



STIs among young, gay and bi men & trans women

A publication of MFierce (Michigan Forward in Enhancing Research and Community Equity)

The Landscape of STIs in Michigan

- Youth account for the largest proportions of STIs in the state.
- Out of total cases of men who have syphilis, gay, bi, or MSM (men who have sex with men) represent a majority of these cases.
- In 2013, about half the people in Michigan diagnosed with syphilis, also had HIV. This is higher than the national proportion.
- Detroit disproportionately carries a large portion of the state's gonorrhea rate.

Young, gay, and bi men's experiences in SE Michigan

- The most common barriers to seeking medical care were cost and transportation.
- 1 out of 2 said their health care provider knows their sexual orientation.
- 1 out of 3 said they have felt concerned that the person testing them for STI will judge them because they have sex with men.
- 1 out of 3 said they usually go to the emergency room or a walk in or urgent care clinic to receive medical care.
- About 40% reported their medical provider never recommended STI nor HIV testing.
- Young, gay and bi men experiences barriers and challenges known to affect STIs and HIV including unemployment, housing instability, and fear of violence in their community.

Young, trans women's experiences in SE Michigan

- The most common barriers to seeking medical care were cost, transportation, and fear of being mistreated or harassed by medical staff.
- 25% have been diagnosed with STIs or HIV in their lifetime.
- About 20% reported their medical provider never recommended STI nor HIV testing.
- On average, most believed transphobia and lack of community acceptance of trans people is a concern in the Metro Detroit Area.
- Trans women experiences barriers and challenges known to affect STIs and HIV including unemployment, housing instability, and fear of violence in their community.

Burden of STIs in SE Michigan

Counties within the MFierce Partnership disproportionately carry a large portion of total STIs in the state. Counties include: Wayne, Macomb, Oakland, Genesee, Washtenaw, Monroe, St. Clair, Lapeer, and Livingston.

STI	2013 Statewide Cases	2013 MFierce Area Cases	MFierce's % of State Cases
Chlamydia	45,091	26,947	60%
HIV	16,750	11,835	71%
Gonorrhea	10,553	7,744	73%
Syphilis	498	439	88%

Our current reporting system is limited and creates a number of problems:

- Sexual behavior, gender identity, and sexual orientation are often conflated or not asked.
- Trans women are often grouped with men who have sex with men (MSM) though these are different communities with unique needs.
- Medical intake forms are often out of date, gendered, and incomplete.



Where do we go from here?

MFierce is a 3-year project funded by the CDC Community Approaches to Reducing Sexually Transmitted Diseases (CARS) initiative in order to support the planning, implementation and evaluation of interdisciplinary interventions to promote community sexual health.

PURPOSE

Increase awareness about HIV/STI disparities in the community.

Promote collaborations between multiple sectors and identifying new opportunities for STI prevention and care service delivery.

Create equitable access to HIV/STI sites by aiding young, gay, bi men and trans women access culturally humble and sensitive services.

CBPR Approach

MFierce utilizes a community-based participatory research approach. CBPR is a collaborative-based approach that uses shared decision-making to engage researchers and community partners at all steps of the research process.

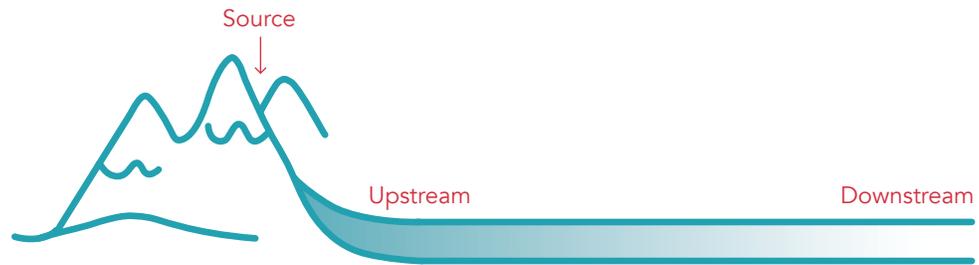
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The **social determinants of health** are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with health and illness. These circumstances are shaped by a wider set of forces: economics, social policies, and the environment. Social determinants can drive health disparities and include classism, racism, sexism, homophobia, and transphobia. Sometimes these forces become embedded within larger policies and institutions and become structural features of our communities and states. ^{3,4,5}

Structural change is a new or modified practice, program, or policy that can be sustained over time and is linked to preventing a health issue. Structural changes are considered “upstream”, closer to the source of the problem, and likely to reach more people and be more cost-effective in the long run. MFierce focuses on regional, structural strategies because they have a profound impact on the social determinants of health and STI disparities. ^{3,4,5}



Common structural issues perpetuating STI disparities among sexual and gender minorities identified by MFierce’s Steering Committee and Youth Advisory Board:

- Economic disadvantage
- Health care costs and coverage
- Limited funding climate
- Social stigma: racism, homophobia, transphobia
- HIV disclosure laws and HIV stigma
- State laws limiting sex education
- Limited community and government stakeholders
- Housing instability
- Limited transportation
- Issues with police and law enforcement
- Lack of culturally competent medical providers
- Problems with intake forms and state surveillance of STIs and HIV
- Challenging political climate
- Limited access to education

DATA SOURCES: ¹ Michigan Department of Community Health, ² Center for Sexuality & Health Disparities research projects: United for HIV Integration and Policy and Get Connected, ³ Center for Disease Control and Prevention, ⁴ World Health Organization, ⁵ Children’s Hospital of Los Angeles, ⁶ Detroit Community-Academic Urban Research Center.

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