

Healthy People 2020 Gay Men's Health Fact Sheet

This fact sheet reviews epidemiological data reported in behavioral risk studies and needs assessment surveys conducted in the United States and published from 2000 to 2010. The findings are grouped by Healthy People 2020 topic area.

CANCER

FINDING: Studies have shown that gay men are at risk (and in some cases, increased risk) for several types of cancer, including prostate, testicular, and colon. Gay men may be at risk for death by these and other types of cancer. Access to screening services may be negatively impacted because of issues and challenges in receiving culturally sensitive care.

Data Source(s):

- Asencio M, Blank T, Descartes L. The prospect of prostate cancer: A challenge for gay men's sexualities as they age. *Sex Res Social Policy*. 2009;6(4):38-51. Available from: <http://www.springerlink.com/content/k7087k8795221706/>
- Lieberman DA. Clinical practice. Screening for colorectal cancer. *New Engl J Med*. 2009;361(12):1179-87. Available from: <http://www.ovegastro.com/pdf/despitaje%20ca%20colorectal.pdf>
- Heslin KC, Gore JL, King WD, et al. Sexual orientation and testing for prostate and colorectal cancers among men in California. *Med Care*. 2008;46(12):1240-8. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2659454/?tool=pubmed>
- Cappell MS. Pathophysiology, clinical presentation, and management of colon cancer. *Gastroenterol Clin North America*. 2008;37:1-24. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18313537>
- Chin-Hong PV, Vittinghoff E, Cranston RS, et al. Age-related prevalence of anal cancer precursors in homosexual men: The EXPLORE Study. *J Natl Cancer Inst*. 2005;97(12):896-905. Available from: <http://jnci.oxfordjournals.org/content/97/12/896.long>
- McRee AL, Reiter PL, Chantala K, et al. Does framing human papillomavirus vaccine as preventing cancer in men increase vaccine acceptability? *Cancer Epidemiol Biomarkers Prev*. 2010;19(9):1937. Available from: <http://cebp.aacrjournals.org/content/19/8/1937.abstract>
- Bowen DJ, Boehmer U. The lack of cancer surveillance data on sexual minorities and strategies for change. *Cancer Causes Control*. 2007;18(4):343-9. Available from: <http://www.springerlink.com/content/v45028656470w0q1/>

Human Immunodeficiency Virus

FINDING: The fact that men who have sex with men (MSM), and gay men in particular, are the population at increased risk of human immunodeficiency virus (HIV) infection and most severely affected has been well documented; however, the effectiveness of safer sex in

reducing the rate of HIV infection is one of the gay community's great success stories. Yet, over the past few years, studies have demonstrated the return of many unsafe sex practices. Safer sex has been proven to reduce the risk of receiving or transmitting HIV. All health care professionals should be aware of how to counsel and support maintenance of safer sex practices.

Data Source(s):

- Centers for Disease Control and Prevention (CDC). Subpopulation Estimates from the HIV Incidence Surveillance System—United States, 2006. MMWR. 2008;57(36):985–9. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5736a1.htm>
- Hall HI, Song R, Rhodes P, et al.; HIV Incidence Surveillance Group. Estimation of HIV incidence in the United States. JAMA. 2008 Aug 6;300(5):520. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18677024>

FINDING: In 2006, MSM accounted for nearly half of the more than 1 million people living with HIV in the United States (48 percent, or an estimated 532,000 total persons). In 2006, MSM accounted for more than half of all new HIV infections in the United States each year (53 percent, or an estimated 28,700 infections).

Data Source(s):

- Hall HI, Song R, Rhodes P, et al.; HIV Incidence Surveillance Group. Estimation of HIV incidence in the United States. JAMA. 2008 Aug 6;300(5):520. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18677024>
- CDC. Diagnoses of HIV infection and AIDS in the United States and dependent areas. HIV/AIDS Surveill Rep. 2010 June;20. Available from: <http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/>

FINDING: While CDC estimates that MSM account for just 4 percent of the U.S. male population aged 13 and older, the rate of new HIV diagnoses among MSM in the United States is more than 44 times that of other men (range: 522 to 989 per 100,000 MSM vs. 12 per 100,000 other men). Of young MSM, young black MSM bear the greatest HIV/AIDS burden. More than twice as many black MSM aged 13 to 24 were diagnosed with HIV infection or AIDS in 2006 as their white or Hispanic counterparts. Black and Hispanic MSM are more likely to become infected with HIV at a younger age (13 to 29 years), whereas white MSM are more likely to become infected when they are older (30 to 39 years).

Data Source(s):

- CDC Fact Sheet. HIV AIDS among gay and bisexual men. June 2010. Available from: <http://www.cdc.gov/nchstp/newsroom/docs/FastFacts-MSM-FINAL508COMP.pdf>

INJURY AND VIOLENCE PREVENTION

FINDING: Studies have shown that gay men experience 2 types of violent victimization: criminal violence based on their sexual minority status, and violence from a male intimate partner. Gay

men are disproportionately at risk for hate crime victimization because nearly all hate crimes based on the victim's sexual orientation target sexual minorities.¹

Data Source(s):

- Herek GM. Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *J Interpers Violence*. 2009;24(1):54-74. Available from: <http://jiv.sagepub.com/content/24/1/54.abstract>
- Willis DG. Hate crimes against gay males: An overview. *Issues Ment Health Nurs*. 2004;25(2):115-32. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/14726266>
- Houston E, McKirman DJ. Intimate partner abuse among gay and bisexual men: Risk correlates and health outcomes. *J Urban Health*. 2007;84(5):681-90. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17610158>

MENTAL HEALTH AND MENTAL DISORDERS

FINDING: Research indicates gay men are at greater risk for suicide attempts and completions. Findings from related studies, both convenience-based and the more recent systematic sampling methodologies, have generally documented a higher risk for suicide attempts among sexual minority youth and adults.¹ Studies have shown that factors such as verbal and physical harassment, experiences related to “coming out” (including family acceptance), substance use, or isolation of gay men and youth thought of as sexually different from their heterosexual peers contribute to their high rates of suicide.

Data Source(s):

- Cochran SD, Mays VM, Alegria M, et al. Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *J Consult Clin Psychol*. 2007;75(5):785-94. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17907860>
- Gilman SE, Cochran SD, Mays VM, et al. Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *Am J Public Health*. 2001;91(6):933-9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11392937>

FINDING: Multiple studies have shown that depression and anxiety affect gay men at a higher rate than the general population, and that the problem is often more severe for men who remain “in the closet.” Culturally sensitive mental health services targeted specifically to gay men have been shown to be more effective in the prevention, early detection, and treatment of these conditions.

Data Source(s):

- Berg MB, Mimiaga MJ, Safren SA. Mental health concerns of gay and bisexual men seeking mental health services. *J Homosex*. 2008;54(3):293-306. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18825866>

- Burgess D, Tran A, Lee R, et al. Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *J LGBT Health Res.* 2008;4(1):43. Available from: <http://www.ncbi.nlm.nih.gov.ezproxy2.library.drexel.edu/pubmed/19042907>
- Bostwick WB, Boyd CJ, Hughes TL, et al. Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *Am J Public Health.* 2009;100(3):468-75. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19696380>

PHYSICAL ACTIVITY

FINDING: Research has demonstrated that problems with body image are more common among gay men than their heterosexual counterparts, and that gay men are much more likely to experience an eating disorder such as bulimia or anorexia nervosa. Studies also have shown that obsession with body image can result in an overemphasis on fitness.

Data Source(s):

- Siconolfi D, Halkitis PN, Allomong TW. Body dissatisfaction and eating disorders in a sample of gay and bisexual men. *Int J Mens Health.* 2009;8(3):254-64. Available from: <http://mensstudies.metapress.com/content/38n83635707k2u2p/>
- McCreary DR, Hildebrandt TB, Heinberg LJ, et al. A review of body image influences on men's fitness goals and supplement use. *Am J Mens Health.* 2007;1(4):307-16. Available from: <http://jmh.sagepub.com/content/1/4/307>
- Deputy NP, Boehmer U. Determinants of body weight among men of different sexual orientation. *Prev Med.* 2010;51(2):129-31. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20510272>

SEXUALLY TRANSMITTED DISEASES

FINDING: Sexually transmitted diseases (STDs) occur in sexually active gay men at a high rate. This includes STD infections for which effective treatment is available (syphilis, gonorrhea, chlamydia, pubic lice, anal papilloma, and others), and for which no cure is available (HIV, hepatitis A, B, or C virus, human papilloma virus [HPV], and others). Over the past several years, increases in syphilis among MSM have been reported in various cities and rural areas. Recently, outbreaks have occurred in several areas including Chicago, Seattle, San Francisco, Southern California, Miami, and New York City. In these areas, high rates of HIV co-infection were documented, ranging from 20 to 70 percent.

While the health problems caused by syphilis in adults are serious in their own right, it is now known that the genital sores caused by syphilis in adults also make it easier to transmit and acquire HIV infection sexually. HPV—which causes anal and genital warts—is often thought to be little more than an unsightly inconvenience. However, these infections may play a role in the increased rates of anal cancers in gay men. Treatments for HPV do exist, but recurrence rates of the warts and the rate the infection can be spread between partners is very high. There is no

doubt that safer sex reduces the risk of STDs, and prevention of these infections through safer sex is key.

FINDING: Gay and bisexual men are 17 times more likely to develop anal cancer than heterosexual men. Certain populations are at higher risk for some HPV-related health problems. This includes gay and bisexual men, and people with weak immune systems (including those who have HIV/AIDS).

Data Source(s):

- CDC. Syphilis & MSM (Men who have sex with men)—CDC fact sheet. (Updated) December 2007. Available from: <http://www.cdc.gov/std/syphilis/STDFact-MSM-Syphilis.htm>
- Palefsky J, Holly E, Jay N, et al. Anal cancer: In gay and bisexual men. San Francisco: University of California at San Francisco, AIDS Research Institute; 2000. Available online from: <http://ari.ucsf.edu/science/s2c/anal.pdf>
- Horvath KJ, Bowen AM, Williams ML. Virtual and physical venues as contexts of HIV risk among rural men who have sex with men. *Health Psychol.* 2006;25(2):237–42. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16569116>
- Nagle D. Anal squamous cell carcinoma in the HIV-positive patient. *Clin Colon Rectal Surg.* 2009;22(2):102-6. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780243/>
- Vajdic CM, van Leeuwen MT, Jin F, et al. Anal human papillomavirus genotype diversity and co-infection in a community-based sample of homosexual men. *Sex Transm Infect.* 2009;85:330-5. Available from: <http://sti.bmj.com/content/85/5/330.abstract>
- Tider DS, Parsons JT, Bimbi DS. Knowledge of human papillomavirus and effects on sexual behavior of gay/bisexual men: A brief report. *Int J STD AIDS.* 2005;16:707-8. Available from: <http://ijsa.rsmjournals.com/cgi/content/abstract/16/10/707>

FINDING: MSM are at an increased risk of sexually transmitted infection with the viruses that cause the serious condition of the liver known as hepatitis. There are 5 types of hepatitis viruses: hepatitis A, B, C, D, and E. Hepatitis A virus (HAV) infection produces a self-limited disease that does not result in chronic infection or chronic liver disease. HAV infection is primarily transmitted by the fecal-oral route, by either person-to-person contact or through consumption of contaminated food or water. Hepatitis B virus (HBV) infection can cause acute illness and lead to chronic or lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is transmitted through percutaneous (puncture through the skin) or mucosal contact with infectious blood or body fluids. Hepatitis C is a liver disease caused by the hepatitis C virus (HCV) that sometimes results in an acute illness, but most often becomes a silent, chronic infection that can lead to cirrhosis (scarring), liver failure, liver cancer, and death. Chronic HCV infection develops in a majority of HCV-infected persons, most of whom do not know they are infected because they have no symptoms. HCV is spread by contact with the blood of an infected person. Hepatitis D is a serious liver disease caused by the hepatitis D virus

(HDV), and only occurs in people already infected with hepatitis B, since HDV needs HBV to replicate. Hepatitis E is a liver infection caused by the hepatitis E virus (HEV) that usually results in a self-limited disease. HEV infection is primarily transmitted by the fecal-oral route, mostly through consumption of contaminated water. While rare in the United States, hepatitis E is common in many parts of the world. There is currently no approved vaccine for hepatitis E.

While these infections can be potentially fatal, fortunately, immunizations in the form of a series of injections are available to prevent 2 of the 3 most serious viruses, hepatitis A and B. Universal immunization for HAV and HBV is recommended for all MSM. Safer sex and the avoidance of sharing needles are effective in reducing the risk of viral hepatitis and are currently the only means of prevention to exposure of the very serious C virus.

- It is estimated that, among adults, 10 percent of new HAV infections and 20 percent of new HBV infections occur in gay or bisexual men.
- 25 percent of HIV-positive men also have hepatitis C infection.

Data Source(s):

- CDC. Viral hepatitis: Information for gay and bisexual men. June 2010. Publication #21-1090. Available from: <http://www.cdc.gov/hepatitis/Populations/PDFs/HepGay-FactSheet.pdf>
- Urbanus AT, van Houdt R, van de Laar TJ, et al. Viral hepatitis among men who have sex with men: Epidemiology and public health consequences. *Euro Surveill.* 2009;14(47). Available from: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19421>

SUBSTANCE ABUSE

FINDING: Recent studies have improved our understanding of alcohol use in the gay community. However, some studies still demonstrate that gay men have higher rates of alcohol dependence and abuse than heterosexual men. Culturally sensitive services targeted to gay men are important in successful prevention and treatment programs.

Data Source(s):

- Irwin TW, Morgenstern H, Parsons JT, et al. Alcohol and sexual HIV risk behavior among problem drinking men who have sex with men: An event level analysis of timeline follow-back data. *AIDS Behav.* 2006;10(3):299-307. Available from: <http://www.springerlink.com/content/e0k21690412445v2/>
- Wong CF, Kipke MD, Weiss G. Risk factors for alcohol use, frequent use, and binge drinking among young men who have sex with men. *Addict Behav.* 2008;33(8):1012-20. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/184953648>
- Stall R, Paul JP, Greenwood G, et al. Alcohol use, drug use and alcohol-related problems among men who have sex with men: The Urban Men's Health Study. *Addiction.* 2001;96(11): 589-601. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11784456>

FINDING: Estimated from numerous studies, gay men use substances at a higher rate than the general population, and not just in larger cities such as New York, San Francisco, and Los Angeles: it is also the case in rural communities. The long-term effects of this substance use and abuse are unknown; however, current research suggests potentially serious consequences as gay men age.

Data Source(s):

- Padilla Y, Crisp C, Rew DL. Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Soc Work.* 2010;55(3):265-75. Available from: <http://www.ingentaconnect.com/content/nasw/sw/2010/00000055/00000003/art0008>
- Halkitis PN, Mukherjee PP, Palamar JJ. Longitudinal modeling of methamphetamine use and sexual risk behaviors in gay and bisexual men. *AIDS Behav.* 2009;13(4):783-91. <http://www.ncbi.nlm.nih.gov/pubmed/18661225>
- Stall R, Paul JP, Greenwood G, et al. Alcohol use, drug use and alcohol-related problems among men who have sex with men: The Urban Men's Health Study. *Addiction.* 2001;96(11):1589-601. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11784456>

TOBACCO USE

FINDING: Many studies indicate that gay men use tobacco at much higher rates than heterosexual men, reaching nearly 50 percent in some studies. Tobacco-related health problems include lung disease and lung cancer, heart disease, high blood pressure, and more.

Data Source(s):

- Lee JG, Griffin GK, Melvin CL, et al. Tobacco use among sexual minorities in the USA, 1987 to May 2007: A systematic review. *Tob Control.* 2009;18(4):275-82. Available from: <http://tobaccocontrol.bmj.com/content/18/4/275.full.pdf>
- Gruskin EP, Greenwood, GL, Matevia M, et al. Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. *Am J Public Health.* 2007;97(8):1496-502. Available from: <http://ajph.aphapublications.org/cgi/reprint/97/8/1496>
- Greenwood GL, Paul JP, Pollack LM, et al. Tobacco use and cessation among a household-based sample of US urban men who have sex with men. *Am J Public Health.* 2005;95(1):145-51. Available from: <http://ajph.aphapublications.org/cgi/reprint/95/1/145>

REFERENCE

¹Wolitski RJ, Stall R, and Valdiserri RO. Unequal opportunity. Health disparities affecting gay and bisexual men in the United States. New York: Oxford University Press; 2008. 403 p.