

# Overview of Health Disparities Affecting Gay and Bisexual Men

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*The findings and conclusions expressed in this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention or the Department of Veterans Affairs.*



# Overview

- **Gay and bisexual men in the United States**
- **Evidence of health disparities**
- **Viewing gay and bisexual men's health within a health disparities framework**
- **Factors that may contribute to health disparities among gay and bisexual men**
- **Implications**



# Introduction

- Like racial/ethnic minorities, sexual minorities experience wide range of health disparities
- These disparities are often poorly understood and not adequately addressed
- Reasons include:
  - Historically a hidden population
  - Invisibility in research
  - Failure to recognize vulnerability of sexual minorities
  - Reluctance to consider sexual minorities “real” minorities
  - Relatively small population
  - Negative attitudes about homosexuality and belief that “immoral” lifestyle is primary cause



# MSM in the United States

- **Estimated 4.3 to 6.5 million men in US have had sex with man during adolescence or adulthood**
  - 4-6% of US men
- **Fewer report recent sex with man or identify as gay or bisexual**



# MSM in the United States

- MSM represent a diverse population
- Experiences and rates of same-gender sex and vary by:
  - Age
  - Race/ethnicity
  - Urban vs rural residence
  - Socioeconomic status
  - Sexual identity



# Health Disparities among MSM

- **Most complete information for sexually transmitted infections**
  - HIV/AIDS
    - 1 in 4 MSM found to be HIV+ in 2004/2005 study in 5 cities (CDC, 2005)
    - Incidence among MSM is likely more than 100x higher than in the general US population (Sullivan & Wolitski, 2008)
      - Incidence of HIV among MSM varies from 1% to 4%, depending on setting/sample
      - Compares to rate of .01% for US as a whole



# Health Disparities among MSM

- Hepatitis B
  - Significantly higher prevalence among MSM compared to heterosexual men
    - 26.8% in MSM vs. 6.5% for all men (McQuillian et al., 1999)
- Hepatitis A
  - Outbreaks in MSM networks, but available data do not clearly show significantly higher rates for MSM vs other men (Rhodes & Yee, 2008)
- Other sexually transmitted infections
  - Ron Valdiserri will review evidence



# Health Disparities among MSM

- **Substance use**

- Alcohol

- Elevated rates in community-based studies, but often not in probability samples

- 8% of MSM reported frequent/heavy use vs. 9% men (Stall et al., 2001)

- Tobacco

- Elevated rates of smoking in community-based and probability samples

- 33% of MSM vs. 22% of heterosexual men in CA were current smokers

- MSM had 2x risk after controlling for demographic differences (Tang et al., 2004)





# Health Disparities among MSM

## — Drug use

- Review of literature (Ostrow and Stall, 2008) found higher rates of drug use for MSM vs heterosexual/all men
  - Marijuana—3.5 to 3.9 times higher for MSM
  - Amphetamines---2.2 to 12.2 times higher for MSM
  - Cocaine---2.5 to 6.6 times higher for MSM
  - Hallucinogens---3.3 times higher for MSM
  - Opiates---2.4 times higher for MSM



# Health Disparities among MSM

- **Mental Health and Suicide**
  - Susan Cochran will review evidence
- **Violence**
  - Lack of evidence violence in general
    - Some have suggested overall rates of violence may be lower among MSM compared to heterosexual men (Nimmons, 2003)
  - Some specific types of violence are higher
    - Intimate partner violence
    - Childhood sexual abuse



# Health Disparities among MSM

- **Intimate partner violence**
  - 15-22% of gay/bisexual men experience physical abuse by intimate partner in lifetime (Herek & Simms, 2008)
    - Rate similar to that of women with male partners
    - Higher than that for men or women with female partners
- **Childhood sexual abuse**
  - Rates range from 12% to 37% for MSM; 1.2% to 3.6% for all men/heterosexual men (Purcell et al., 2008)
    - National Sexual Health Survey: 17% for MSM, 2.8% for heterosexual men

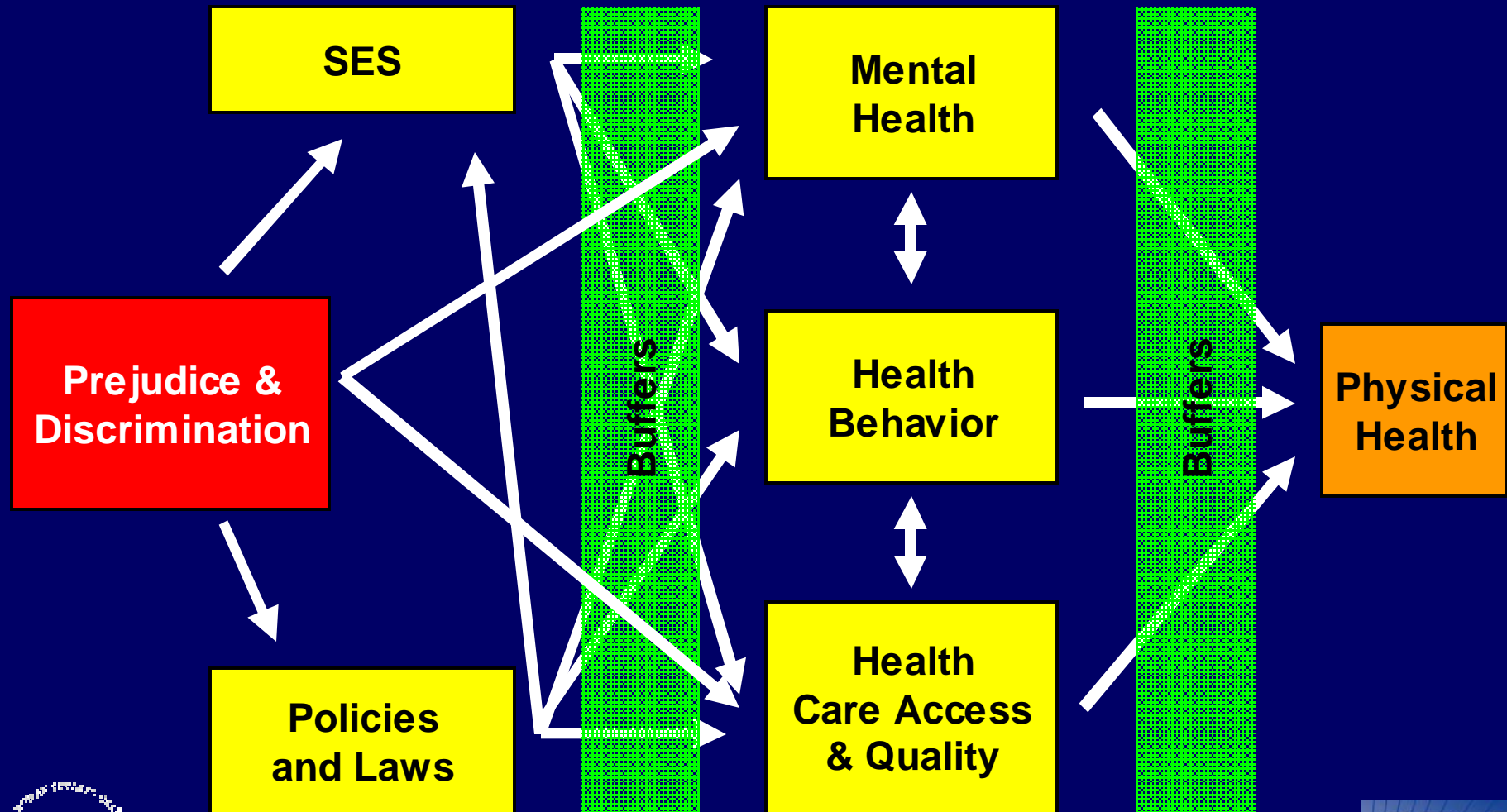


# Health Disparities among MSM

- **Little information on other health problems**
  - Asthma
    - National probability sample found 13.5% of men in same-sex relationships had history of asthma vs. 7.5% of men in opposite sex relationships (Heck & Jacobson, 2006)
  - Cancer
    - Non-US data show higher rates of HIV-related and anal cancer among MSM (Wang et al., 2006)
    - Smoking data behavior data suggest potential for elevated risk for other cancers
    - Bowen & Boehmer (2007) have articulated need for cancer surveillance among sexual minorities



# Simplified Health Disparities Model



# Potential Contributors to Health Disparities among MSM

- Individual behavior and community norms
- Prejudice and discrimination
- Socioeconomic status
- Policies and laws



# Behavior and Norms

- **Important to acknowledge that individual choices and community norms can enhance or diminish health**
  - Individual behavior contributes to many disparities
  - Community norms regarding sexual practices, substance use, health and wellness affect individual behavior
  - Individual behavior and community norms are often shaped or constrained by social, structural, cultural influences
  - Focus on individual behavior alone will not be sufficient to address these disparities



# Prejudice and Discrimination

- **Public attitudes have become more tolerant, but:**
  - 40% of Americans in 2006 believed sex between same-gender partners should be illegal
  - In 2005, some Americans believed homosexuals should not be hired as:
    - Elementary school teachers: 43%
    - Doctors: 19%
    - Sales clerks: 7%





# Prejudice and Discrimination

- Negative attitudes and rejection by family members especially likely to have negative effects
- Internalization of prejudice and concealment of sexual orientation can increase stress and affect physical and mental health
  - However, concealment may have benefits in some settings



# Socioeconomic Status

- **MSM have comparable or better levels of education than heterosexual men, but earn less**
  - Hourly wages may not be the driving factor:
    - Pay in chosen professions
    - Work fewer hours, more likely part-time
    - If unemployed, more likely to be unemployed longer



Wolitski, Valdiserri, & Stall, 2008



# Laws and Policies

- **Federal or state laws affect ability of MSM to:**
  - Obtain, maintain, and advance in employment
  - Obtain medical insurance through partner's employer
  - Enter into and maintain legally protected primary partnerships
  - Provide care for partner



# Conclusions

- Evidence that MSM experience multiple health disparities
- Many of these disparities may be the direct or indirect result of negative social and structural influences
- Need for additional data on disparities
  - Inclusion of sexual orientation items in on-going disease surveillance and population-based studies to provide
  - Expanded studies of MSM health, particularly for MSM of color



# Conclusions

- **Efforts to understand and address health disparities should include MSM and other sexual minorities**
- **Evidence is sufficient in many areas to warrant additional effort to**
  - Expand existing interventions and evaluate their effects
  - Develop new interventions
  - Improve availability of culturally competent high quality medical care for sexual minorities





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