PLATFORM RESEARCH PRESENTATIONS III: LGBT & HEALTH DISPARITIES

12.

IMPACT OF PARTICIPATING IN QUALITATIVE RESEARCH ON YOUNG BLACK MEN WHO HAVE SEX WITH MEN

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Purpose: Young black sexual minority men are often underrepresented in behavioral research on the basis of concerns about safety, privacy, and confidentiality due to sexual identity or stigmatized sexual behaviors. However, little is known about sexual minority adolescents' experiences of participating in research.
Methods: Fifty Black men 15-19 years of age living in the Baltimore, Maryland area were recruited through referral, adolescent medicine and school-based health clinics, social venues (serving sexual minority youth), and Internet sites (e.g. Jack'd). Individuals participated in a brief 10-minute baseline survey, including the Outness Inventory (OI (range 0-77)), coefficient alpha 0.87 and a 90-minute in-depth face-to-face interview that included debriefing questions about research participation. This work focuses on debriefing questions where participants were asked to describe positive and negative feelings and benefits from participating in the interview; and to rate their comfort answering questions about sexual orientation, first same-sex attraction, and same-sex sexual experience using a 4-point Likert scale and to explain their rating. Interviews were transcribed verbatim and coded independently by two coders. Inductive open coding was used to identify emergent themes within and between interviews.
Results: Participant's mean age was 17.6 years (SD=1.3). Most (62%, N=31) participants self-identified as gay, with 34% (n=17) identifying as bisexual, and 4% (n=2) self-identifying as other (questioning/intersex). Mean number of lifetime sexual partners was 13.3 (SD=2.0, Median 8.5). Mean age at first sex was 13.9 (SD=2.6). Mean of OI was 37.2 (SD 16.1, (considered middle range)). Participants described in the interview feeling more comfortable talking about sexual orientation (92%) than first same-sex (86%) and more comfortable sharing sexual health information in the research interview than with a medical provider (96%). Contextual factors such as a good memory, comfortable recall of first experience, or high OI score (defined as ≥75th %tile) were associated with positive feelings about sharing information about the first attraction and experience; and inability to recall the event and embarrassment of the first experience connected with negative feelings. All participants described direct and indirect benefits from participating in the study. Direct personal benefits included feeling that interviews provided a safe space to share sexual experiences and personal stories, the ability to become comfortable with one's sexuality and experience self-reflection or self-awareness of risky sexual behaviors, and to connect with a larger gay community. Indirect benefits included contributing knowledge to help other Black gay and bisexual youth and to the gay community as a whole. Interviewers were described as key facilitators of comfort, by providing participants with a sense of trust and confidence.
Conclusions: Qualitative research can provide a safe space for sexual minority youth to share personal experiences, gain comfort with emerging sexuality, and assist with overall adolescent development. These youth experienced several benefits from participating and the potential harms (discomfort/embarrassment) were less than what was expected as part of normal primary care. Further work should incorporate continued assessment of how adolescents at greatest risk for disease benefit from research participation.
Sources of Support: K23 NICHD HD074470-02 and the ASTDA Development Award.

13.

INTERSECTING IDENTITIES IN BLACK GAY AND BISEXUAL YOUNG MEN: A POTENTIAL FRAMEWORK FOR HIV RISK

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Purpose: HIV disproportionately affects young Black gay and bisexual men (YBGBM). This disparity is not exclusively determined by individual factors, but reflects social factors, such as social discrimination and membership in multiple marginalized intersecting identities (Black race and non-heterosexual sexual orientation) and experience of racial microaggressions (brief, daily environmental assaults) that result from black stereotypes. YBGBM may uniquely experience marginalization because of simultaneous establishment of racial/ethnic, sexual and adolescent identities. The purpose of this study is to explore how YBGBM describe experiencing intersections of race and sexual identity, racial microaggressions and racially/sexually based stereotypes, and how this may impact intimate partner selection.
Methods: 20 young Black gay and bisexual men age 16-19 completed a 90-minute interview about their experiences of race, sexual identity and community experiences as part of a prospective qualitative study. Participants were recruited through modified snowball sampling, Internet (≥18 years), clinics, and venues. Interviews were audio-recorded and transcribed verbatim. Two independent researchers coded the transcribed interviews using categorical and contextualizing analytic methods until high agreement between coders (Kappa >0.80). Inductive open coding was used such that emergent concepts were connected across interviews to develop major themes.
Results: Most participants self-identified as gay (75%), 25% as bisexual. Mean age 18.35 years (SD=0.93) and mean number of lifetime partners 15.05 (SD=13.62, Median=9.5). Three participants described having sex with a partner outside of their race. Four themes emerged around navigating identities: 1) having to navigate two marginalized identities (Black race and gay identity) in contexts where both identities were viewed negatively (poor, unemployed, unaccepted in the White gay community) 2) inability to hide or camouflage being a Black male, but able to hide sexuality 3) navigating being gay in predominantly Black communities because of risk of isolation or displacement 4) not feeling the need to navigate at all. Participants described being attracted to same-race partners because of common racial struggle and cultural expectations (including definition of attractiveness). Participants also described experiences of racial microaggression (e.g. internet sex-partner ads excluding Black men) and racially motivated

stereotypes about Black gay and straight men that restricted partner choice. Stereotypes of Black men were mostly physical (hyper-masculine, insertive partner, thug, and large penis size), or actions (dominant, a breadwinner, and unfaithful). Stereotypes of Black gay men were feminine, receptive partners, HIV-positive, involved in drama, sexually promiscuous. Participants described not fitting into negative stereotypes of Black gay or straight men.
Conclusions: This study underscores the experience of intersecting identities on the individual level and how they may present on the larger societal-social level. Participants described explicit and implicit experiences of racial microaggressions where race intersected with gender and sexual identity. Partnerships that result from racial microaggression restricting YBGBM to only certain partners, may potentially fuel the HIV epidemic. Future prevention work will need to account for how the aggregative effect of two socio-structural phenomena– marginal intersecting identities and racial microaggression –in young Black gay and bisexual men heighten young Black men's risk for HIV.
Sources of Support: NICHD K23 NICHD HD074470-02 and ASTDA Development Award.

14.

ECOLOGICAL DISPARITIES AS PREDICTORS OF TRANSITION READINESS/SELF-MANAGEMENT AMONG YOUNG ADULTS WITH CHRONIC CONDITIONS

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Purpose: The influence of ecological factors on self-management/readiness to transition from pediatric to adult health care among adolescents/young adults (AYA) with chronic conditions is yet to be characterized. Ecological factors can be described based on U.S. Census records of participants' geographic locations (zip code). The aim of this study was to examine ecological factors as predictors of transition readiness/self-management.
Methods: IRB-approved consents were obtained from AYA with chronic conditions who were served at subspecialty clinics of the University of North Carolina Hospital Systems. Self-management/transition-readiness was measured by the UNC TRxANSITION Scale™ (pediatric or adult version, Ferris et al 2012), which is a provider-administered 33-item scale. Ecological factors were identified for each participant's zip code using the published U.S. Census data. We performed hierarchical linear regression models in SPSS™. The Level 1 model used the following individual-level predictors of transition readiness/self-management: age, gender, diagnosis, and race. The Level 2 model incorporated the following zip-code related (ecological) factors into the model: median household income, gender composition (percentage of females) and prevalence of English speakers (percentage of population above 5 years of age that reported speaking English "very well") in the zip code area. All regression analyses controlled for participants' diagnoses.
Results: We enrolled 537 AYA with chronic conditions from both adult (20%) and pediatric (80%) clinics age 12-31 with the following characteristics: mean age of 20 (±4) years, 48% had private insurance, 42.5% had public insurance, 44% of participants were White, 42.5% of participants were Black, 7% of participants were Hispanic, and 53.6% were female. Participants represented 218 zip codes in or near North Carolina. There were 107 (20%) participants that had a zip code not shared by any other participant. The most common zip code was shared by 21 participants (3.9%). Participants had the following chronic diagnoses: chronic kidney disease (30.4%), inflammatory bowel diseases (27.6%), lupus (13.6%), kidney transplant recipient (13.4%), sickle cell anemia (4.7%), hypertension (3.5%), type 1 diabetes (2.6%), end-stage renal disease (2.2%), other kidney disease (0.7%), HIV (0.7%), and cystic fibrosis (0.2%). The Level 1 model showed that older age (β=0.348, p=0.000), female gender (β=0.151, p=0.000), and White race (β=-0.093, p=0.023) were significant predictors of overall transition readiness/self-management. Upon adding the ecological factors in the Level 2 model, race was no longer significant. Participants who came from a geographic area with a greater percentage of females (β=0.114, p=0.005) and a higher median income (β=0.126, p=0.002) had significantly greater overall transition readiness/self-management.
Conclusions: In this cohort of AYA with chronic conditions, ecological disparities appear to be determinants of self-management/transition readiness. The relationships between race, ecological disparities, and transition readiness/self-management should be further examined.
Sources of Support: Renal Research Institute UNC Kidney Center.

15.

LENGTH OF BREASTFEEDING IN INFANCY AND BODY MASS INDEX IN ADULTHOOD: A COMPARISON OF AMERICAN INDIANS/ALASKA NATIVES AND NON-HISPANIC WHITES

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Purpose: American Indians and Alaska Natives (AI/ANs) have the highest obesity rates in the US, but the associated variables are not well understood. Previous studies argue that breastfeeding in infancy is associated with body mass index (BMI) in later life, but only one has ever tested this claim by studying AI/AN children. We aim to investigate the association between breastfeeding and BMI in AI/ANs and non-Hispanic Whites, aged 11-35 years, and whether the association varies by age, race, or socioeconomic status.
Methods: Our population sample included 740 AI/ANs and 10,734 non-Hispanic Whites from the National Longitudinal Study of Adolescent Health who were followed from 1994 to 2008. We conducted a longitudinal analysis to estimate the role of breastfeeding in respondents' BMI, adjusting for birth weight, demographic, and socioeconomic covariates, as well as interaction terms for the length of breastfeeding and race, and the length of breastfeeding and age.
Results: The length of breastfeeding is a protective factor against obesity ($p < 0.001$), its effect increases with age ($p < 0.001$), and it is more protective for American Indian and Alaska Natives than for Non-Hispanic Whites ($p = 0.003$). The association between the length of breastfeeding and BMI is independent of socioeconomic status, but parental education is a protective factor against obesity ($p < 0.001$), while financial instability is a risk factor ($p = 0.004$).
Conclusions: Our analysis provides evidence of the positive effect of breastfeeding to maintain a normal BMI between 11 and 35. These findings encourage interventions that promote breastfeeding in AI/AN communities to prevent obesity.
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