



HIS HEALTH
Grow strong together.

His Health Whole Health Screening and Vaccination CME/CNE Supplemental Reading

Research Articles

1. Bowleg, L. (2013). "Once you've blended the cake, you can't take the parts back to the main ingredients": Black gay and bisexual men's descriptions and experiences of intersectionality. *Sex Roles*, 68(11-12), 754-767.
 - Study analyses highlighted four key themes: (1) explicit and implicit descriptions of intersectionality; (2) the primacy of identities as Black and/or Black men first; (3) challenges such as negative stereotypes, racial microaggressions in mainstream and White LGB communities, heterosexism in Black communities, and gender role pressures to act "masculine"; and (4) perceived benefits such as psychological growth, liberation from traditional gender role or heteronormative expectations, and the freedom that being outsiders or "never being comfortable" confers in terms of exploring new opportunities and experiences. These findings imply that intersectionality can be expanded to incorporate the strengths/assets of intersectional identities in addition to oppression based on interlocking social identities.
2. Petroll, A. E., & Mosack, K. E. (2011). Physician awareness of sexual orientation and preventive health recommendations to men who have sex with men. *Sexually transmitted diseases*, 38(1), 63.
 - This study demonstrated that disclosure of sexual orientation is associated with several patient-related and provider-related characteristics. Lack of disclosure to providers significantly decreased the likelihood that appropriate health services were recommended to participants. Efforts to promote discussion of sexual orientation within the primary health care setting should be directed toward both PCPs and MSM.
3. Hirshfield, S., Wolitski, R. J., Chiasson, M. A., Remien, R. H., Humberstone, M., & Wong, T. (2008). Screening for depressive symptoms in an online sample of men who have sex with men. *AIDS care*, 20(8), 904-910.
 - This study was undertaken to assess the utility of screening for, and characteristics associated with, depressive symptoms in an online survey of MSM. In 2003–2004, an online cross-sectional study was conducted among 2,964 MSM from the US and Canada. Using the two-item Patient Health Questionnaire (PHQ-2), 18% of the study participants screened positive for depressive

symptoms within the past 3 months. Characteristics associated with a positive PHQ-2 screen for depressive symptoms in multivariate analysis included having less than a high school or college degree, being single (not having a primary male partner) or being married to a woman, being HIV-positive, and not having recent sex. Additionally, among men who screened positive on the PHQ-2, predictors of not having treatment from a mental health provider in the past year were low education, being black/African American/Canadian or Hispanic, and having no primary care provider. The Internet is a viable medium to reach and screen men at-risk for depression. Future work is needed for online outreach and connection to offline assessment as well as intervention.

4. Rhodes, S. D., Hergenrather, K. C., & Yee, L. J. (2002). Increasing hepatitis B vaccination among young African-American men who have sex with men: simple answers and difficult solutions. *AIDS patient care and STDs*, 16(11), 519-525.
 - Study findings underscore the need to reach MSM for HBV vaccination. Innovative approaches are necessary to ensure the prevention of infection, transmission and disease among individuals with limited education, bisexual MSM, and men who have limited access to health care.
5. Bernstein, K. T., Liu, K. L., Begier, E. M., Koblin, B., Karpati, A., & Murrill, C. (2008). Same-sex attraction disclosure to health care providers among New York City men who have sex with men: implications for HIV testing approaches. *Archives of Internal Medicine*, 168(13), 1458-1464.
 - Among the 452 MSM respondents, 175 (39%) did not disclose to their health care providers. Black and Hispanic MSM and 0.46 were less likely than white MSM to have disclosed to their health care providers. No MSM who identified themselves as bisexual had disclosed to their health care providers. Those who had ever been tested for HIV were more likely to have disclosed to their health care providers. These data suggest that risk-based HIV testing, which is contingent on health care providers being aware of their patients' risks, could miss high-risk persons.
6. Siconolfi, D. E., Kapadia, F., Halkitis, P. N., Moeller, R. W., Storholm, E. D., Barton, S. C., Solomon, T.M., & Jones, D. (2013). Sexual health screening among racially/ethnically diverse young gay, bisexual, and other men who have sex with men. *Journal of Adolescent Health*, 52(5), 620-626.
 - Though half of the sample reported recent general screening, rates of lifetime rectal screening are low. Efforts to increase screening may focus on improving provider knowledge and guideline adherence, and educating and encouraging YMSM to access sexual health check-ups.

Related Presentations

1. The Centers for Disease Control and Prevention (CDC). (2015). STD Treatment Guidelines Overview Webinar. [Powerpoint Slides and Pocket Guide]. Retrieved from <http://www.cdc.gov/std/tg2015/default.htm>
 - These guidelines for the treatment of persons who have or are at risk for sexually transmitted diseases (STDs) were updated by CDC after consultation with a group of professionals knowledgeable in the field of STDs who met in Atlanta on April 30–May 2, 2013. The information in this report updates the Sexually Transmitted Diseases Treatment Guidelines, 2010 (MMWR Recomm Rep 2010;59 [No. RR–12]). These updated guidelines discuss 1) alternative treatment regimens for *Neisseria gonorrhoeae*; 2) the use of nucleic acid amplification tests for the diagnosis of trichomoniasis; 3) alternative treatment options for genital warts; 4) the role of *Mycoplasma genitalium* in urethritis/cervicitis and treatment-related implications; 5) updated HPV vaccine recommendations and counseling messages; 6) the management of persons who are transgender; 7) annual testing for hepatitis C in persons with HIV infection; 8) updated recommendations for diagnostic evaluation of urethritis; and 9) retesting to detect repeat infection. Physicians and other health-care providers can use these guidelines to assist in the prevention and treatment of STDs.

1. Malebranche, D. (2015.) Beyond PrEP: Intersectionality, Resilience, & the Health of Black MSM [Powerpoint Slides]. Retrieved from <http://www.slideshare.net/JimPickett/beyond-prep-intersectionality-resilience-the-health-of-black-msm>
 - This presentation provides information on approaches to health among BMSM by redefining intersectionality, resilience and health in relation to PrEP availability and prescription for young BMSM.

Reports and Factsheets

1. Chicago Department of Health. (2015). Get the Facts: Invasive Meningococcal Disease [factsheet]. Retrieved from http://www.cityofchicago.org/content/dam/city/depts/cdph/infectious_disease/STI_HIV_AIDS/2015MeningitisFactSheet6_3_15.pdf
 - This fact sheet discusses Invasive Meningococcal Disease, particularly among the MSM population.
2. Centers for Disease Control and Prevention(CDC). (2015). Sexually Transmitted Diseases Treatment Guidelines, 2015. Morbidity and Mortality Report, 64 (3).
 - These guidelines for the treatment of persons who have or are at risk for sexually transmitted diseases (STDs) were updated by CDC after consultation with a group of professionals knowledgeable in the field of STDs who met in Atlanta on April 30–May 2, 2013. The information in this report updates the Sexually Transmitted Diseases Treatment Guidelines, 2010 (MMWR Recomm Rep 2010;59 [No. RR–12]). These updated guidelines discuss 1) alternative treatment regimens for *Neisseria gonorrhoeae*; 2) the use of nucleic acid amplification tests for the diagnosis of trichomoniasis; 3) alternative treatment options for genital warts; 4) the role of *Mycoplasma genitalium* in urethritis/cervicitis and treatment-related implications; 5) updated HPV vaccine recommendations and counseling messages; 6) the management of persons who are transgender; 7) annual testing for hepatitis C in persons with HIV infection; 8) updated recommendations for diagnostic evaluation of urethritis; and 9) retesting to detect repeat infection. Physicians and other health-care providers can use these guidelines to assist in the prevention and treatment of STDs.
3. Centers for Disease Control and Prevention(CDC). (2014). Strategies for Reducing Health Disparities – Selected CDC Sponsored Interventions, United States, 2014. Morbidity and Mortality Report [supp], 63 (1).
 - This document discusses CDC Sponsored Interventions in the U.S. that have worked to strategically reduce health disparities for minority populations.
4. National LGBT Health Education Center & National Association of Community Health Centers. (2013). Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers.
 - Learning about the sexual health and behavior of patients is an important part of providing high-quality, patient-centered, accessible, and efficient health care to the people in your health center. This toolkit has been created to help develop and implement systems for collecting routine histories of sexual health with all adult patients. Sexual histories should also be taken with adolescent patients. However, because the history-taking approach differs somewhat for adolescents, we recommend supplementing the information provided here with additional resources focused on adolescents. Understanding that all health centers are different, the tools have been designed to be adaptable to different practices and patient populations. Additionally, an extensive list of resources has been included to further your learning about sexual health and behavior and taking routine sexual histories.
5. Ard, K.L. and Makadon, H.J. (2012). Improving the Health of Care of Lesbian, Gay, Bisexual, and Transgender People: Understanding and Eliminating Health Disparities. The Fenway Institute.
 - This report reviews LGBT concepts, terminology, and demographics; discuss health disparities affecting LGBT groups; and outline steps clinicians and health care organizations can take to provide access to patient-centered care for their LGBT patients.

6. Bradford, J.B., Cahill, S., Grasso, C., Makadon, H.J. (2015). How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings. The Fenway Institute.
 - This policy brief discusses two methods for gathering sexual orientation and gender identity from patients, by asking questions on the patient registration (intake) form, and by requiring that providers gather this information directly from patients during medical visits, recording responses in the electronic medical record.

Other Resources

1. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2015). Summary of 2015 CDC Treatment Guidelines [wall chart]. Atlanta: Centers for Disease Control and Prevention (CDC).
 - These summary guidelines reflect the 2015 CDC Guidelines for the Treatment of Sexually Transmitted Diseases. They are intended as a source of clinical guidance. An important component of STD treatment is partner management. Providers can arrange for the evaluation and treatment of sex partners either directly or with assistance from state and local health departments.
2. US Department of Health and Human Services and Centers for Disease Control and Prevention. A Guide to Taking a Sexual History. Retrieved from <https://www.cdc.gov/std/treatment/sexualhistory.pdf>
 - This guide was created to help physicians determine the STD's risk among their patients and provides a sample of discussion points and questions.
3. GLMA. (2012). Ten Things Gay Men Should Discuss with their Healthcare Provider. Retrieved from <http://falconhealth.org/assets/pdf/services/sexual-health-gay-men.pdf>