Access to Healthcare: Understanding Disparities among LGBT & Black Communities

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Healthy People 2020 Access to Health Care: Understanding the Disparities among LGBT and Black Communities
Defining The Population at Risk (PAR)

LGBT & BLACK COMMUNITIES
Access to Health Care: Understanding the Disparities Between LGBT and Black Communities

The purpose of this project is to analyze these populations using a multi-dimensional lens to understand how intersectionality affects their access to healthcare resources, and how it impacts their overall health outcomes, as it specifically relates to HIV.

The intersections between these two vulnerable populations creates a subgroup of individuals with increased health disparities.
POPULATION AT RISK: Rationale & Relevance

LGBT COMMUNITIES
- Encompasses all gender identity and sexual orientation minorities.

- The LGBT community is a vulnerable community due barriers such as: denial of care, discrimination, lack of research, and legislative policies which leads to poorer health outcomes.

BLACK COMMUNITIES
- Used to describe all people with African ancestry regardless of their nationality.

- Racial and ethnic minorities often receive poorer quality of care and face more barriers in seeking care including preventive care, acute treatment, or chronic disease management, than do non-Hispanic white patients.

(GlobalHealth.gov) (Hall, Phillips, & Townsend 2010)
Nurses play an important role in planning and implementing community support programs and services to improve the health of the nation.

- Primary Prevention Programs
- Community health nurses participate in specific strategies to decrease the incidence of HIV infection and STIs
- Educate community on importance of being tested
- Instruct individuals and families on preventive methods
- Tailor general precautions to specific route of transmission

(Maurer, 2015)
LGBT Communities
Risk Factors & Determinates

Lifestyle
- Having unprotected sex, using drugs during sex

Genetics and Biology
- Already having an STI, anal sex

Social determinants:
- Legal discrimination
- Lack of legal protection
- Lack of social programs

(HealthyPeople 2020, 2014)

Health Services
- Shortage of providers culturally competent in LGBT health

Environment
- Safe schools, meeting places, neighborhoods
- Access to health services, recreational facilities

Health Policy
- Expansion of domestic partnership health insurance coverage
Black Communities
Risk Factors & Determinates

Genetics and Biology
- STIs

Lifestyle
- Multiple sex partners
- Unprotected sex
- Use of drugs during sex
- Low socioeconomic status

Health Services
- Inadequate data on race, ethnicity, and language lowers the likelihood of effective actions to address health disparities
- Cultural competence
- Lack of insurance
- Poverty
- Discrimination stigma
- Prevalence of HIV and STIs in the community
- Increases an individual's risk of infection with every sexual encounter
- People select partners of the same ethnicity
- Unaware of status
- Increases rates of undiagnosed & untreated STIs
- Increased rates of incarceration among Men

(CDC, 2010)
Healthy People 2020 Objectives

• AHS-7(Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services

• LGBT-1(Developmental) Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, bisexual, and transgender populations

• HIV-3 Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months

• HIV-14.2 Increase the proportion of men who have sex with men (MSM) who report having been tested for HIV in the past 12 months

(HealthyPeople 2020, 2014)
Current Trends In The Scope And Relevance

Diagnoses of HIV Infection among Adults and Adolescents, by Sex and Race/Ethnicity, 2013—United States

- American Indian
- Asian
- Black Americans
- Hispanic
- Native Hawaiian
- White

Race/ Ethnicity

Percent %

Males
Females
MSM
Diagnosed HIV by Race/Ethnicity & Sexual Contact 2013

- **MSM**
  - White: 12,000
  - Black: 10,000

- **Heterosexual Women**
  - White: 4,000
  - Black: 6,000

- **Heterosexual Men**
  - White: 2,000
  - Black: 4,000
Black Communities: Current Trends In The Scope And Relevance 2009 - 2013

- 233,000 diagnosis of HIV
- 46% of total
- 63% of women
- 64% of infections attributed to heterosexual contact
- 67% of children aged <13 years
- In 2013, 45% of diagnoses of HIV infection among adults and adolescents were in black populations.
Diagnoses of HIV Infection among Adult and Adolescent Black Americans by Sex and Transmission Category 2013

Males N=15,855
- Male to Male Sexual Contact: 75%
- Injection Drug Use: 16%
- Other: 2%
- Male to Male Sexual Contact and IDU: 1%

Females N= 5,876
- Male to Male Sexual Contact: 90%
- Injection Drug Use: 9%
- Other: 1%
### Subsets of Population at Greater Risk

<table>
<thead>
<tr>
<th>Men Who Have Sex With Men</th>
<th>Black Gay And Bisexual Men</th>
<th>Age of MSM</th>
<th>MSM Age</th>
</tr>
</thead>
</table>
| *Sex between men is the most common mode of HIV transmission* | *Small subset of all gay and bisexual men*  
*Black men who have sex with men (MSM) have the highest HIV prevalence and incidence, compared to any other US subpopulation (Mayer, 2014)* | *Having sexual relationships with older men who are more likely to have HIV* | *Most infections occurred in adults aged 25 to 34 years.*  
*However, in Black American men, 38% of all new infections occurred in the youngest age group, 13 to 24 years.* |

2000 to 2010 HIV infection was the 7th leading cause of death overall for black men.
Local State & National Prevalence

HIV Prevalence

(CDC, 2013)
Scope and Relevance of the Population: Economic Impact

- Lifetime HIV Treatment
  - $379,668 (2010)
- Treatment Per Year
  - $23,000
- Testing In Health Care Setting
  - $1,900-10,000
- Non- Health Care
  - $10,334-20,413
- Michigan 827 Cases of HIV
  - $304 Million (2009)
- United States (2010)
  - $16.6 Billion to the PAR

(Kaiser Family Foundation, 2013)
Caring for the PAR

COMMUNITY NURSING INTERVENTIONS
Evidence Based Practice Programs

- Social Network Strategy
- STYLE Program (STRENGTH THROUGH LIVIN’ EMPOWERED)
### Social Network Strategy

| **A recruitment approach for reaching and providing HIV counseling, testing, and referral services to persons who are unaware of their HIV infection by using existing social connections.** | **Community organizations enlist HIV-positive and high risk HIV-negative persons (Recruiters) to identify individuals from their social, sexual, and drug using networks who may be at risk for infection.** | **Recruiters refer the social, sexual and drug-using members of their social networks (Network Associates) to HIV counseling, testing, and referral services.** | **SNS is not Social Media, Outreach, Partner Services, Peer Education, or a Community/Group Level Intervention, and it is not intended to replace any of these.** |

(CDC, 2013)
Social Network Strategy

**Recruiters**
- High Risk Negative
- HIV Positive
- Relationship organization
- Accessed your test site

**Comfortable with the HIV topic**
- Recruiter refers or escorts Associates to test site
- Staff motivates, supports, and follows-up with Recruiter
- Recruiter promotes HIV testing with a Network Associate
### STYLE (Strength Through Livin’ Empowered)

| Improve retention in HIV care Target Population | Recently diagnosed or lost-to-care HIV-positive young Black men or men of color who have sex with men (YMSM) aged 17-24 years | A social marketing campaign to promote HIV testing among Black men and YMSM of color | Intensified outreach to youth-serving venues for YMSM of color and increased provision of HIV testing on college campuses | A tightly coordinated medical-social support network for both recently diagnosed and lost-to-care HIV-positive YMSM of color | YMSM of color receive an appointment with a physician within 72 hours. |

- Target Population: Recently diagnosed or lost-to-care HIV-positive young Black men or men of color who have sex with men (YMSM) aged 17-24 years.

- **Social Marketing Campaign:** A social marketing campaign to promote HIV testing among Black men and YMSM of color.

- **Outreach and Testing:** Intensified outreach to youth-serving venues for YMSM of color and increased provision of HIV testing on college campuses.

- **Support Network:** A tightly coordinated medical-social support network for both recently diagnosed and lost-to-care HIV-positive YMSM of color.

- **Appointment:** YMSM of color receive an appointment with a physician within 72 hours.
STYLE (Strength Through Livin’ Empowered)

- Routine HIV medical care overseen by a physician, HIV-positive YMSM of color are offered weekly support group meetings
- One-on-one phone or in person counseling by social worker if desired
- Case management prevention
  - substance use
  - mental health counseling
- Assistance with appointment scheduling or medical questions by text and or phone

- Weekly support group meetings 1.5 hours per meeting
- Participants who age out of program are transitioned to social worker for adults

Outcome
- The STYLE participants attended a significantly greater proportion of scheduled HIV medical visits than the pre-STYLE participants (80% vs. 67%, t = 2.16, p = 0.03)
## Nursing Interventions: Individual

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
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<tbody>
<tr>
<td>- Public Health Nurse will implement the evidence base intervention, EXPLORE to counsel at risk HIV-negative MSM though providing counseling, goal setting, Motivational, and Risk reduction supplies such as condoms over ten counseling sessions.</td>
<td>- Public Health Nurse will provide Rapid HIV testing to high risk individuals providing culturally sensitive counseling and follow up are for those who test positive.</td>
<td>- Public health Nurse will act as case manager to collaborate coordinate care for HIV positive individuals with other resources such as culturally competent pharmacists, and social workers.</td>
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# Nursing Interventions: Community

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<th>Primary</th>
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<tbody>
<tr>
<td>• Public Health nurse will Advocate for non-discrimination acts protecting LGBT &amp; Black Communities in Berrien County</td>
<td>• Public Health Nurse will advocate for Health Maintenance Clinics specific to HIV that are accessible, affordable and acceptable</td>
<td>• Public Health Nurse will advocate for collaborate with stakeholders such as, hospitals clinic, pharmacy's, and legislative bodies,</td>
</tr>
</tbody>
</table>
Primary
• Public Health nurse will provide education, wellness checks, risk reduction strategies and help promote positive family process and communication to high risk families in the community.

Secondary
• Public Health nurse will provide HIV testing in serodiscorant couples

Tertiary
• Public Health Nurse will collaborate with Social workers to provide Counseling for those diagnosed with HIV.
### Relevant Policy Issues: Michigan

<table>
<thead>
<tr>
<th>333.5210 Sexual Penetration As Felony</th>
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<tbody>
<tr>
<td>• Criminalizes individuals for not informing sexual partners of having a positive HIV status</td>
</tr>
<tr>
<td>• Further marginalizes and stigmatizes an already vulnerable population</td>
</tr>
<tr>
<td>• 24 states require those aware of their HIV status to disclose it to their sexual partners</td>
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</table>

<table>
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<tr>
<th>333.5114a Referral Of Individual To Local Health Department</th>
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<tbody>
<tr>
<td>• Assistance with partner notification information</td>
</tr>
<tr>
<td>• Legal obligation to inform sexual partners;</td>
</tr>
<tr>
<td>• Criminal sanctions; partner notification program;</td>
</tr>
<tr>
<td>• Confidentiality; priority duty of local health department; retention of reports, records, and data; information exempt from disclosure; biennial report.</td>
</tr>
<tr>
<td>Strengthen the capacity of the HIV prevention workforce to optimally plan, implement, and sustain high-impact HIV prevention interventions and strategies</td>
</tr>
</tbody>
</table>

Strengthen the capacity of the HIV prevention workforce to optimally plan, implement, and sustain high-impact HIV prevention interventions and strategies. Reduce HIV infections, HIV mortality, HIV morbidity, decrease healthcare disparities across the United States. Health Departments Community-Based Organizations must provide FREE care (not for fee). Private Nonprofit Organizations that directly provide HIV prevention services to people living with or at the greatest risk of HIV infection. Hospitals, ED, urgent care clinics, community health, federally qualified health centers. Services must include information, training and technical assistance.
Berrien County Board of Health

Duties

• Promote and advocate public health policies;
• Identify and prioritize public health problems;
• Monitor fiscal activities of the department;
• Advise the Board of Commissioners on rules/regulations to protect and promote the public’s health;
• Establish fees

Rational

• The board of Health of Berrien County Relevant for promoting and prioritizing public health issues.
Berrien County Board of Health

BOARD MEMBERS

- Vanessa Brown, Member (4/2019)
- Margaret Kohring, Member (4/2019)
- Raymond Matejczyk, Member (4/2019)
- Linda Strohl, Member (4/2019)
- Joseph Wasserman, Member (4/2017)
- Duane C. McBride, Ph.D., Chairman (4/2016)
- John Carter, M.D., Member (4/2015)
- Cathy Thieneman
### Testimony

| Requesting support and approval for HIV specific, public health nursing interventions | Lifetime health care cost for one person with HIV is $379,668 | Total cost for Berrien County is $87.8 million | Proposed education, screening, counseling, and policy advocating interventions for the individual, family and community |
Summary and Conclusion

- Berrien County has the highest prevalence of HIV in the state
- It is crucial to be culturally sensitive and acceptable when working with LGBT and Black Communities
- We recommend implementing interventions that are accessible, affordable, and acceptable for these communities


References


