

Addressing Institutional Racism, Transphobia, and Homophobia in our HIV/STD Work

DeAnn Gruber, PhD

Director, Bureau of Infectious Disease

Louisiana Department of Health, Office of Public Health

Background

- HIV inequities based on race, sexual orientation, and gender identity persist in Louisiana
- The HIV rate for black/African Americans in Louisiana is over seven times higher than among Whites
- Transgender women who were tested for HIV in 2015 were three times more likely to have a positive result than males who were tested and over 8 times more likely than cisgender women to have a positive result

Background

- 87% of adult males newly diagnosed with HIV in 2015 were gay and bisexual males (GBM) compared to 77% of new adult male diagnoses in 2005.
- By focusing on institutional racism, homophobia, and transphobia, the health department and partners are addressing these inequities and working towards building anti-racist and anti-heterosexist institutions

Capacity Building Assistance (CBA) Strategy of CAPUS

- Year 1: Undoing Racism
- Year 2: Deconstructing Homophobia and Transphobia
- Year 3: Focused planning related to intersectionality and structural change
- CBA Strategy involved STD/HIV Program staff and three Community Based Organizations (New Orleans and Baton Rouge)

Elements of Workshops

- Examination of unearned privilege (white/heterosexual/cisgender)
- Historical context of how oppression has become part of our institutions
- Personal connection to people's experience with these oppressions
- Analysis of how these oppressions play out in our workplaces

Process

- Created a Design Team in each organization
- Design Team objectives:
 - Deepen organization's understanding of the barriers that black/African American, Hispanic/Latino, gay/bi/MSM, and trans-identified individuals face related to HIV
 - Clarify how their agency is uniquely positioned to reduce those inequities
 - Agreed on action steps that the organization would take to implement a plan for creating HIV equity in the next 1-2 years

Process (continued)

- Surveyed staff regarding structural barriers, identified priority problems to address, created implementation plans for solutions to the problems
- Information gathering sessions open to interested staff and key leadership
- Internal discussions led to sustained focus on one oppression

Where are We Now?

- Reviewed and strengthened staff recruitment and hiring process
- Standardized orientation processes for staff to include information on health equity and structural barriers
- New HD staff are required to attend Undoing Racism workshop and training by BreakOUT!
- Reviewed and improved Patients' Bill of Rights
- Created new positions to better serve LGBT communities and communities of color
- Renewed commitment to community involvement

More to Come

- Program has expanded workshops statewide to community-based organizations and OPH staff in different regions
- Adopting new language and methods to present data, create annual reports and fact sheets, and communicate to providers

HIV Disparities in Louisiana

Causes of HIV Disparities

Blacks; gay, bisexual and other men who have sex with men (MSM); and transgender persons in Louisiana are significantly more likely to become infected and die from HIV compared to other groups. Studies show that these disparities are largely the result of structural and social inequities that systematically block these populations from having the same access to opportunities for positive health and life outcomes as others.

Stigma

Stigmas tied to race, HIV, same-sex sexuality and non-conforming gender identity has played a critical role in the development of HIV disparities. These stigmas are fueled and reinforced by an extensive history of institutional attitudes and policies rooted in racism, homophobia, and transphobia. Persons may delay or forgo HIV screening and treatment or disclosure of their HIV status due to internalized shame, previous experiences of discriminatory treatment, or fear of being ostracized.

Poverty

Blacks and transgender persons face immense rates of poverty and homelessness compared to their White and cis-gender counterparts. Many Blacks live in isolated, impoverished neighborhoods that have long suffered from a lack of adequate investment

Achieving HIV Equity in Louisiana

HIV equity can only be achieved when HIV rates can no longer be predicted by race, gender, or sexual orientation. Here's what providers can do to help Louisiana achieve HIV equity.

Lessons Learned

- Meaningful conversations about racism, homophobia, and transphobia take a long time and require an examination of unearned privilege
- Provide a safe space for conversations
- Leadership involvement and staff buy-in are critical to the success of this work

Lessons Learned (continued)

- Essential to follow up with teams and individual staff after these workshops
- Organizational change is slow
- Do not rush to solutions

Prevention efforts solely focusing on individual behavior change will not end this epidemic; they must be coupled with an understanding of the systemic racism, transphobia, and heterosexism impacting individuals' lives

Thank you!

- Sam Burgess, Louisiana SHP STD/HIV Prevention Manager
- Julie Fitch, Louisiana SHP STD/HIV Capacity Building Supervisor
- Jacky Bickham, Louisiana SHP STD/HIV Linkages Supervisor
- CrescentCare, HAART, and Priority Health Care
- People's Institute for Survival and Beyond: www.pisab.org
- CA STD/HIV Prevention Training Center: www.stdhivtraining.org
- Center of Excellence for Transgender Health:
www.transhealth.ucsf.edu
- Interaction Institute for Social Change: www.interactioninstitute.org
- BreakOUT!: www.youthbreakout.org