

BACKGROUND

- The Early Intervention Program is a sexual health and substance use program based in the University of Cincinnati Hospital Emergency Department
- Patients are tested for HIV and screened for risk factors including LGBTQ+ identity and intravenous drug use (IVDU).
- HIV is a public health crisis, with LGBTQ+ and IVDU patients being at an increased risk for HIV (Moore, 2011).
- There is a quantity of research done on these groups separately, but not much comparing the two.

PARTICIPANTS

- Clients at University of Cincinnati Medical Center who sought an HIV test.
- They had to come back positive, and self identify as LGBTQ+, IVDU, or both to be included.
- Of a total of 1,650 people tested, only 16 came back positive. 8 of those people were LGBTQ+ and 8 were IVDU. None were both LGTBQ+ and IVDU.

REFERENCES

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- Centers for Disease Control and Prevention. (n.d). *HIV in the United States and Dependent Areas*. <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>
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METHODS

- This study was a qualitative review of data collected by the Early Intervention Program (EIP).
- Data was collected by EIP, de-identified, and stored securely in a database.
- Data was selected based on the date it was collected

DATA ANALYSIS

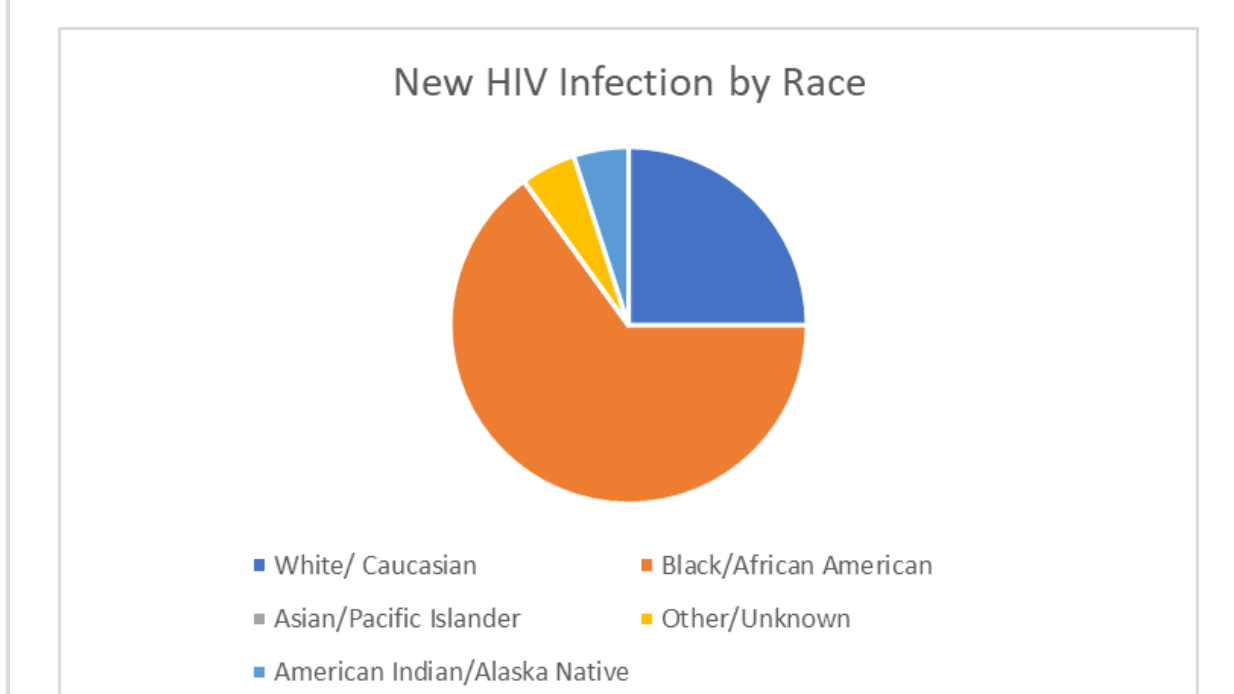
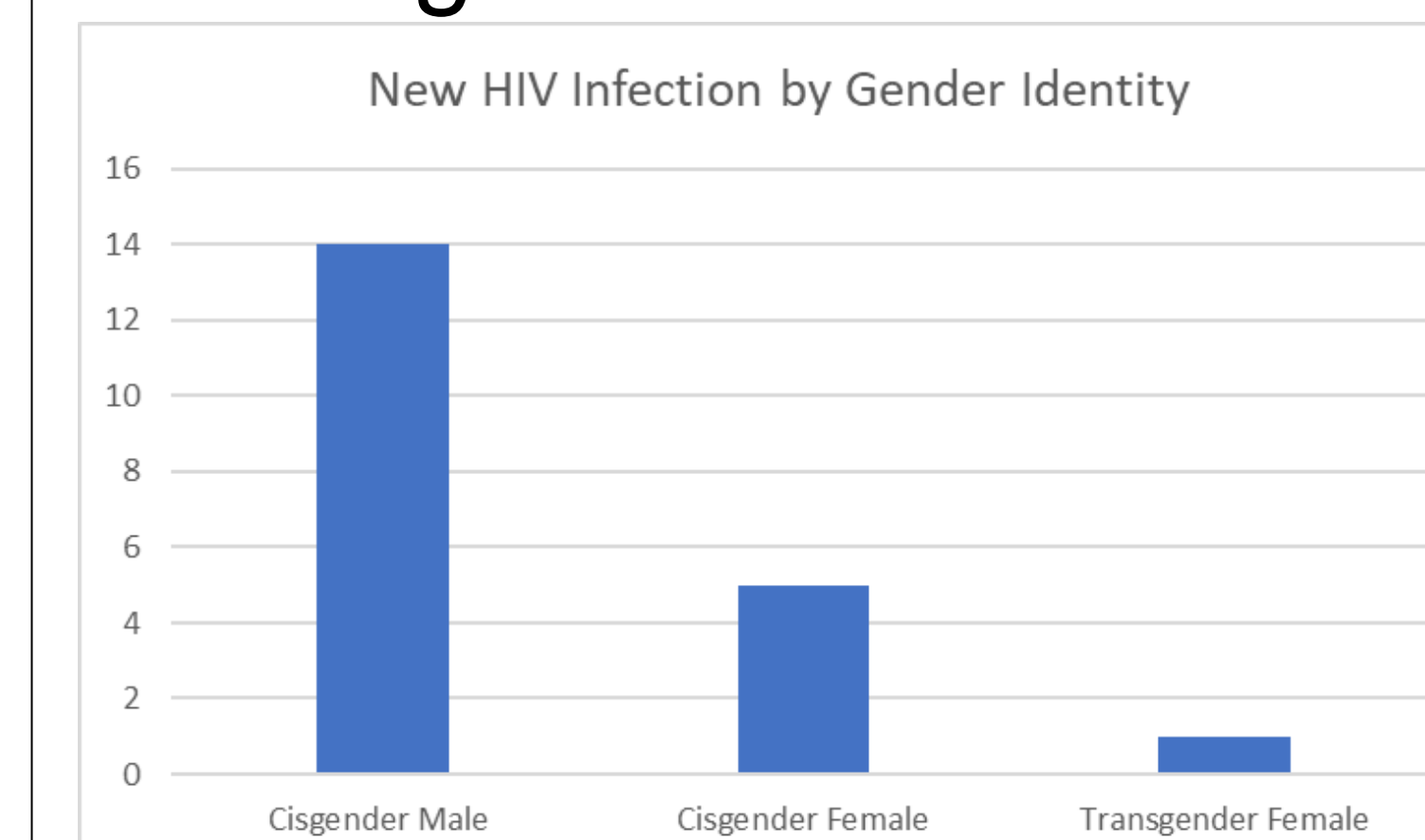
- Data was pulled from the database and compiled by EIP's data manager.
- Sample included new HIV positives that identified as either LGBTQ+, IVDU or both.
- Data from IVDU and LGBTQ+ was compared, and demographic data was analyzed as well.

LIMITATIONS

- This study was limited by the number of participants, as the data had to be cut to only include 2 years due to changes in data collection.
- This study was also limited by self-disclosure, as people can chose not to be truthful about their sexual and gender identity as well as their intravenous drug use.

RESULTS

- Both LGBTQ+ and IVDU had the same rate of new HIV infection.
- Of new positives, 14 were cisgender men, 5 were cisgender women, and one person was a transgender female.



DISCUSSION

- Two disenfranchised groups share 80% of the new positives discovered by our program over the span of two years.
- No person who had a new HIV diagnosis had private insurance, meaning that the burden of disease also falls on those who have less economic privilege.

CONCLUSIONS

- Both LGBTQ+ and IVDU have a high burden of disease as compared to those who are not LGBTQ+ and do not inject drugs.
- Both LGBTQ+ and IVDU deserve tailored efforts based upon their risk factors in order to stop the spread of HIV.
- Targeting efforts by HIV risk factor may not address the testing and risk reduction needs for straight, cisgender, non-IVDU patients.