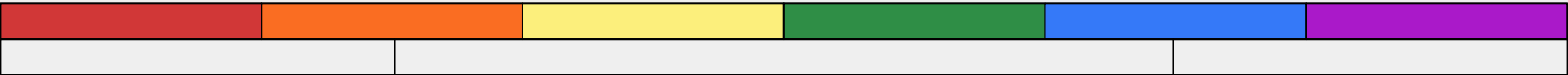




Trust, Mistrust, and Stigma: Meeting the Health Care Needs of Young Men who Have Sex with Men (YMSM)

————— ▽△

Anita Shubert



Introductions



Anita Shubert
University of Michigan
Psychology & Women's and Gender Studies



Dr. José Bauermeister, PhD, MPH,
FSBM
University of Pennsylvania School of Nursing
Founding Faculty Director of Eidos

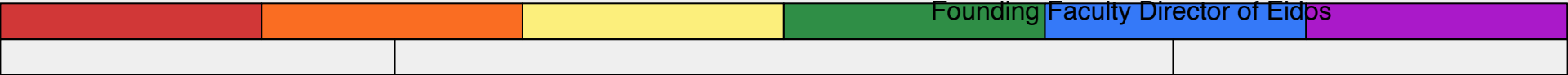


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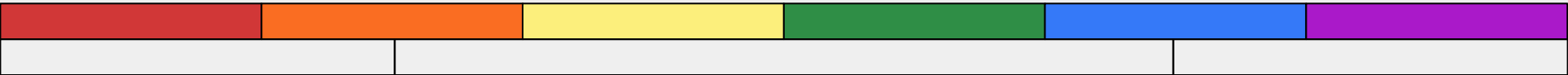
Present Study

03

Reflection

04

Questions



Background

- ★ In an ideal world, everyone would have access to proper health care that improves their health outcomes
- ★ However, LGBTQ+ individuals are less likely to have access to reliable, culturally-competent healthcare¹
- ★ Stigma experiences, global mistrust, and provider mistrust all have been linked to negative healthcare experiences for LGBTQ+ individuals²⁻³

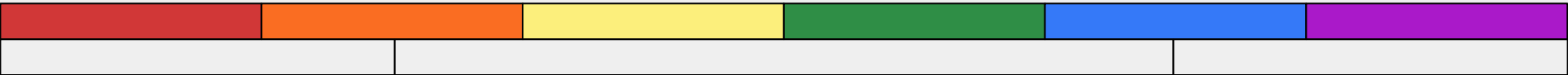
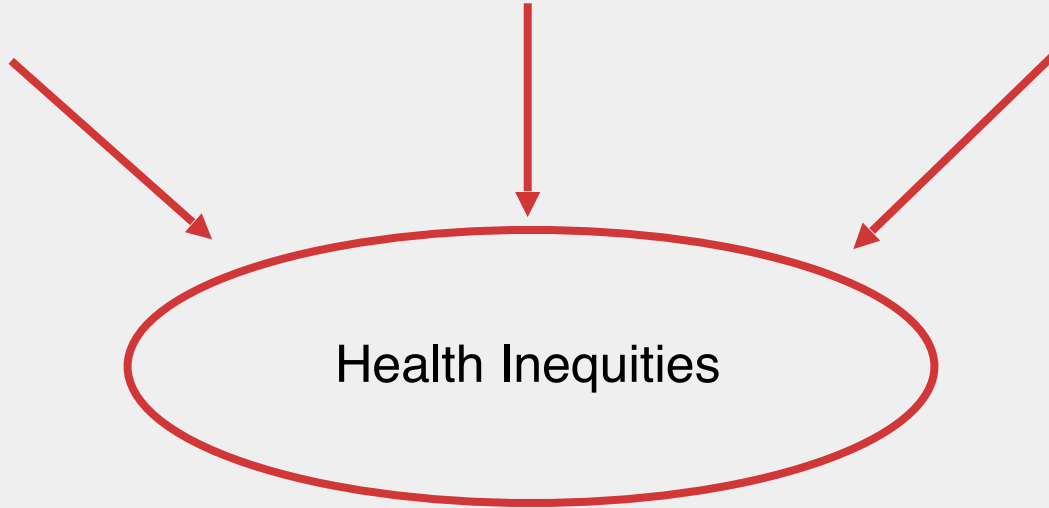




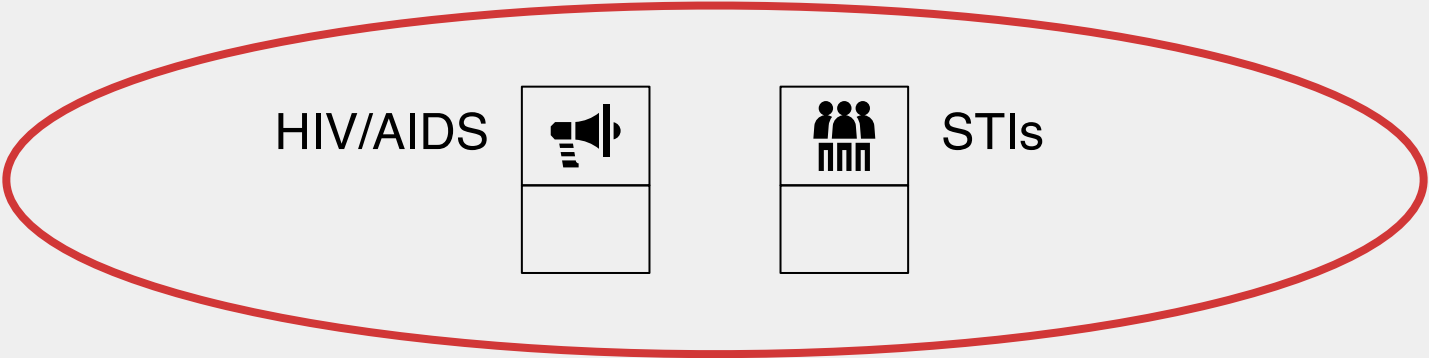
Stigma Experiences

Global Mistrust

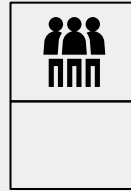
Provider Mistrust



YMSM Health Disparities

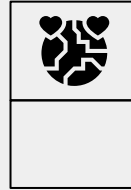
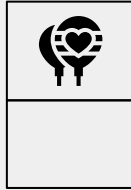


HIV/AIDS

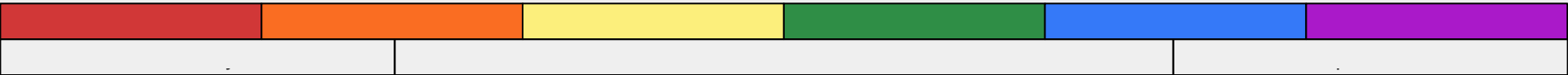


STIs

Substance Use



Mental Health



YMSM HIV/STIs

- ★ YMSM have disproportionately high rates of HIV, syphilis, and other STIs¹
- ★ In 2019, gay and bisexual men between the ages of 13 and 24 made up 25% of new HIV diagnoses²
- ★ Black MSM are ~5x more likely and Hispanic MSM are ~3x more likely to receive a new HIV diagnosis compared to White MSM³





Significance

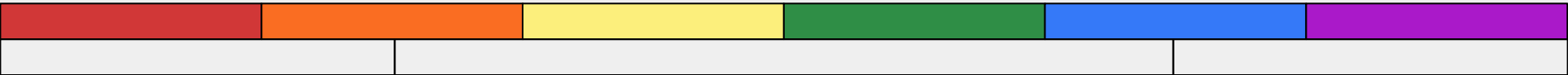


Problem

YMSM experience several negative health outcomes related to improper healthcare. Health care services should work with YMSM patients to address their needs and improve their health outcomes.

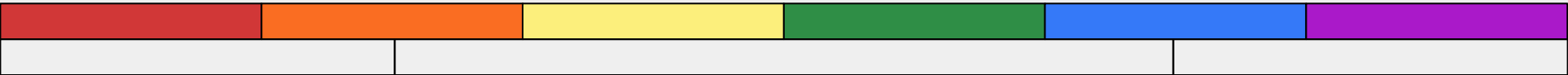
Question and Outcome

What are the key correlates associated with meeting the health care needs of YMSM? Once the key correlates are identified, we can build interventions and recommendations for providers to appropriately address the health care needs of YMSM. This can reduce health disparities and lead to better patient driven care.



Aims

- ★ Aim 1: Determine what proportion of YMSM note having their medical needs met
- ★ Aim 2: Examine if there are any sociodemographic differences in YMSM's needs being met
- ★ Aim 3: Examine if indicators of stigma and mistrust are associated with YMSM's needs being met
- ★ Aim 4: Examine if any provider-related characteristics are associated with YMSM's needs being met



Methods

Design

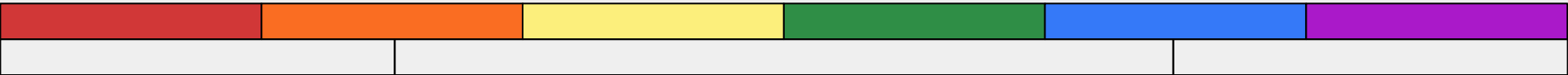
- ★ 30 semi-structured interviews with YMSM about how they perceive next generation PrEP modalities
- ★ Online screener and survey of over 700 YMSM about their healthcare services and PrEP modalities

Participants

- ★ N=563 YMSM
 - 21.08 mean age
 - 301 minority (53.46%)
 - 463 gay (82.24%)
 - 277 single (49.20%)
 - 552 insured (98.05%)

Data Analysis

- ★ SPSS used to run correlations and regression analyses for several variables
- ★ Demographic variables (5), independent variables (9), and dependent variables (2)



Variables

Demographic Variables

- ★ Age
- ★ Minority
- ★ Gay
- ★ Single
- ★ Insurance

Independent Variables

- ★ Mental Health
- ★ Needed Care, But Couldn't Access It
- ★ Usual Clinic
- ★ Experiences of Health Care-Related Stigma
- ★ Global Medical Mistrust
- ★ Personal Mistrust in Providers
- ★ Sexual Health Topics Discussed
- ★ Provider Knows Patient Sexual Orientation
- ★ Provider Knowledge MSM Topics

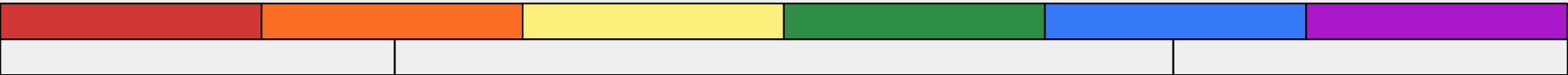
Dependent Variables

- ★ How often does your health care services meet your specific health care needs?
 - Continuous
 - NRSUA
- ★ Does your health care services always meet your health care needs?
 - Dichotomous
 - 1 is yes, 0 is no



Findings – Descriptives

Table 1: Descriptives			
Variable	Total (N=563)	Needs Met (N=133)	Needs Not Met (N=430)
Age	21.06(2.26)	21.33(2.32)	21.00(2.24)
Mental Health	11.78(3.35)	12.63(3.33)	11.52(3.31)
Needed Care, But Couldn't Access It	0.28(0.71)	0.16(0.64)	0.29(0.73)
Experiences of Health Care-Related Stigma	5.07(1.67)	4.15(1.43)	5.35(1.63)
Global Medical Mistrust	8.61(1.74)	7.83(2.02)	8.86(1.57)
Personal Mistrust in Providers	5.75(1.63)	4.93(1.57)	6.01(1.57)
Sexual Health Topics Discussed	1.81(1.30)	2.12(1.30)	1.71(1.29)
Minority	301(53.46%)	76(25.25%)	225(74.75%)
Gay	463(82.24%)	113(24.41%)	350(75.59%)
Single	277(49.20%)	61(22.02%)	216(77.98%)
Insured	552(98.05%)	131(23.73%)	421(76.27%)
Usual Clinic	523(92.90%)	127(24.28%)	396(70.34%)
Provider Knows Patient Sexual Orientation	302(53.64%)	86(28.48%)	216(71.52%)
Provider Knowledge MSM Topics	132(23.45%)	57(43.18%)	75(56.82%)

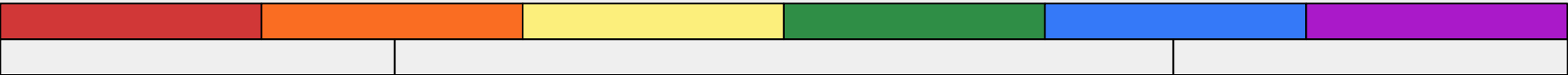




Findings – Continuous Variables

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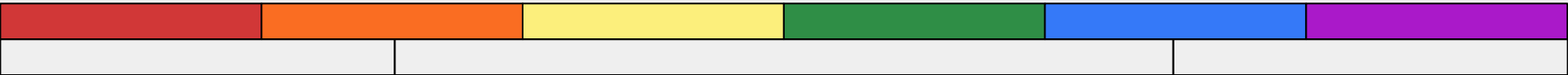




Findings – Dichotomous Variable

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Variable	Total (N=563)	Needs Met (N=133)	Needs Not Met (N=430)
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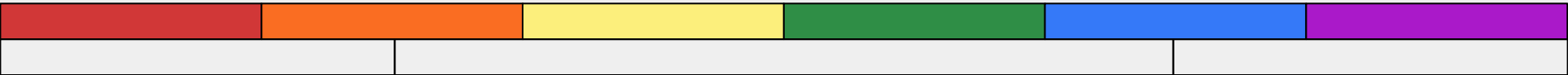




Findings – Regression

Model	Unstandardized Coefficients		Standardized Coefficients	t	p-value
	B	Std. Error	Beta		
(Constant)	3.701	0.365		10.133	<0.001
Age	0.017	0.011	0.057	1.463	0.144
Minority	0.113	0.051	0.084	2.223	0.027
Gay	0.049	0.066	0.028	0.748	0.455
Single	-0.021	0.050	-0.015	-0.411	0.681
Insured	0.192	0.179	0.037	1.073	0.284
Mental Health	0.027	0.008	0.135	3.516	<0.001
Needed Care, But Couldn't Access It	-0.055	0.036	-0.058	-1.508	0.132
Usual Clinic	0.237	0.100	0.091	2.377	0.018
Experiences of Health Care-Related Stigma	-0.094	0.017	-0.234	-5.508	<0.001
Global Medical Mistrust	-0.006	0.016	-0.017	-0.410	0.682
Personal Mistrust in Providers	-0.076	0.018	-0.185	-4.201	<0.001
Sexual Health Topics Discussed	0.047	0.021	0.091	2.216	0.027
Provider Knows Patient Sexual Orientation	0.069	0.057	0.0512	1.208	0.228
Provider Knowledge MSM Topics	0.247	0.063	0.156	3.924	<0.001

a. Dependent Variable: How often does your health care services meet your specific health care needs?





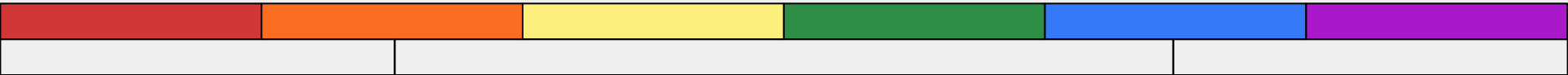
Findings – Sociodemographic

Table 2: Regressions^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	p-value
	B	Std. Error	Beta		
(Constant)	3.701	0.365		10.133	<0.001
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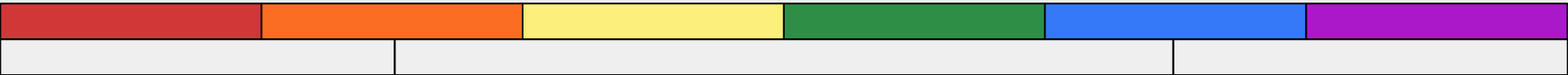


Findings – Stigma and Mistrust

Table 2: Regressions^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	p-value
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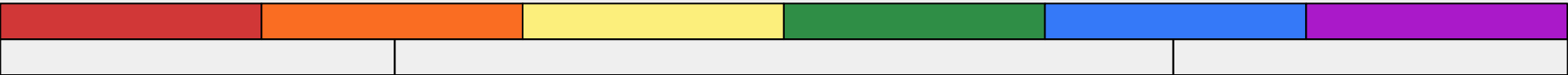
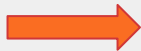


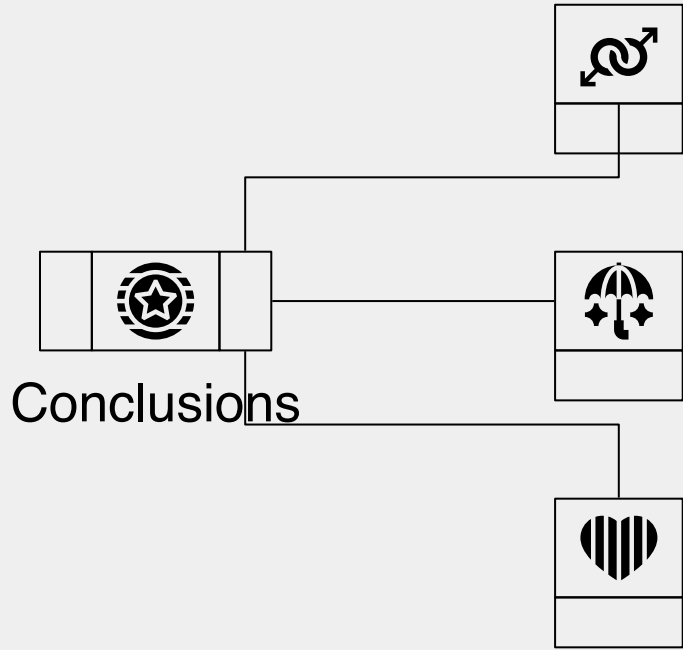
Findings – Provider Characteristics

Table 2: Regressions^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	p-value
	B	Std. Error	Beta		
(Constant)	3.701	0.365		10.133	<0.001
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a. Dependent Variable: How often does your health care services meet your specific health care needs?





Identified Correlates

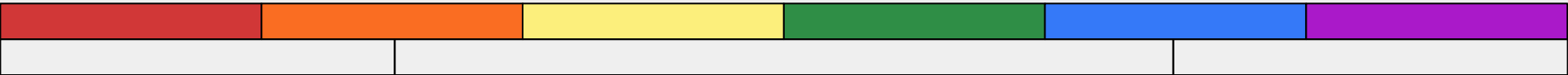
Minority, Mental Health, Usual Clinic, Health Care-Related Stigma Experiences, Personal Mistrust in Providers, Sexual Health Topics Discussed, Provider Knowledge MSM Topics

Develop Interventions

For access and proper care i.e. usual clinic, patient-provider trust

Recommend Training

For cultural competence i.e. sexual health topics discussed, knowledge MSM topics





Lessons Learned



SPSS



Quantitative Analysis



Research Process



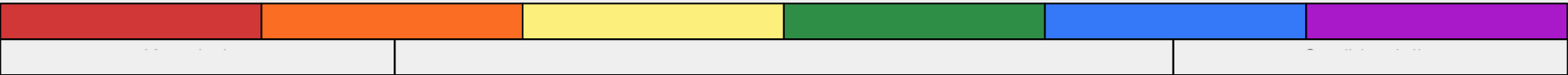
Independence



Confidence



Asking Questions





Acknowledgements



Dr. José Bauermeister



Joanne Levy



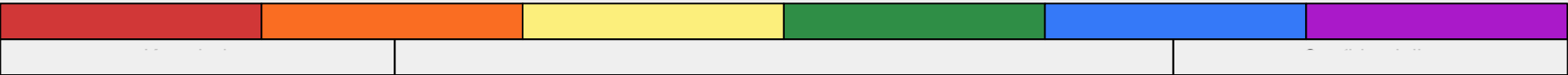
ChiChi Nwadiogbu



Eidos



SUMR/GEAR UP Scholars





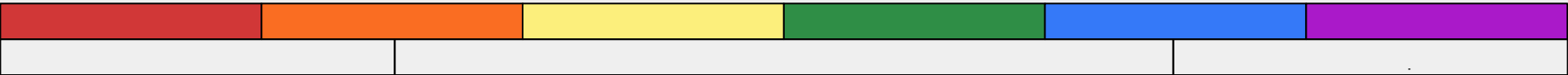
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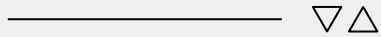
Any Questions?

Feel free to reach out!

Email: ashubert@umich.edu

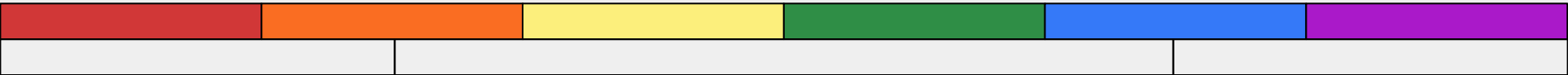
LinkedIn: <https://www.linkedin.com/in/anita-shubert/>





GIST (Gender Inclusive Sexuality Talks): Facilitators and Barriers to Parent-Child Sex Communication

Anita Shubert



Introductions



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University of Michigan
Psychology & Women's and Gender Studies



Dr. Dennis Flores, PhD, ACRN,
FAAN
University of Pennsylvania
School of Nursing

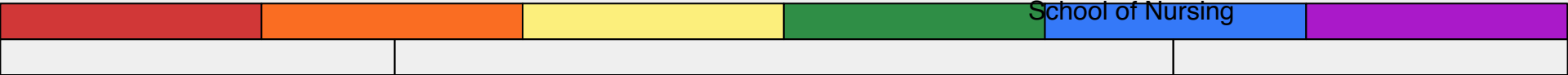


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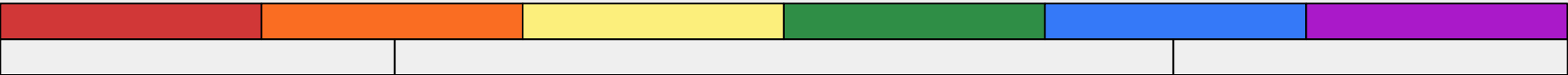
Present Study

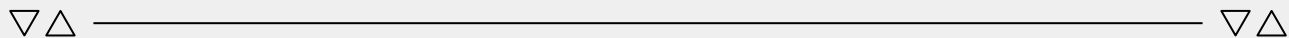
03

Reflection

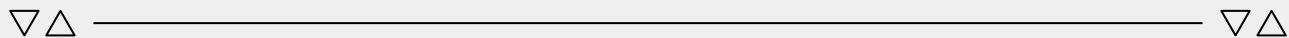
04

Questions



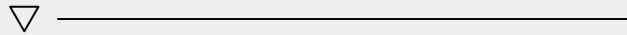


Sex Education Fails Youth

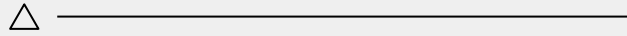


Especially LGBTQ youth

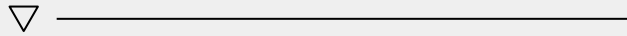




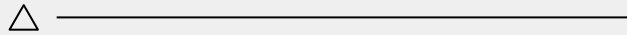
29 out of 50



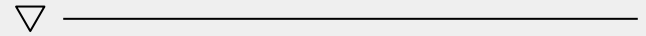
States Mandate Sex Ed



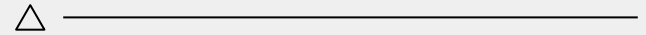
18 out of 50



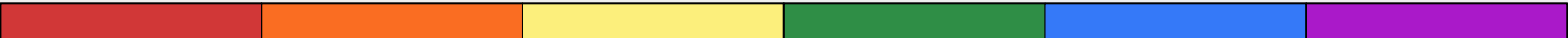
States Require Sex Ed to be Medically Accurate



7 out of 50



States Require Sex Ed to be LGBTQ Inclusive



Sex Education for Queer Youth

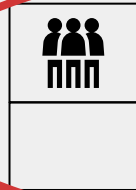
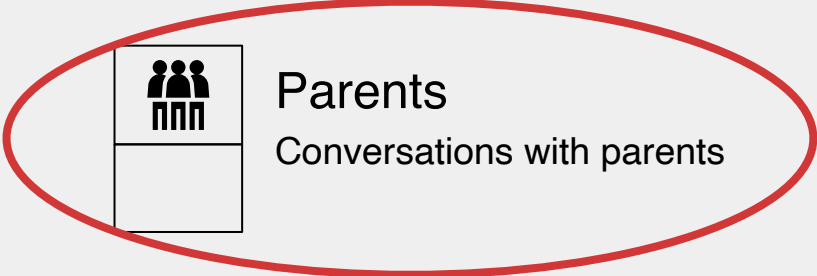


- ★ Queer youth were less likely than their straight peers to report instruction about HIV/STI prevention and where to get birth control¹
- ★ Fewer than 7% of queer youth report school health classes with positive representation of LGBTQ-related topics²

Sources of Sexual Education

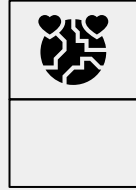
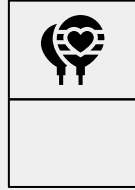


School
Sex education classes

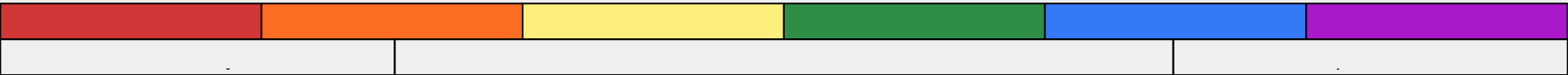


Parents
Conversations with parents

Peers
Conversations with friends or siblings



Media
Television, movies, and online resources





Parent-Child Studies by Dr. Flores



ASSIST

- ★ Advancing Supportive and Sexuality-Inclusive Sex Talks
- ★ Gay, bisexual, and queer young men



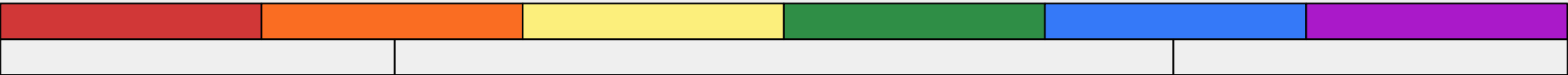
SHIFT

- ★ Sexual Health Inclusivity during Family Talks
- ★ Lesbian, bisexual, and queer young women



GIST

- ★ Gender Inclusive Sexuality Talks
- ★ Transgender and gender nonbinary (TGNB) young children





Significance



TGNB Youth

Are coming out at younger ages; approximately 300,000 youth between the ages of 13 and 17 identify as transgender¹



HIV/STI

TGNB individuals are disproportionately impacted by HIV; 14.1% of transgender women, 3.2% of transgender men, and 9.2% of transgender people are HIV-positive, whereas only 0.5% of US adults are HIV-positive²

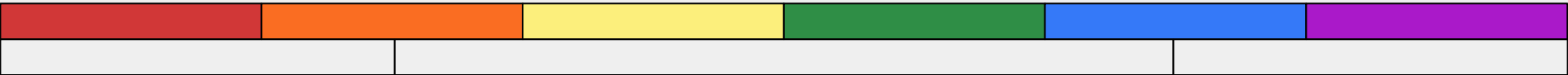


Gap in Literature

Existing interventions focus on cisgender adolescents; 2 out of 116 parent-child sex communication studies focus on LGBTQ youth³

Aims

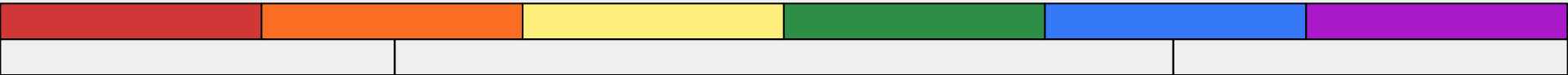
- ★ Aim 1: To describe the perceptions of TGNB adolescents and parents regarding parent-child sex communication, including identifying HIV and sex-related topics for which dyads feel they need to discuss and not discuss with one another
- ★ Aim 2: To elicit suggestions from TGNB adolescents and parents on the barriers and facilitators to initiating and sustaining TGNB-focused sex and HIV communication
- ★ Aim 3: To solicit from parent-child dyads their ideas for an emergent, gender-focused parent-child sex communication intervention



Long-Term Goal



Intervention Development: This study will result in an emergent sex communication intervention centered on the needs and unique attributes of families with TGNB adolescents. The intervention will help parents effectively inform their TGNB child on sexual health topics and how to reduce their chances of being infected with HIV and other STIs.



Methods

Design

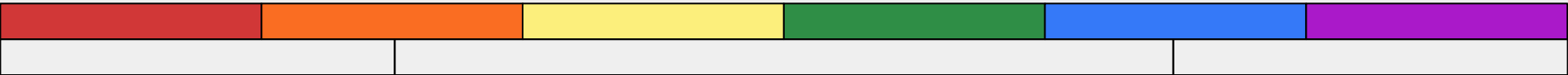
- ★ Semi-structured interviews were conducted with parent-child dyads
- ★ Questions regarding facilitators and barriers to sexual communication were isolated for this study

Participants

- ★ 13 Parents
 - 7 White, 5 Asian, 1 Latinx
 - 11 Moms, 2 Dads
- ★ 13 Children
 - 9 White, 3 Asian, 1 Latinx
 - 10 trans male, 2 trans female, 1 agender

Data Analysis

- ★ Qualitative data analysis was conducted using NVivo Software
- ★ Codes were created and defined according to themes from the interviews





NVivo Coding Process

Read Interview
Transcripts

Take Notes on
Initial Themes

Develop a
Codebook

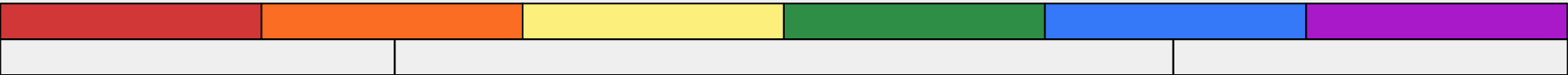
Code all
Transcripts

Import interview
transcripts into NVivo
and read through them

Note themes that
show up across
interview transcripts

Create codes,
definitions, and provide
examples from the
transcripts

Refine codes and
finish coding
transcripts on NVivo





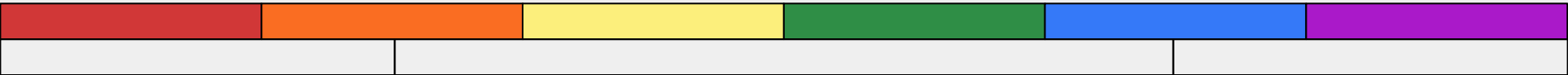
Findings – Facilitators and Barriers

Facilitators

Anytime a participant mentions a characteristic that makes them more likely to have a successful and TGNB-inclusive parent-child sexual health discussion

Barriers

Anytime a participant mentions a characteristic that makes them less likely to have a successful and TGNB-inclusive parent-child sexual health discussion



Codebook – Facilitators

Code	Definition
Facilitators	Anytime a participant mentions a characteristic that makes them more likely to have a successful and TGNB-inclusive parent-child sexual health discussion
Child Educates Parent	Participant mentions that their child educates them on LGBTQ identities and sexual health topics
Events Led to Discussion	Participant mentions that an event triggered a sexual health discussion
Medical Journey	Participant mentions that discussions of their child's medical transition leads to sexual health discussions
Open and Accepting Environment	Participant mentions that they created an inclusive and accepting environment that leads to sexual health discussions
Parent Initiates Conversation	Participant mentions that they ask their child questions or initiate sexual health discussions
Pregnancy, Procreation, or Contraception	Participant mentions conversations of pregnancy, procreation, contraception, or reproduction related to TGNB medical procedures
Puberty	Participant mentions that their child reaching puberty leads to sexual health discussions
Safety	Participant mentions that they feel a responsibility to have sexual health discussions regarding safety



Findings – Examples of Facilitators

Child Educates Parent

“Is the risk greater for the woman, when it’s sex between two women versus sex between a man and woman. I think that’s where she brought up the dental, I asked her. I said, ‘So, what do women use to prevent STI transmission?’ and she said, ‘Dental dams.’”

Open and Accepting Environment

“We’ve been very aware of the gender issue. Yes we have been aware. We always avoid heteronormative languages. We always avoid that.”

Codebook – Barriers

Code	Definition
Barriers	Anytime a participant mentions a characteristic that makes them less likely to have a successful and TGNB-inclusive parent-child sexual health discussion
Age or Stage of Development	Participant mentions that their child's age or stage of development prevents the discussion sexual health topics
Child Anticipates Parental Rejection	Participant mentions that their child avoids coming out because of anticipated rejection, which prevents prevents subsequent sexual health discussions
Child Shuts Down Conversation	Participant mentions that the child declines to engage in sexual health discussions
Child Uncomfortable	Participant mentions that the child becomes uncomfortable during sexual health discussions
Heteronormativity, Cisgenderism, or the Gender Binary	Participant mentions that heteronormativity, cisgenderism, and the gender binary underlie the sexual health discussions
Parent Lacks Understanding or Knowledge	Participant mentions that they have a lack of knowledge or understanding of LGBTQ topics that prevent them from engaging in sexual health discussions
Parent Uncomfortable	Participant mentions they become uncomfortable during sexual health discussions
Parent Identities or Experiences	Participant mentions that their own identities and experiences limit them from engaging in LGBTQ sexual health discussions
Parent Risk of Upsetting Child	Participant mentions that they do not want to upset their child, so they avoid sexual health discussions



Findings – Examples of Barriers

Child Shuts Down Conversation

“But as a child grows into adolescence, dating is something they’re private [about]. They would not initiate the subject with us. Occasionally we would try to initiate the subject but they’re just like, ‘I don’t want to talk about it.’”

Parents Identities or Experiences

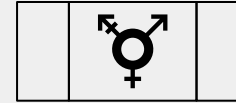
“Cuz I'm not an expert on being transgender. Like, that's one of my big difficulties. Is, you know, it's hard for me to give advice on certain things because I'm not living that experience.”



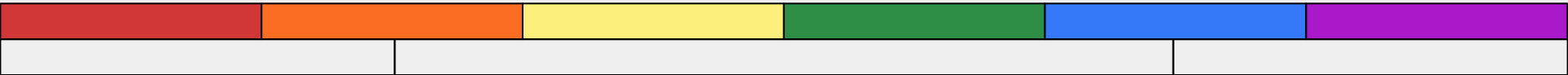
Future Directions



Code for More Themes



Intervention Development





Lessons Learned



NVivo



Perseverance



Flexibility



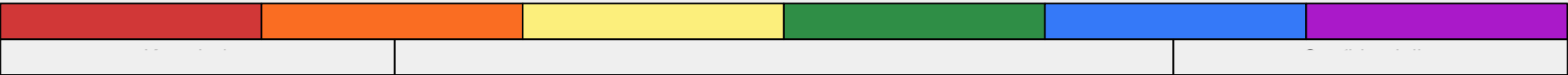
Patience



Editing



Synthesis





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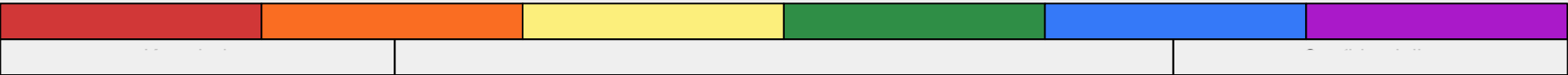
ChiChi Nwadiogbu



Tech Services



SUMR/GEAR UP Scholars





Thank You!

Any Questions?

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[Codebook](#)

