

Lessons not learned from the HIV pandemic: Disproportionate impacts of COVID-19 and mpox on SGM populations

Gregory Phillips II

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Northwestern



Institute for Sexual
and Gender Minority
Health and Wellbeing

Evaluation, Data Integration, and Technical Assistance Program (EDIT)

HIV: The “first” pandemic

- Until the HIV pandemic began in the early 1980s, little attention had been paid to disproportionate impacts on SGM populations
- HIV led to widespread anti-SGM stigma
 - Initial naming of AIDS as GRID (gay related immune deficiency)
 - Vilification of MSM, Gaetan Dugas, and bathhouses
- However, HIV also led to improvements
 - New model of community activism and political engagement
 - Mainstream acknowledgment of SGM populations
 - “Better” SOGI measurement
 - Increased funding for SGM health research

What we (didn't) learn

- Despite decades of research, advocacy, and policy, much we learned from HIV was forgotten in newer pandemics
- Across both COVID-19 and mpox, we saw:
 - Refusal to collect SOGI data
 - Refusal to acknowledge disproportionate impacts
 - Use of stigmatizing and inaccurate campaigns
 - Use of fearmongering to stimulate preventive behaviors
 - Limited focus on bisexual and transgender populations

COVID-19 and SGM

Quick Review

What research has found:

- COVID-19 spreads along well-known lines of inequity, fueled by longstanding patterns of discrimination
- Existing disparities in health, service access, and social determinants among SGM people, especially SGM POC, are exacerbated
- Little data on COVID-19 outcomes among SGM populations due to no SOGI data collection within ongoing research studies and clinical trials

Thus, our team prioritized investigating...

- How these disparities are manifesting, including complex causes and consequences.
- Short of systemic change and eliminating homo/bi/transphobia, what can we accomplish to support SGM health during and beyond the pandemic?

Our Team's Initial Recommendations



Meeting the Needs of LGBTQ+ People During COVID-19 and Beyond



Actions for Public Health professionals to ensure that no community suffers disproportionately from the COVID-19 crisis



Ensure That Health Care Staff are Trained to Care for LGBTQ+ Patients

- Distribute extant training materials and resources rapidly
- Prioritize the creation of a safe, welcoming, and inclusive environment for care related to COVID-19 or otherwise



Immediately Update Demographic Data Capture to Include LGBTQ+ Populations

- No morbidity or mortality surveillance currently includes LGBTQ+ people, creating major barriers to public health response
- Comprehensive reporting of sex, sexual orientation, and gender identity across U.S. health systems is necessary



Rapidly Advance Research on LGBTQ+ People's Experiences During COVID-19

- Partner with community and academic experts to ensure new research is responsive to community needs
- Create new, rapid funding opportunities for LGBTQ+ research during COVID-19



Create and Implement Equitable Disaster Preparedness Plans

- Tailor to local context to ensure marginalized communities are not allowed to suffer disproportionately from the current crisis, and are not left behind by the crisis response



Speak Out as a Proponent of LGBTQ+ Health

- Position yourself as an advocate for equitable rights and protections for LGBTQ+ people
- Use your voice personally and professionally to uplift and support marginalized communities

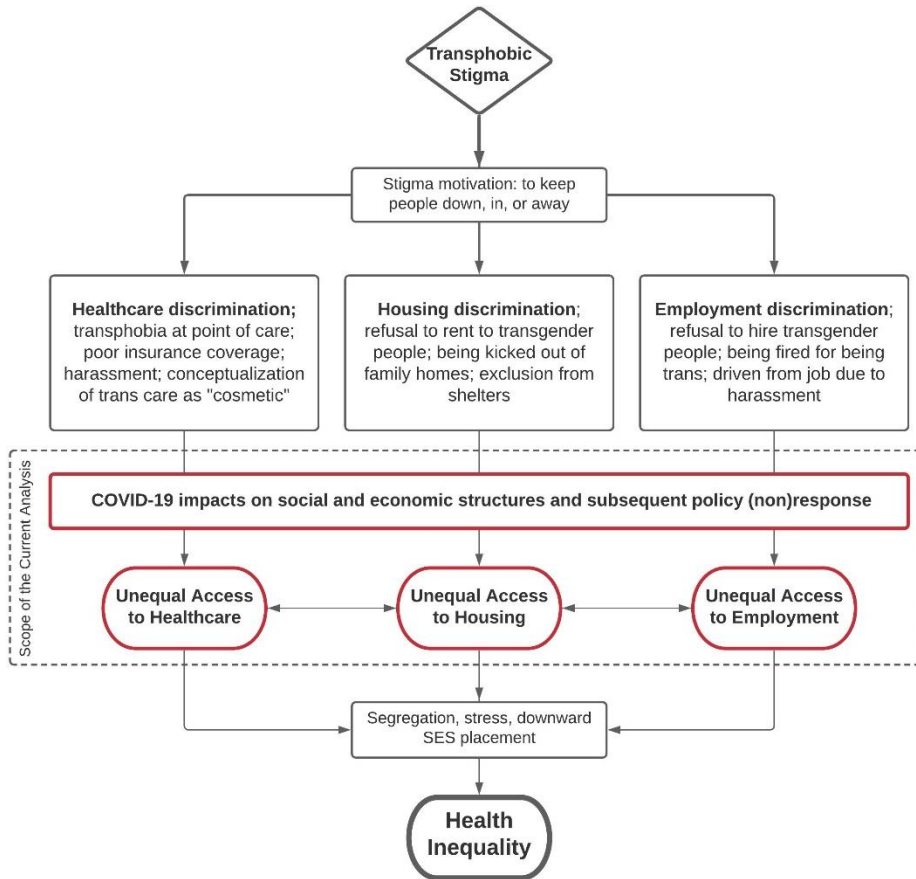
Priorities for Action for LGBTQ+ Health Equity During COVID-19 and Beyond

*Phillips II, G., Felt, D., Ruprecht, M. M., Wang, X., Xu, J., Pérez-Bill, E., Bagnarol, R. M., Roth, J., Curry, C. W., & Beach, L. B. (2020). Addressing the Disproportionate Impacts of the COVID-19 Pandemic on Sexual and Gender Minority Populations in the United States: Actions Toward Equity. *LGBT health*, 7(6), 279–282. <https://doi.org/10.1089/lgbt.2020.0187>*

COVID-19 Vaccination and Testing Interests

- **Interest in vaccination:**
 - Bisexual/pansexual vs. Gay/lesbian: **OR = 1.69**
 - Non-binary vs. Cisgender male: **OR = 4.38**
 - Transgender vs. Cisgender: **OR = 2.30**
 - People with HIV vs. HIV-negative individuals: **OR = 0.40**
- **Willingness to test at home:**
 - Bisexual/pansexual vs. Gay/lesbian: **OR = 2.83**
 - Intersex vs. Non-intersex: **OR = 0.40**
 - Transgender vs. Cisgender: **OR = 3.05**
 - People with HIV vs. HIV-negative individuals: **OR = 0.27**

Impact of COVID-19 on Social Determinants Differs by Gender and Gender Modality



Reporting homelessness/housing instability:

- Trans and gender diverse vs. cisgender: **OR = 2.12**

Reporting medical care interruptions:

- Trans and gender diverse vs. cisgender: **OR = 2.88**
- Trans women vs. Cis men **OR = 3.29**
- Trans men vs. Cis men **OR = 4.12**
- Non-binary (trans) vs. Cis men **OR = 3.48**

“In the context of COVID-19, these stigma-linked inequities pose a threat to the immediate and long-term health of trans populations. Stigma-associated SDoH and health inequities can translate into further reduction in socioeconomic status (SES) and into long-term health inequity for trans people”

Felt D, Xu J, Floresca YB, Fernandez ES, Korpak AK, Phillips II G, Wang X, Curry CW, Beach LB. "Instability in Housing and Medical Care Access: The Inequitable Impacts of the COVID-19 Pandemic on U.S. Transgender Populations." *Transgender Health*. 2021 [in press]

YYA Project Aims

Aim 1

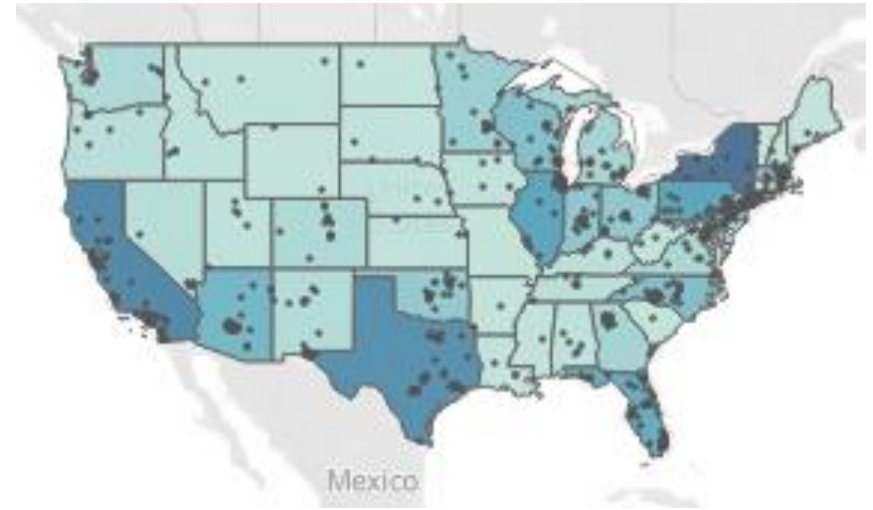
Conduct a national online survey and qualitative interviews with YYA to investigate how multilevel factors impact COVID-19 behaviors between REMY and SGMY and their majority peers.

- Mixed-methods; explanatory
- Individual, interpersonal, structural
- 1,250 participants:
 - Baseline and 6-month follow-up
 - 40 qualitative interviews

Aim 2

Develop and pilot test a social marketing health messaging intervention among 100 REMY and SGMY in Chicago to increase their COVID-19 knowledge, attitudes, and uptake of testing and preventive behaviors.

- Focus groups to refine approach
- Pre-/post-testing
- Implementer interviews



Not pictured: Hawaii (4), Alaska (3), Puerto Rico (3), Guam (1)

Baseline data collected Feb. 2021 to March 2022 (N=1,055)

Qualitative data collected August to October 2021 (N=40)

Impacts of COVID-19 on YYA

- 13.2% had past month COVID-19 symptoms
- 11.2% ever tested positive for COVID-19
- 66% had received at least one vaccine dose
- 11.5% had severe change in income/employment (unable to pay bills/meet all needs)
- 9.1% had severe stress/discord within the family
- 33.2% had severe stress related to the COVID-19 pandemic

“My father has not had a steady job since February 2020, this has caused a lot of stress within the household, I find myself picking up more expenses because of this and feeling more pressure. – Age 21

“Once schools closed because of COVID-19, my performance exponentially worsened because of increased stress and anxiety. I stopped speaking to the people I used to see everyday and being at home all the time made me tense and feel trapped.” – Age 18

Experiences of Stigmatization

- **Many SGM YYA experienced greater stigmatization due to being forced into unaccepting home environments or lacking the social support provided by community spaces or school.**
 - *Because I am not out to my family, I have had to go back in the closet because I moved back into my parents' house from my college dorm, which is extremely stressful. – Age 19*
 - *I gave up my apartment & moved back in with my family. I'm appreciative of having a roof over my head, but they're extremely transphobic & I don't feel safe here. –Age 23*
 - *I don't get to go to school and be around people who use my name and pronouns which sucks. –Age 18*
- **Others suggested that quarantine provided an opportunity to escape experiences of marginalization, particularly among high school students.**
 - *“[The pandemic] took out an aspect of, like, at school, it's a lot less accepting than with my friends, so, I was kinda able... a lot of us were able to reflect more on our identities in a supportive environment without having to worry about putting up a front for school to not be ostracized” – Age 17*
 - *“[The pandemic] has positively impacted my social transition. I was able to transition at home without the stress of school.” –Age 17*

The 2022 mpox Outbreak

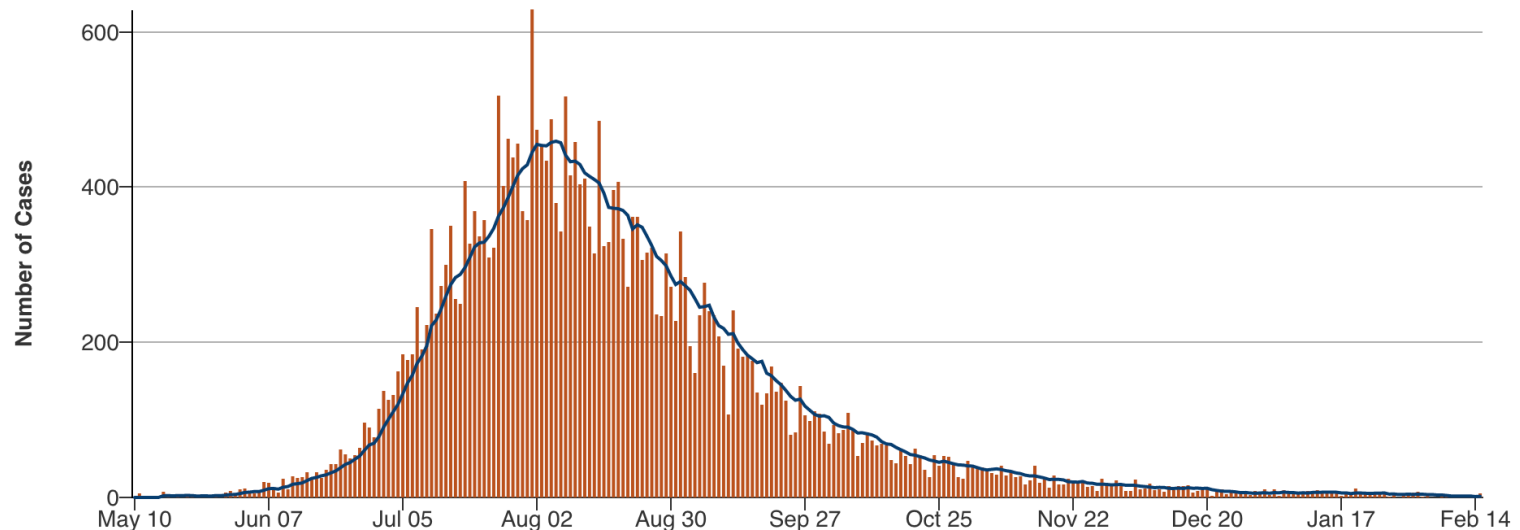
Lessons on trauma, stigma, and sex negativity

mpox Outbreak Overview

- 30,193 cases in the US as of February 21st, 2023
 - 32 deaths
- Cases peaked in late Summer / early Fall 2022
- Outbreak primarily concentrated within the sexual networks of MSM

Image Source: CDC

Daily Mpox Cases and 7 Day Daily Average



Keeping it LITE Substudy

- Given the demography of the outbreak, we initiated a substudy to Keeping it LITE (MPIs: French/Hosek) to understand mpox impacts and prevention behaviors among young adults living with or at risk of HIV in Illinois.
- 469 invitations sent; 322 responded (68.7%)
- Analyses emphasize three key lessons:
 - It is essential to consider contemporary stigma context when formulating a public health response targeted at a marginalized community;
 - The secondary consequences of the outbreak for SGM people have included significant stress and trauma;
 - The public health response to mpox missed a vital opportunity to center queer sexuality and pleasure in a positive light to promote TPOXX vaccine uptake

mpox Stigma

- An infectious disease outbreak which primarily occurred within the sexual networks of MSM, in the context of widespread anti-SGM stigma, creates messaging challenges for public health institutions.
- Anti-SGM actors seized on the mpox outbreak's connection to queer sex and sexuality to further “groomer” narratives.

Are there things you feel public health has done poorly to address the monkeypox outbreak?

“association with gay sex, stigmatization/politicization of the outbreak, media outlets & irresponsible framing of how it is spread and contracted”

- Substudy Participant

How do we avoid discussing monkeypox in a way that does not cause more stigma?

“The irony is palpable. Everything about our community is stigmatized, why would this be any different?”

- Substudy Participant

mpox Trauma

- Combined pandemic stress, stigma exposure, and stress associated with the mpox outbreak can have serious mental health impacts for SGM individuals.
- Proximity to mpox was found to be associated with symptoms of secondary traumatic stress (STS).
- STS was also significantly predicted by:
 - mpox-related psychological distress
 - mpox morbidity stigma
 - Fear of social rejection due to mpox infection
 - Identity-based discrimination
- Even when morbidity is low, impact can be significant, especially among already marginalized groups.

Sex, Pleasure, and Health Behavior

	N	%	Factor 1	Factor 2
Having sex less frequently	139	53.5	X	
Taking a temporary break from sexual activities until after you are vaccinated	118	45.4	X	
Having group sex less frequently	152	58.5	X	
Reducing your number of sex partners	166	63.9	X	
Avoiding spaces like saunas, bath houses, sex clubs, or private and public sex parties	192	73.9	X	
Using condoms to protect yourself from exposure to monkeypox	81	31.2		X
Wearing gloves to reduce exposure to monkeypox if inserting fingers into the vagina or anus	30	11.5		X
Avoiding kissing or exchanging spit with others	62	23.9		X
Masturbating together at a distance without touching each other	53	20.4		X
Having virtual sex (webcam, phone sex, sexting, etc.) instead of in-person sex	54	20.8		X
Having sex with your clothes on or covering areas where a rash is present, reducing as much skin-to-skin contact as possible	29	11.2		X
Washing your hands, fetish gear, sex toys, and any fabrics (bedding, towels, clothes) after having sex	131	50.4		
Not providing in-person sex services which included skin-to-skin contact with a client	57	21.9		X
Number of behaviors endorsed (mean, SD)	4.86	3.59		

Sex, Pleasure, and Health Behavior

- Study participants overwhelmingly reported reducing sexual contact due to the mpox outbreak
- Two risk reduction factors were identified through the EFA – Factor 1 (decreasing sexual activity) and Factor 2 (use of protection methods)
- Both factor scores were associated with mpox vaccination – those who were fully or partially vaccinated were less likely to decrease sexual activity and those who were not vaccinated were less likely to use protection methods – demonstrating complex associations

These findings indicate that a healthy and pleasurable sex life is not incompatible with public health goals. Messages which promote pleasure and mpox vaccination together, modeled off similar campaigns for PrEP uptake in HIV prevention, may help reduce stigma and prevent mpox spread.

Conclusion

- We can and must do better – pandemics will continue to occur, and will continue to disproportionately impact SGM, particularly racial/ethnic minority SGM
- Research needs to be proactive, not reactive
- Collection of SOGI data using standardized methods needs to be required for surveillance activities
- Structural interventions are needed to have a sustained and long-term impact
- Community-led approaches are necessary for acceptable and non-stigmatizing responses

Questions?



glp2@northwestern.edu



@EDITatNU

Evaluation, Data Integration, and Technical Assistance (EDIT) Research
Program

Northwestern University

625 N. Michigan Avenue, 14th floor
Chicago, IL 60611