Structural racism, anti-LGBTQ policies lead to worse health in Black sexual minority men

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Eliminating racist and anti-LGBTQ policies is essential to improving the health of Black gay, bisexual and other sexual minority men, according to a Rutgers-led research team.

The study, published in the *American Journal of Preventive Medicine*, examined the impact that U.S. state-level structural racism and anti-LGBTQ policies have on the psychological and behavioral health of Black and white sexual minority men.

"Our results illuminate the compounding effects of racist and anti-LGBTQ policies and their implementation for Black gay, bisexual, and queer men. To improve mental and physical health and support their human rights, these oppressive policies must be changed," said lead author Devin English, an assistant professor at Rutgers School of Public Health.

The researchers surveyed a U.S. nationwide sample of 1,379 Black and 5,537 white sexual minority men who were over age 16, identified as male (including cisgender and transgender men), were HIV-negative or unaware of their status, and reported on their psychological health (e.g. anxiety symptoms) and behavioral health, (e.g. heavy drinking and HIV testing frequency).

The study measured structural racism based on an index assessing state-level Black-white inequities in incarceration rates, educational attainment, economic indicators, employment status and residential segregation. It measured anti-LGBTQ policies using the Human Rights Campaign State Equality Index that grades each state based on how its laws affect LGBTQ communities, like permitting hate crimes, conversion therapy and discrimination in housing, employment and public accommodations. The states with the worst LGBTQ-policy grades were those in southern and

upper midwestern states that continue to limit access or criminalize experiences of LGBTQ people, such as restricting access to bathrooms that match the gender identity of transgender and gender expansive communities. States with the worst structural racism scores were predominantly those with large metropolitan areas in northern states with legacies of redlining, systematic disinvestment and other forms of racism.

Black sexual minority men living in states with high levels of both structural racism and anti-LGBTQ policies were exponentially more likely to see themselves as a burden to others and engage in heavy drinking than those living in states with lower levels of structural oppression. Additionally, Black participants had higher rates of anxiety in states with high levels of structural racism and anti-LGBTQ policies, and lower rates of HIV testing in states with anti-LGBTQ policies.

The study found that structural racism compounded the effects of anti-LGBTQ policies and vice versa. In contrast, the study did not find an association between either form of structural oppression and health outcomes for white sexual minority men.

"The finding that anti-LGBTQ policies were associated with negative psychological and behavioral health outcomes among Black, but not white, sexual minority men suggests this oppression disproportionately affects Black sexual minority communities," English said. "To effectively combat the negative health effects of structural oppression for Black sexual minority men, clinicians, researchers and policymakers must advocate for the passage of anti-oppression laws, like the Equality Act, that protect these men from interpersonal and institutional discrimination."

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