

LGBTQ+ Affirming Care Can Improve Understanding of Undetectable = Untransmittable (U=U) and Other HIV Prevention Outcomes

McKay, T.; Akre, E-R; Henne, J; Kari, N; Conway, A; Gothelf, I. LGBTQ+ Affirming Care May Increase Awareness and Understanding of Undetectable = Untransmittable among Midlife and Older Gay and Bisexual Men in the US South.



What did We do?

This study analyzed data from the Vanderbilt University Social Networks, Aging, and Policy Study (VUSNAPS), a large survey of LGBTQ+ adults aged 50-76 living in Alabama, Georgia, North Carolina and Tennessee.

We assessed "Undetectable equals Untransmittable" (U=U) awareness, belief, understanding, and impact on risk perception among middle-aged and older gay and bisexual men in the US south. The U=U message says that people living with HIV who are being treated and have an undetectable amount of HIV in the blood cannot sexually transmit the virus to others. Knowledge of U=U helps individuals better access their risk and decide when to get tested for HIV. We also asked respondents if they had a LGBTQ+ affirming health care provider.

What was New, Innovative, or Notable?

The health benefits for LGBTQ+ people who have access to LGBTQ+ affirming providers are not well understood. This study indicates that having a LGBTQ+ affirming care provider increases patient understanding of U=U. The study also suggests that men with an affirming provider are more likely to have been tested for HIV in their lifetime.

What Did We Learn?



64.8% of sexual minority men in this study said they had a LGBTQ+ affirming health care provider. Compared to respondents who did not report having an LGBTQ+ affirming provider, HIV-negative men with an affirming care provider were:

- Over **3** times more likely to have heard of U=U
- Around **2** times more likely to be aware of the idea of treatment as prevention
- **2** times more likely to correctly identify having sex with someone who is HIV positive and undetectable as safe
- Over **2** times more likely to have ever tested for HIV

• Middle-aged and older gay and bisexual men surveyed were largely unaware of the U=U language. Only **1 in 4** HIV-negative men in the four sample states surveyed reported being aware of U=U prior to the study.

• Both HIV-negative men and men living with HIV were **significantly more** likely to have heard about U=U and were generally more aware of the idea of treatment as prevention if they had an LGBTQ+ affirming health care provider.



What does this Mean for our Communities?

Expanding access to LGBTQ+ affirming care may improve U=U awareness and understanding an increase HIV testing among middle-aged and older HIV-negative men. This may help curb HIV transmission and reduce HIV stigma within the LGBTQ+ community. Further research explores how provider behaviors and cues affect patient perceptions of affirming or non-affirming care. An ongoing study also looks at how provider attitudes and beliefs towards LGBTQ+ people affect preventive screenings and vaccination, HIV prevention, and how they feel about their chronic health condition. Finally, findings of this study suggest that greater access to LGBTQ+ affirming care would be particularly beneficial for increasing U=U awareness and HIV testing among black sexual minority men in the US south.

Action Step: Visit <https://www.vusnaps.com/findings> for more information and to share the study findings with your friends, family, and community.