**Intersectionality – Social and Behavioral Determinants of Health and**

**HIV/STI/VH\* *Health Promotion Behaviors* of Black Gay Men (BGM)**

The following social determinants influence the behavioral determinants and the HIV/STI/VH health promotion behaviors of BGM which result in health disparities.

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| **Social**  **Determinants** | **Behavioral**  **Determinants** | **Risk**  **Factors** | **Health Promotion**  **Behaviors** |
| **Lower access to primary health care** | **Knowledge**  Low in relation to biomedical prevention interventions | **Undiagnosed HIV/STI/VH infections** Least likely to know HIV status | **HIV/STI testing every 3-6 months (VH every 6-12 months)**  Lower levels |
| **Health insurance – uninsured or underinsured** | **Attitudes – perceived homophobia/race-ethnic discrimination** | **Undiagnosed STI infections \***  High levels of asymptomatic rectal GC, CT infections, and syphilis | **PrEP Continuum**  Lowest levels of uptake, retention, adherence  **STI Care and Treatment**  Low levels of testing/care |
| ***Low* *provider knowledge* of sexual health needs of BGM** | **Attitude**s **– perceived stigma** related to race/ethnicity, sexuality, perceived language barriers, HIV and STI services | **STI-HIV Interactions \***  The presence of STIs increases HIV transmission & acquisition (syphilis, rectal GC & CT can lead to HIV seroconversion) | **HIV Care Continuum**  Lowest levels of linkage, retention, viral suppression  **STI Care and Treatment**  Low levels of testing/care |
| **Low cultural awareness/**  **competency and responsiveness of health care services and health care providers** | **Attitudes – perceived barriers**  Experienced discrimination:  Racial/Ethnic  Sexuality  HIV/PrEP/STI  Language concerns | **High HIV *Community Viral Load* (VL)**  Black MSM are least likely to be in HIV care – contributing to high community VLs (compared to non-Hispanic whites) | **STI screening every 3-6 months**  Low STI screening, lack of STI pharyngeal (throat) & rectal testing (known as extragenital testing) |
| **Social**  **Determinants** | **Behavioral**  **Determinants** | **Risk**  **Factors** | **Health Promotion**  **Behaviors** |
| **Stigma from health care services and providers:**  **Anti-black racism, STIs, HIV, PrEP/PEP, homophobia, xenophobia, Sexual health**  Can be reflected in policies and protocols – which services are or are not offered | **Attitudes – distrust** of health of medical care/systems and providers | Undiagnosed STI/HIV/VH infections | **Disclosure to health care provider**  BGM least likely to disclose MSM behavior to health care providers  Lower rates of PrEP use, lack of extra-genital STI testing , lower rates of getting STI related vaccines |
| **Discrimination in serving minority populations and provision of services**  In provision of health care services, e.g., “We don’t take Medicaid”…, “We don’t offer HIV testing”, “We don’t speak Spanish/other”, etc | **Skills**  Low levels of health care provider communication and disclosure of MSM status and risk behaviors  Low levels with medical adherence with daily regimens | Undiagnosed STI/HIV/VH infections  Not protected against Hepatitis A & B and HPV | **STI-related vaccines**  Low rates of Hepatitis A & B and HPV vaccinations |
| **Cultural and peer norms** | **Cultural, family, perceived peer norms**  Less likely to seek preventive services  Distrustful of health care systems and providers | Undiagnosed STI/HIV/VH infections | **Preventive healthcare** (screening, including STI/HIV/VH)  Primary care  Less PrEP use |
| **Social norms** | **Social support**  Lack of social support from family/friends/community to seek preventive health services, e.g., STI testing, vaccines, PrEP, etc | Undiagnosed STI/HIV/VH infections | **Preventive healthcare** (screening, including STI/HIV/VH)  Primary care |

* **CT – Chlamydia; GC – gonorrhea; asymptomatic – no symptoms; VH – viral hepatitis**