

Strategies for Improving Care & Access for Black Men Who Have Sex With Men

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Disclosure

Presenter(s) has no relevant financial or nonfinancial interest to disclose.

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Learning Objectives

- Describe His Health resources for providers and non-clinicians
- Review disparities in HIV among this patient population
- Discuss impact of stigma and implicit bias on clinical outcomes
- Articulate effective strategies for engagement and retention

Values

- A united community of advocates and healthcare providers passionately committed to raising the standard of care for Black MSM
- We believe that shifting the HIV epidemic is a shared responsibility for patients, providers, and administrators operating at every level of our nation's health care systems
- We recognize how stigma, discrimination and medical mistrust act as tremendous barriers to good health
- To restore trust, we must break down silos and foster better communication between patients and care practitioners

Health Equity and HIV

- Significant disparities in HIV incidence and prevalence
- Individual risk behaviors (e.g., having multiple partners, not using condoms) vs. structural factors
- Interconnected social determinants of health (socioeconomic status, racism, incarceration, educational attainment, sexual orientation, housing, access to healthcare insurance)
- People living with HIV experience the combined negative effects of HIV stigma and racial discrimination → increased psychological distress

Understanding Stigma

Individual: Applying negative ideas and stereotypes about people with HIV to themselves

- o Outcome: Feelings of shame, fear of disclosure, isolation and despair. Prevent them from accessing clinical care.

Community: Producing negative judgements about people living HIV

- o Outcome: Excluding people from social spaces, not caring for people with HIV out of fear of becoming HIV positive

Institutional: Developing programs that are inaccessible to clients (no transportation services, only operate during traditional work hours)

- o Outcome: Disincentivizes people from seeking services in these space

Understanding Implicit Bias

- Clinician perceives the patient as uncooperative and unlikely to adhere to a more intensive drug regimen (e.g. PrEP)
- Improperly treating Black patients for pain management
- Not offering sexual health vaccinations (e.g. HPV and hepatitis A and B)
- Assuming all gay and bisexual men are promiscuous

Cultural Responsive Providers

- Deliver holistic and affirming whole health assessments
- Consider a patient's background and culture
- Recognize culture-based beliefs about health
- Develop treatment plans with patient input
- Acknowledge interconnected determinants of health
- Establish partnership with clients
- Find commonalities to help relate to clients as individuals
- Consistently update intake forms to ensure questions are inclusive
- Refer patients to social workers, case manager or social services if necessary
- Normalize sex and sexual health conversations

Checking Yourself at the Door

The evaluation of patients begin before you enter the exam room

- Check biases
- Confront fears
- Address vulnerabilities -- you don't know everything
- Remove all assumptions about this patient population

Video Segment: Implicit Bias

https://www.dropbox.com/sh/0schbn3yqm8tc10/AABFSS_JbMM9YUd9XFD_NzUda?dl=0&preview=Whole+Health+3+Linkages+and+Retention+v1.mp4

Case Study



- **Demographics:** 18 Year Old Black MSM
- **Chief Complaint:** Insomnia and anal itching
- **Social History:** Lives in Jackson, MS, small social network of out gay men, has a couple of close friends
- **Medical History:** No sexual health care experience, never screened for STIs or tested for HIV
- **Family History:** Religious family of origin, father is a preacher, mother and father not accepting of his sexual orientation, not out about his orientation to other family members
- **Mental Health and Substance Use:** Experiencing depression and anxiety, no substance use, binge drinking, does not smoke
- **Sexual Health History:** Age at first sexual intercourse at age 18, has sex with men only, receptive and insertive partner, does not currently use condoms or PrEP, uses pick-up apps to find sex partners

His Health

- Accredited, free and self-paced online learning platform
- Forms part of the Center for Engaging Black MSM Across the Care Continuum (CEBACC)—an online resource created in partnership with HRSA's HIV/AIDS Bureau
- Resource inventory for HIV/AIDS and other healthcare providers—physicians, nurses, physician assistants, health centers, health departments, and non-clinical care teams serving Black MSM patients (especially youth aged 13-24)

Resources

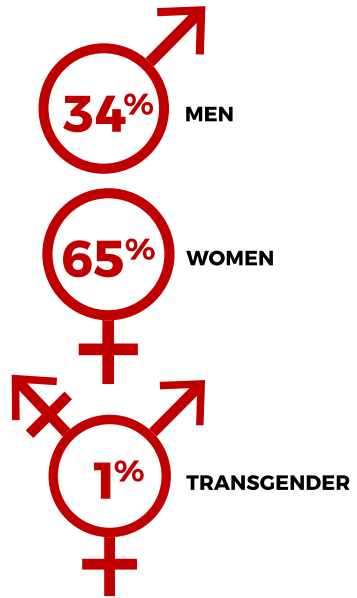
<i>His Health</i> Care Model Inventory	<i>His Health</i> Continuing Education	<i>His Health</i> Webinar Series
13 efficacious social and clinical programs that accelerate HIV prevention and care access programs for Black MSM and transgender clients	6 CME/CNU courses on: <ul style="list-style-type: none">• STD/STI screenings• Vaccinations• Mental health• PrEP access & uptake• Linkage to care• Transgender health	16 webinars led by master program facilitators discussing: <ul style="list-style-type: none">• Historical medical mistrust• Motivational interviewing• PrEP provision in non-clinical spaces• Linkage to care

Continuing Education Courses

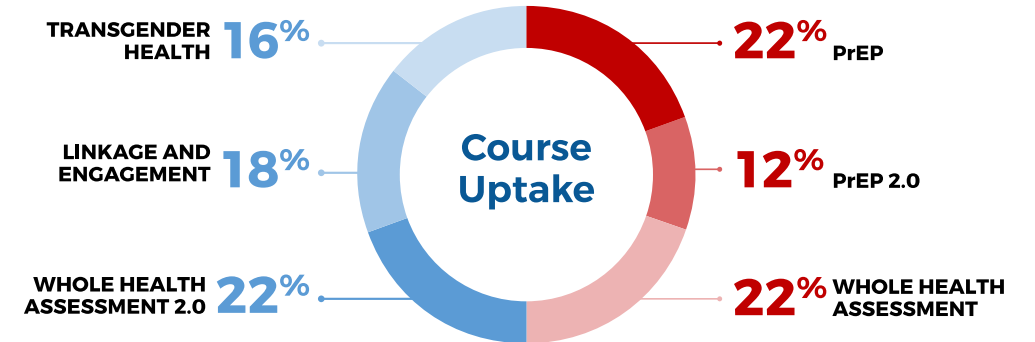
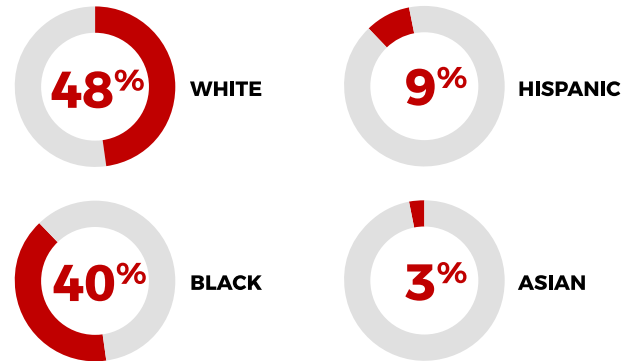


Evaluation

Gender



Race



470 PARTICIPANTS

“I will now look at Black MSM health from a holistic approach to better understand other things that may be going on in their lives aside from their sexual behaviors.”

Well Versed



- An online community that bridges the communication gap by connecting Black gay men
- Key features include “[The Real Authentic Words](#)” web series, a collection of conversations among Black gay men from a variety of backgrounds and experiences
- Additional videos of [patient and provider perspectives](#)
- First-of-its-kind [directory](#) of culturally competent healthcare providers for Black men

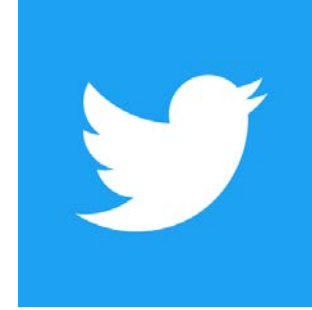
Social Media Platforms



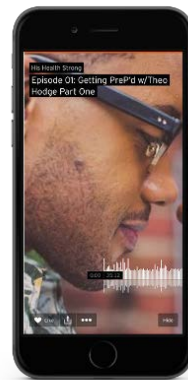
@HisHealth



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