

POSITIVE HEALTH PROMOTION & COMMUNITY ENGAGEMENT FOR LGBTQ YOUTH OF COLOR

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Background

In the City of Rochester, the community of young men of color who have sex with men (YMCSM) is comprised of a vibrant group of individuals rich with talents and aspirations, diverse cultural, religious and socio-economic backgrounds, and a range of gender expressions and sexual identities. The Center for Disease Control and Prevention (CDC) has recognized this group to be at extreme high risk for HIV infection. In fact, among risk behavior categories, men who have sex with men (MSM) ranked the highest in New York State.¹

According to a report published by the Rochester Area Task Force on AIDS,² through 2006 approximately 24% of new HIV diagnosis occurred in youth and young adults ages 13-24 and approximately 20% were of ages 25-29. In this same report, in 2005 approximately 26% and 13% of new infections occurred in African Americans and Hispanic/Latinos respectively. Most recently, the Journal of the American Medical Association

released new data from a national surveillance system indicating the underreported and underrepresented HIV estimates that again show African Americans/Blacks and MSM as being the two groups at most risk.³

A national response to this epidemic has been called which has led to numerous presentations, peer reviews, and the development and modification of behavioral-based interventions targeting YMCSM. However, the challenge to reduce HIV incidence and seroprevalence among this population is extremely complex given the intrinsic connection between one's self-worth and the social norms and social networks that influence an individual's behavior. Those factors include poverty, lack of education, limited access to quality health care, distrust in governmental systems, disenfranchisement, lack of support from nuclear families, stigma and discrimination (homophobia) in schools, at work and in places of worship.

The mental health of lesbian, gay, bisexual, transgender and questioning (LGBTQ) people of color is directly connected to this community's capacity to engage in healthy sexual behaviors and health related services. LGBTQ people of color, especially youth, are ten times more likely to attempt suicide and suffer from depression,⁴ thus increasing the likelihood of LGBTQ's to

abuse drugs, attempt/commit suicide, and engage in risky sexual behavior.

Commercial sex work is a survival strategy for many LGBTQ people of color, especially transgender persons who are discriminated against in workplaces and educational settings. Through the often horrific experiences of being assaulted, robbed, battered and otherwise mistreated, this group tends to exhibit an unhealthy self-image (shame) which in many cases results in gravitating towards involvement in commercial sex work as a means to meet their basic needs and survive.

The sexual/social identities and experiences of MSM are impacted by at least three socially oppressive forces—homophobia/heterosexism, poverty, and racism—that together produce a heightened risk for HIV infection by increasing social isolation, alienation and stigma.⁵ Like other historically oppressed groups, YMCSM often find themselves clashing with the dominant heterosexual culture that seeks to place unrealistic social, cultural, sexual, religious and political expectations upon them. Largely, society gives preference to heterosexuals; apparent most outwardly through marriage rights and the ability to publicly acknowledge one's romantic and sexual partners. Due to this overarching heterosexual privilege, everything that is not heterosexual receives less value and is, more often than not, considered deviant. Many gay men of color have

countered social oppression with resourcefulness, creativity and personal agency. Many others have encountered isolation and rejection from family, economic hardship, discriminatory practices and other stigma that have created barriers to positive health promoting behaviors.

For youth and young adults, school-based HIV prevention curricula that address sexuality often reinforce heterosexual preference and privilege. Many widely use abstinence-only curricula, and most only address same-sex behaviors, if at all, within the context of promiscuity and disease. Not only do these models present incorrect information, but they also create a hostile learning environment for gay youth that contributes to low self-esteem, depression, and enhanced vulnerability to risky behaviors.⁴

Introduction

On July 1, 2008, the Men of Color Health Awareness (MOCHA) Project launched the MPowerment Project to address the HIV and STD prevention needs of the at-risk LGBTQ communities of color in the Rochester/Monroe County area. The MPowerment Project is a “community space” or drop-in center that promotes the attainment of life-saving education, skills, community resources and peer support. Its programs are built upon evidence-based interventions and are designed to build community and reduce health disparity by empowering participants to become self-actualized and to discover and reach their personal and collective goals.

The MPowerment Project addresses HIV prevention, testing and treatment in a way that is culturally sensitive, theoretically sound and engaging to the program’s participants. Through comprehensive health and wellness programming that recognizes the multiple identities of LGBTQ people of color and by engaging their identified social networks, MOCHA Project’s –

MPowerment Project works to sustain positive behavior change.

The need to increase opportunities where LGBTQ youth of color can gain leadership skills, develop higher levels of self esteem, and promote overall wellness is both apparent and necessary in order to substantiate viable options that will decrease HIV/AIDS infection.

LGBTQ Youth Health Forum

To further define and address the needs of the program’s LGBTQ youth, the MPowerment Project conducted a LGBTQ Youth Community Health Forum during its annual event, MOCHA Weekend in 2008. Several strategies were used to capture information on the causal factors of HIV and STD within the target population, examine trends of HIV through social networks, and identify at-risk behavior among transgender populations and the impact of racism, ageism, sexism and homophobia/heterosexism on prevention strategies. Presentations were made to community members that provided education and awareness on the following topics:

- HIV in the House/Ballroom Community- Since the beginning of the HIV epidemic in the early 1980’s, the house/ball community was found to be at increased risk for sexually transmitted disease and infection. This presentation provided a brief historical overview of the house/ballroom culture (largely African American and Latino LGBT people of color), including defining characteristics and similarities to other social networks, and illuminated the need for HIV prevention efforts to be focused specifically on this target group.
- HIV on the Rise- Recent reports have indicated that HIV infection rates have been underreported, and as many advocates have suggested, demands a heightened response.

This presentation examined how HIV impacts youth and young adults of color in the Rochester area; while correcting misinformation and assumptions. Other presentation outcomes included, but were not limited to, discussing harm reduction and risk reduction strategies/ techniques, identifying community resources and providing information on the connection between HIV and other sexually transmitted infections.

- Healthy Relationships in LGBTQ Communities of Color- Many LGBTQ people of color often internalize the stigma associated with being marginalized, which in turn affects socialization within the affected communities, as well as externally with other communities. This presentation examined how stereotypes, stigma and social norms influence relationship dynamics in LGBTQ people of color. Additionally, the presentation addressed the intersection of one’s perceived self-image, environmental influences in decision making and the influence of lowered socio-economic status.
- Homophobia/Heterosexism- Homophobia is a common term used to reference the irrational fear of homosexuality or of homosexuals. Heterosexism refers to a heterosexual norm of superiority and power over individuals and communities with different sexual identities. This presentation provided common or working definitions, exposed the literal definitions and components of these ideologies, and dispelled some of the myths surrounding these concepts as they relate to the lives and experiences of LGBTQ people of color.

During each of the presentations, the panelist and audience participants engaged in dialog as well as structured interviews which were recorded by

MOCHA Project staff and members of the agency's Youth Advisory Board. Discussion groups with community members were also conducted prior to and following the forum to inform this report.

MOCHA Project values direct feedback from the community and its program participants. Key findings and recommendations will be used to enhance HIV prevention services and other programming.

Outcomes

HIV in the House/Ballroom Community

Key findings yielded from the discussion revealed that LGBTQ youth had some knowledge of the house/ballroom community and the concept of social networks. Additionally, it was uncovered that continued dialogue and events should be held to actively engage youth and provide information about HIV and power/influence. Providers should create opportunities to influence social networks through peer-led activities and events that may possibly utilize evidence-based research that has already been proven to be effective. Through MOCHA's technical assistance program, highly skilled and knowledgeable staff can provide the capacity building programming necessary for agencies or organizations that do not have a formal connection or experience with the house/ball community.

HIV on the Rise

The findings of this presentation emphasized the need to increase HIV/STD awareness and education within this target group. Many youth had misinformation about the transmission of HIV. The delivery of safer sex messages that are culturally sensitive and translate well are very important considerations for this group. Some of the other areas of this

presentation that caused quite a bit of discussion amongst the participants including the difference between confidential and anonymous testing, symptoms of HIV, stigma associated with people living with HIV and how to address it. Participants were asked about condom use, many indicated that they do not use condoms out of fear of being alone, and wanting to be wanted. The data suggests that more information and resources need to be placed into increasing educational opportunities in risk/harm reduction.

Healthy Relationships in LGBTQ Communities of Color

During this presentation, youth reported personal experience with homophobia and its affect on their relationships. Several of the participants felt that homophobia leads to other issues that can result in fatality, such as assault, robbery, etc. In addition, a dialogue ensued about whether homophobia or heterosexism are the predominate issue. Intergenerational dating was brought up in this presentation noting the potential differences in dating priorities for the younger generation versus the older. Many stereotypes and topics were explored:

- The association of material possessions leading to emotional instability;
- dating safety and power dynamics within the relationship;
- labels: sexual roles/identity (i.e. top vs. bottom vs. versatile) and sexual preferences;
- safe methods of finding a partner online/dating habits;
- consistent condom use
- sero-sorting; and
- stigma, specifically as it relates to dating someone who is living with HIV.

Homophobia/Heterosexism

Participants expressed having experienced physical and/or verbal abuse based on their sexuality/gender expression in numerous settings

including schools, at home, while utilizing public transportation, and even at public venues such as grocery stores. The outbreak of community violence was perceived to be the result of flamboyant and overt effeminate behaviors and actions; further leading to hate crimes and unfair treatment by local law enforcement. Specific to the transgender population, many reported that this disenfranchised subpopulation of the larger LGBTQ community was subjected to far more discrimination in that gay men and lesbians often exclude them and heterosexuals view them as gay. Participants indicated that society has negative perceptions of gay people, which led to a discussion on the etymology of certain terms that are commonly used in and among this community.

What We Learned

Within the diverse LGBTQ communities there are reverberations of power and privilege that crystallize as internalized homophobia. To effectively combat the impact of power and privilege, gay communities must also look inwardly and address the fact that 'masculine' gay men are often granted power and privilege over 'effeminate' gay men. When gay men support an already insidious societal norm, internal homophobia in the gay community serves to further marginalize gay men. Internalized homophobia is associated with increased risk behaviors among gay men. Additionally, the various intersections of sexual orientation, gender, class, race, and immigration status often do not operate as distinct realities and often serve to amplify the impact of power and privilege on risks for gay men, particularly gay men of color.⁴ For instance, many gay men of color feel the impact of power and privilege through overlapping experiences of homophobia, poverty, and racism. To that end, these individuals often become isolated from supportive environments and community relationships that they would have normally found support

and safety. Many gay men of color often experience religious exclusion, family rejection, and even sexual objectification within their own community. In numerous instances, this creates a complicated and unhealthy paradigm that can be seen as doubly- or triply-stigmatizing. Adding HIV/AIDS stigma to this may serve to “feed upon, strengthen, and reproduce existing inequalities of class, race, gender, and sexuality.”³

The psycho-social needs of this specific community require a more in-depth discussion on effective educational programming and culturally appropriate responses to these outcomes. There are numerous gaps in programming needs for this group in the Rochester area. A strategic and intensive focus needs to be placed on the LGBTQ people of color communities in order to address the rampant health disparities that exist within this group.

LGBTQ people of color often experience discrimination in settings where they are seeking assistance from social service providers. This creates a very complicated dynamic for both the service provider and the person receiving the services that could deter the client from coming back for services at that particular agency or returning for services at any agency as a direct result of the client losing trust in the service provision process. For a population that is at high risk for HIV, and is disproportionately affected and impacted by many other life altering diseases, this decision could prove to be fatal. To this end, members of this target group, through lack of access to spaces that are “friendly”, accepting and affirming, contributes to the idea that a person’s worth or value is intimately connected to their ability to “blend” in and be socially accepted.

Next Steps

- Community Needs Assessment
- Development of Community Workgroups Involving Key

- Political Figures, Healthcare Professionals, Educators, Social Service Providers, Advocates, and LGBTQ Youth of Color
- Develop Strategies to Increase Awareness of LGBTQ Youth of Color issues to State and Federal Officials
- Cultural Competency Training for LGBTQ Youth of Color Serving Providers & Schools
- Program Evaluations of Current LGBTQ Youth of Color Serving Programs
- Increased Political Response to Social/Cultural Disparities of LGBTQ Youth of Color
- Increased Government Funding to Address Health Disparities of LGBTQ Youth of Color
- LGBTQ Youth of Color-Led Community Awareness Programming
- Increased Social Marketing Campaigns to Positively Influence Local Social Norms
- Education & Healthcare System Evaluations for Cultural Competency

Several behavioral interventions have been endorsed by the CDC as effective and could be utilized and/or modified to this target population. The MPowerment Project, which utilizes the MPowerment and Many Men, Many Voices intervention models will continue to work closely with this target group, to assess, evaluate, and respond appropriately to the concerns of LGBTQ people of color, as well as provide technical assistance to agencies seeking additional support or expertise in providing services to LGBTQ youth/young adults of color.

In addition to the issues raised directly through the Youth Forum, there are other considerations which require attention as well. Some of the youth in age-discordant relationships described use sex to achieve economic goals, which suggests that there is a fine line to be drawn between financial support and commercial sex work. For reasons

described above, relative to the transgender population, commercial sex work may be perceived as the only way to meet basic economic needs. The ‘sex for drugs/money’ theme needs to be explored not only relative to HIV/STD risk, but also what it means for YMCSM and LGBT people of color and their beliefs about relationship options both in terms of availability, desirability and self-esteem.

Many youth express gender identity, sexual roles, and sexuality in a much more fluid way than current labels are able to accurately describe. This may seem to be nothing more than a semantic exercise, but it is much more than that. In order for public health initiatives, social marketing campaigns and the like to succeed, they must be crafted to reach their intended target population in terms they recognize and can own. While it is entirely appropriate to describe ‘young men of color who have sex with men’ as such in published literature, using those terms in outreach materials is unlikely to resonate with the very people the material hopes to reach. For this reason, it is essential that the LGBTQ individuals are included in the development of materials so they will see themselves reflected in the messages and know that it is intended for them specifically.

Finally, transgender individuals may be limited, in the degree of transition they wish to make relative to their physical appearance, by economic circumstances. Sex reassignment surgery is costly and, although it may be covered by some insurance plans, it is not covered through Medicaid. Paying for these surgeries out-of-pocket becomes cost prohibitive. For those who do make the transitions, internal reproductive organs (prostate, ovaries) are frequently left intact and screenings for cancer in these areas may be neglected. Overall, there needs to be a greater focus on Transgender health issues.

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