brewer, PhD²; Mei-Chuan Hung, PhD^{1,3}; Peng-Jun Lu, MD¹; Demetre Daskalakis, MD¹; Neetu Abad, PhD¹; Jennifer Kriss, PhD¹; Carla Black, PhD¹; Elisabeth Wilhelm, MA¹; James T. Lee, MD¹; Adi Gundlapalli, MD, PhD¹; Janet Cleveland, MS¹; Laurie Elam-Evans, PhD¹; Kimberly Bonner, PhD¹; James Singleton, PhD¹ ([View author affiliations](#))

THIS CONTRIBUTES TO, REPRODUCES RACIAL AND ETHNIC DISPARITIES

Figure 1

MPX (Monkeypox) Case Rates by Race/Ethnicity

Rates per 100,000 population



NOTE: AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.

SOURCE: Data on cases based on CDC Technical 3: Multi-National Monkeypox Outbreak, United States, 2022. Updated Sep. 29, 2022(<https://www.cdc.gov/poxvirus/monkeypox/response/2022/demographics.html>). Total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data. • [PNG](#)

KEY QUESTION

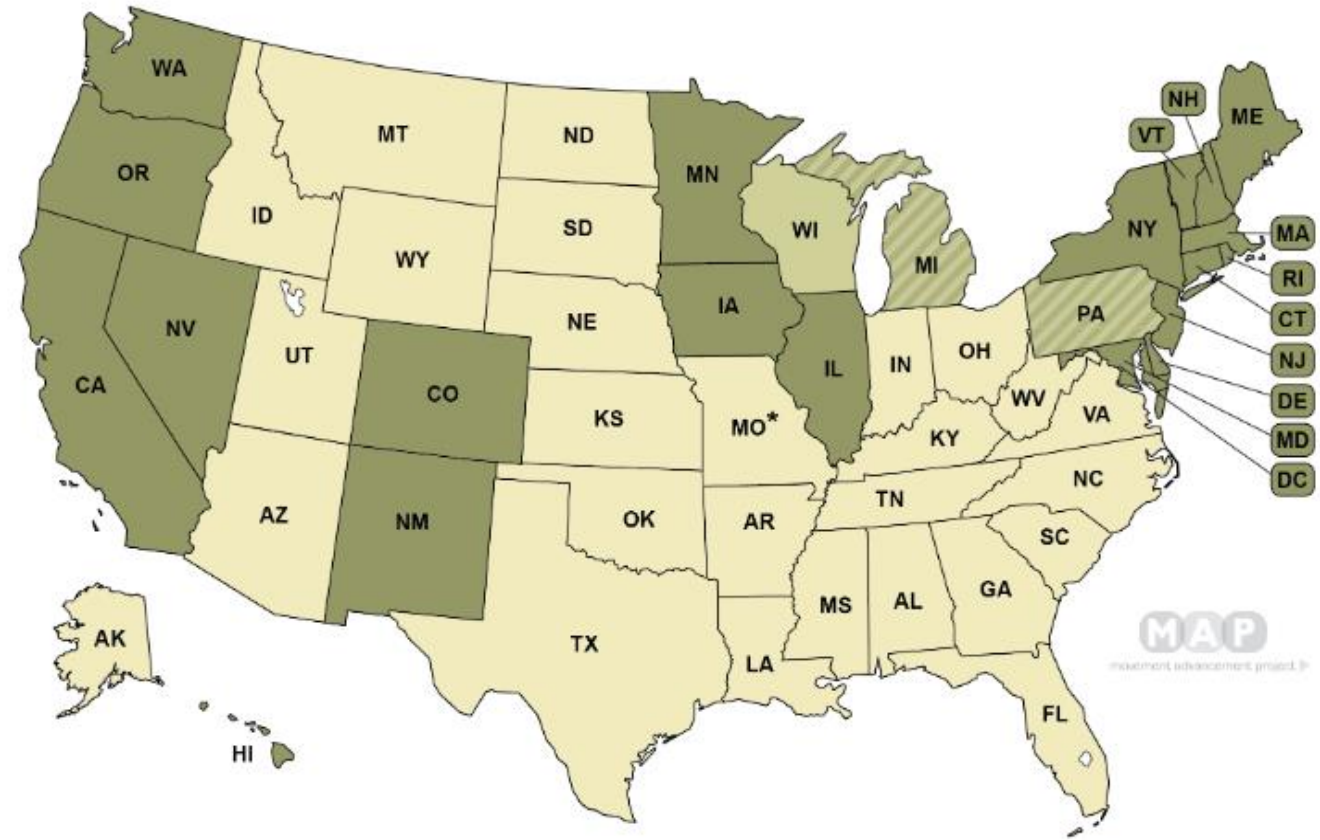
How do we ensure that the roll out of DoxyPEP for STI prevention does not reinforce pre-existing racial and ethnic disparities, as we say with PrEP for HIV prevention roll out and Mpox vaccine roll-out?

Many states with high levels of anti-LGBT political activism also have large populations of Black, Hispanic and Native American people. This could worsen disparities.

NEED FOR SOGI NONDISCRIMINATION IN HEALTH CARE

2021: SOGI Nondiscrim. Exec. Order; Office of Civil Rights Notice: Admin. will interpret Section 1557 of ACA, Title IX sex nondiscrim. to include SOGI discrimination; awaiting final rule

Equality Act: stuck in Senate, introduced 1974, strong majority public support (80% of U.S. public supports according to March 2022 PRRI poll)



THANK YOU

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