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Improving Primary Health Care for Men Who Have Sex With Men

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Improving Primary Health Care for Men Who Have Sex With Men

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Introduction

Men who have sex with men (MSM) are a diverse group who encounter poorer health outcomes compared to the general population¹.

Primary care providers (doctors, nurse practitioners, physician assistants) often identify MSM's increased risk of HIV and sexually transmitted infections, but often overlook this demographic's behavioral health and other physical health disparities.

The health disparities that affect MSM are attributed to pervasive anti-LGBT discrimination, provider bias, minority stress, and internalized homophobia.

Terminology

Gender is biopsychosocial construct that is independent of physical anatomy or genetics²

- Often viewed as masculine or feminine, but may be other than binary¹³
- Encompasses internal (identity) and external (expression) factors²

Sex is a descriptor of a person's anatomical status²

- Most often one of two phenotypes (male & female), but many other phenotype variations exist²

Sexual orientation encompasses romantic, sexual, or emotional attraction²

- Non-static, changeable over time²

Concepts of gender identity/expression and sexual/emotional attraction exist on a spectrum¹³ (Figure 1)

A person's gender and sexual orientation are self-determined by the individual, not the observer.

Epidemiological terms such as MSM are useful documentation descriptors of sex and sexual activity regardless of patient self-identification.

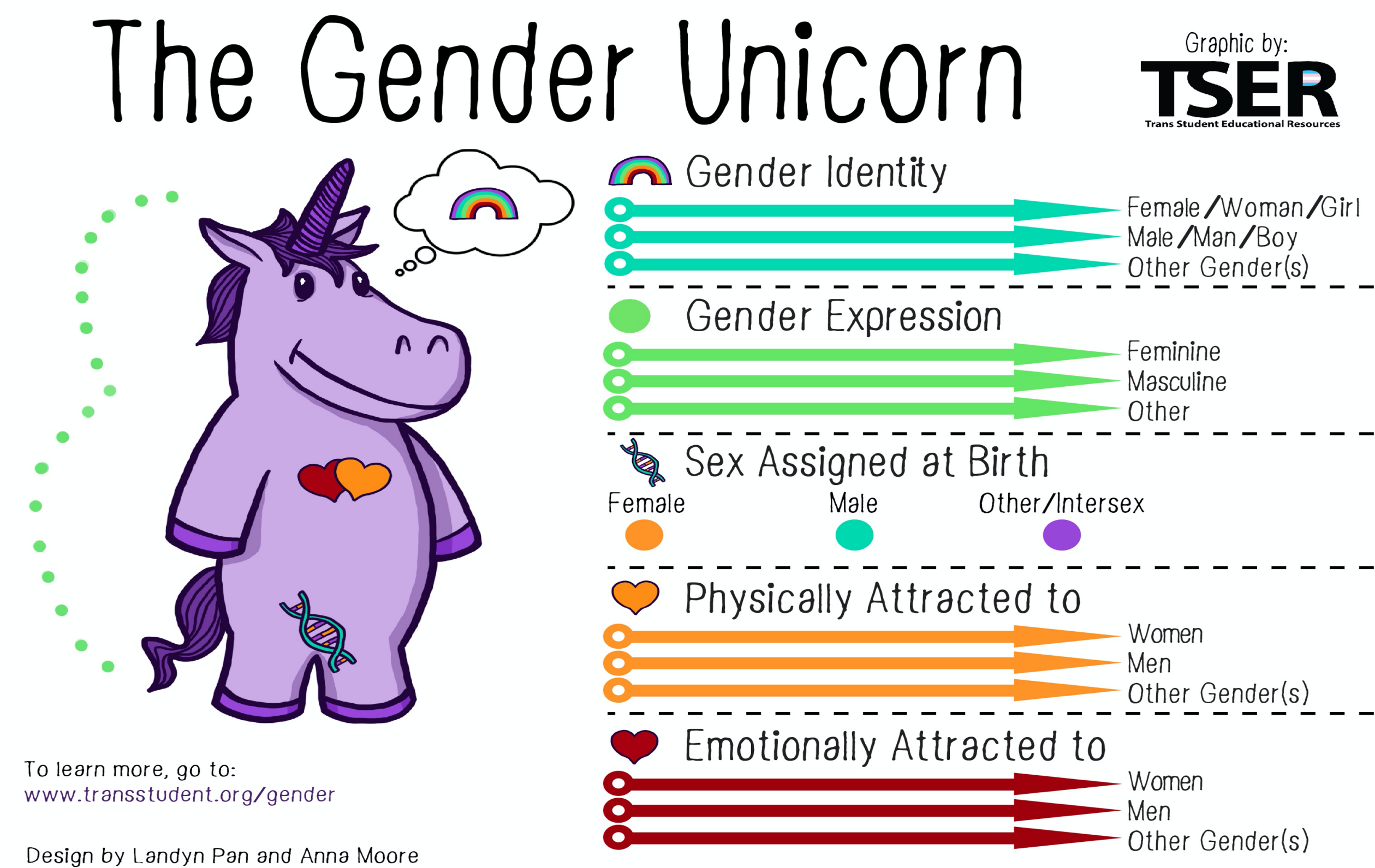


Figure 1. Gender & Sexuality Spectrum; from <https://www.transstudent.org>

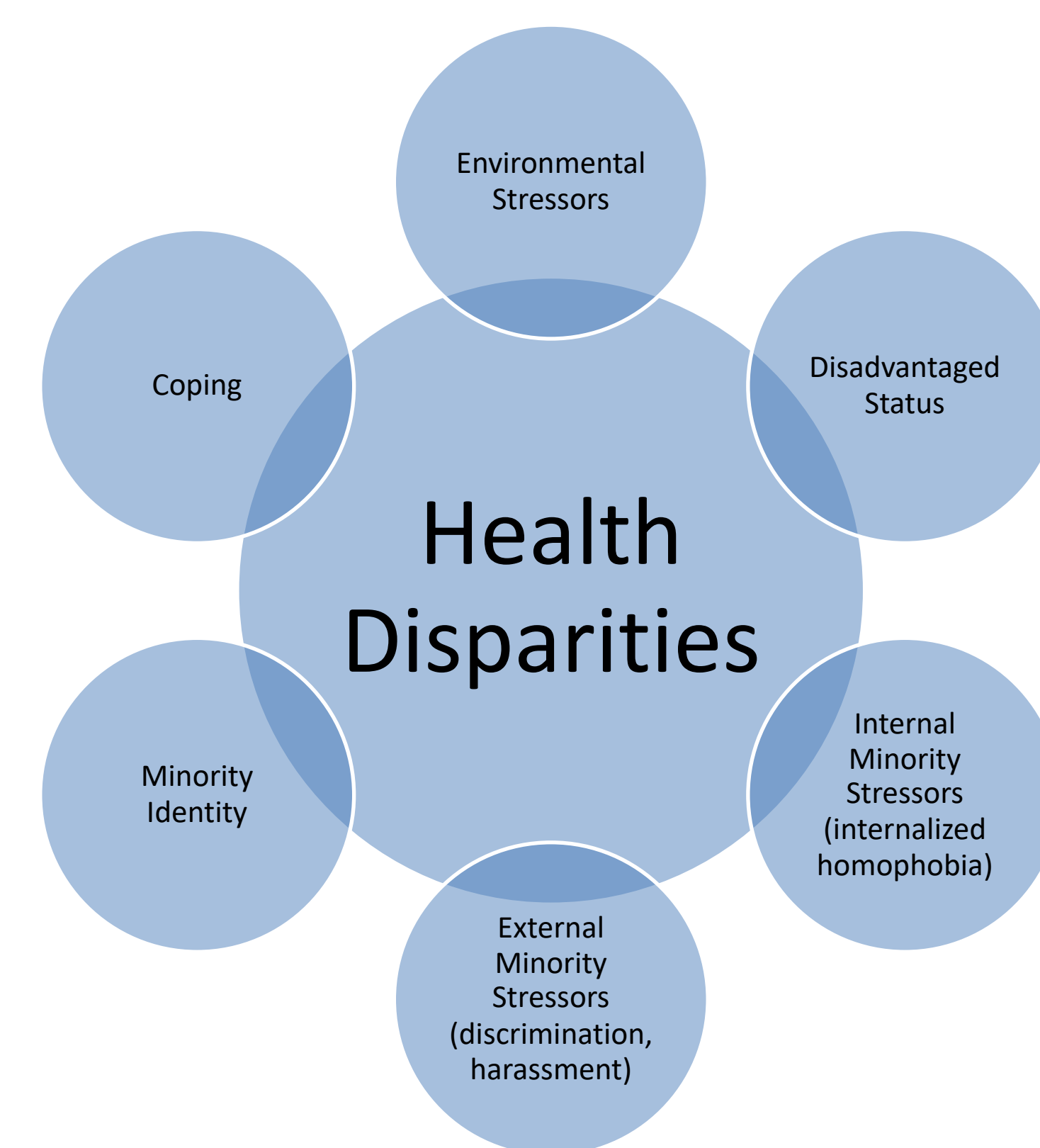


Figure 2. Minority Stress & Health Disparities; adapted from Denato, 2012 & Gonzalez, 2019.

Health Disparities & Causes

Heterosexism is the ideological system that accepts heterosexuality as societal norm leading to stigma, denigration, discrimination, and denial of any non-heterosexual identity or behavior.⁶

- May be intentional or non-intentional; overt or disguised

Meyer's Minority Stress Theory posits that health disparities faced by MSM and other minorities are attributed to homophobic/heterosexist culture and harassment leading to diminished access to and utilization of health care.^{5,7} Figure 2 outlines factors identified in the Minority Stress Theory leading to MSM health disparities.

MSM experience multiple health disparities compared to the general population such as:

- Increased rates of depression, anxiety, suicide, PTSD, eating disorders^{3,7,10,11}
- Increased rates of hypertension and hyperlipidemia^{8,9}
- Increased rates of HIV/STI^{4,7}
- Increased rates of substance use¹²
- Increased rates of intimate partner violence¹¹

Recommendations

Practice Recommendations

- Mental health screening (e.g., PHQ-9, GAD-7, ASSIST, ASQ)
- HIV/STI screening
- Cardiovascular screening
- STI prevention (prophylaxis, immunization)

Policy Recommendations

- Health People 2030 guidelines to include all sexual and gender minorities
- Professional governing boards to enact continuing education requirements

Education Recommendations

- Nursing & medical schools to include sexual and gender minority specific content within the curriculum
- Continuing education/training for existing providers related to bias identification and sexual and gender minority health care

Figure 3. Recommendations at-a-glance

Acknowledgements

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