

Conceptual Frameworks for
Understanding the
Social Determinants of HIV Among
LGBTQ Youth:
An Introduction

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SCHOOL-BASED HEALTH ALLIANCE ECHO WEBINAR

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Acknowledgments

- ▶ Andre Brown
- ▶ Aimee van Wagenen
- ▶ David Malebranche
- ▶ Derrick Matthews
- ▶ Kenneth Mayer
- ▶ Tonia Poteat

Agenda

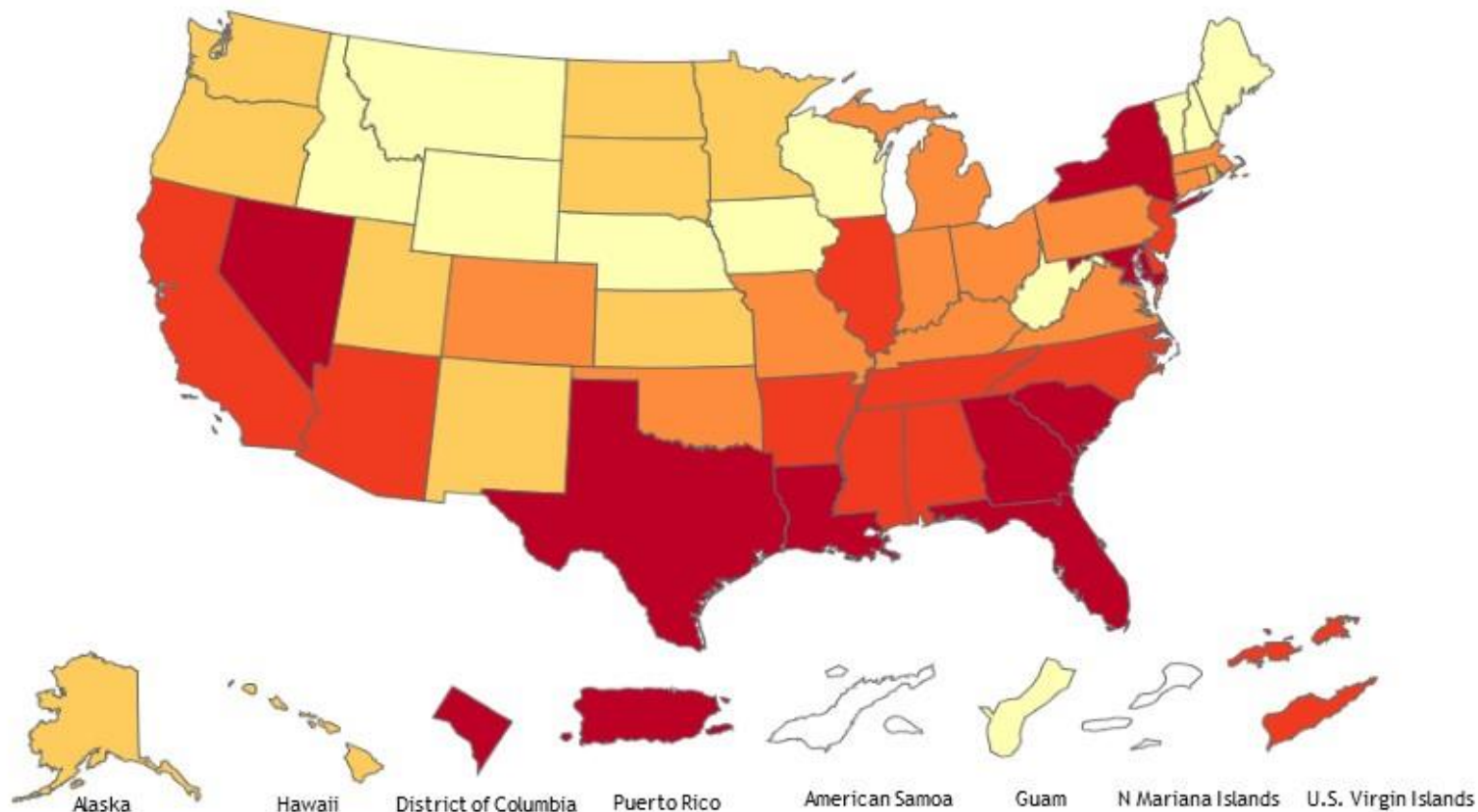
- ▶ Social Determinants of Health
- ▶ Intersectionality
- ▶ Syndemics
- ▶ Case Study: Young Black MSM and the “Network Hypothesis”
- ▶ Discussion/Questions

Learning Objectives

- ▶ By the end of the session, you will be able to :
 - ▶ Describe how to apply Intersectionality and Syndemics to understanding HIV among LGBTQ youth
 - ▶ Describe how networks can serve as a determinant of HIV among LGBTQ youth

Social Determinants of Health

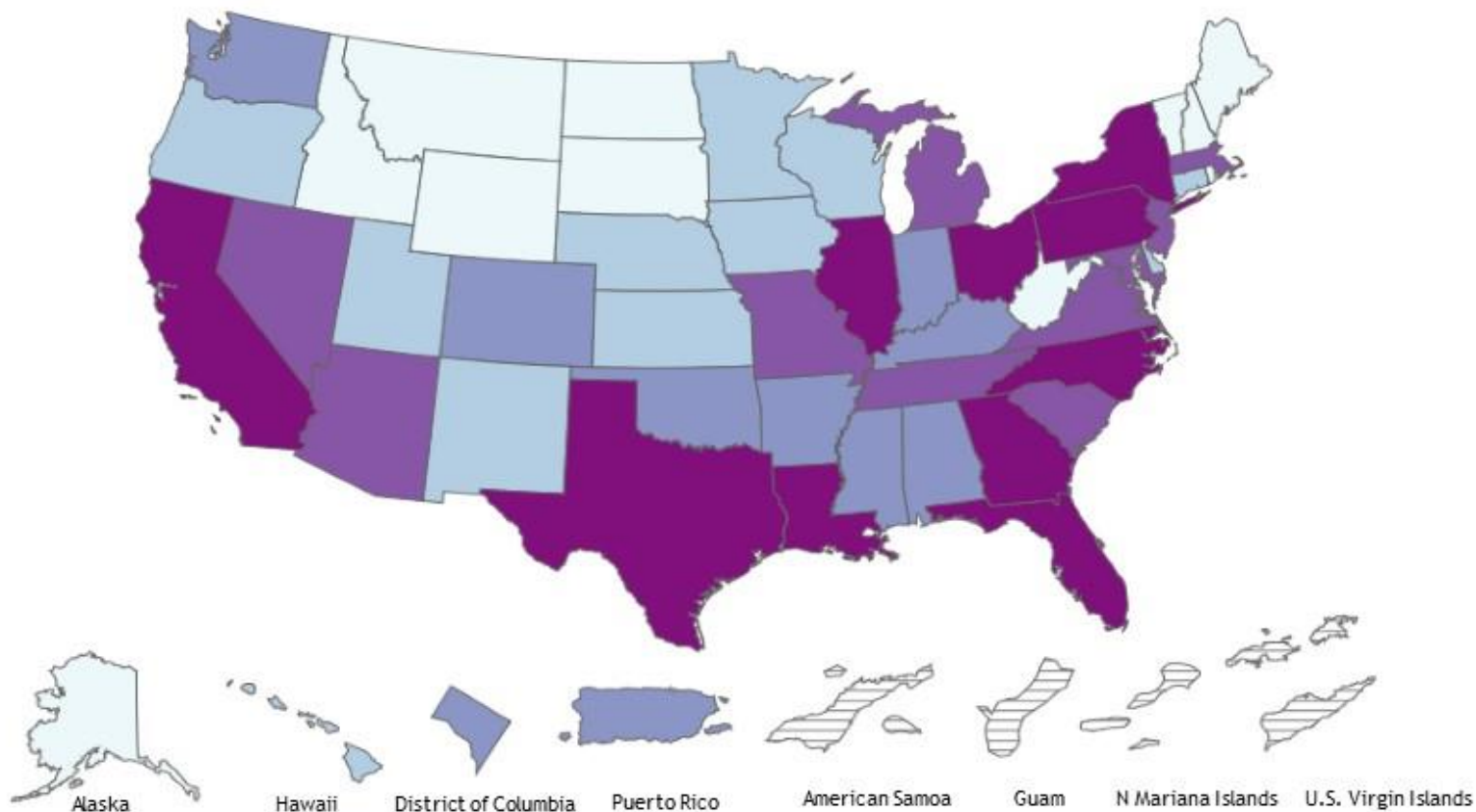
- ▶ Social determinants of health are the circumstances in which people are born, grow up, live, work, and age. This also includes the systems in place to offer health care and services to a community. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. (CDC)



Rate per 100,000 among selected population

0	1.5 - 5.1	5.5 - 7.7	8.2 - 12.6	12.7 - 17.1	17.2 - 55.6
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Note: HIV data for the year 2016 are preliminary and based on 6 months reporting delay. Therefore, trend data should be based on data through the year 2015 to allow sufficient time (at least 12 months) for reporting of case information to accurately assess trends.

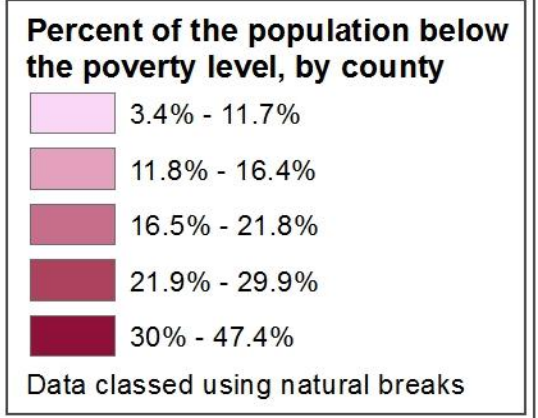
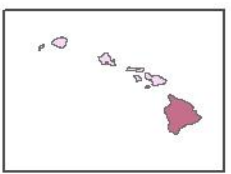
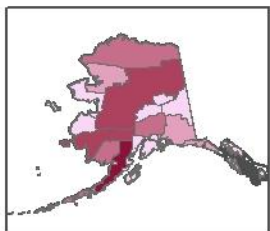
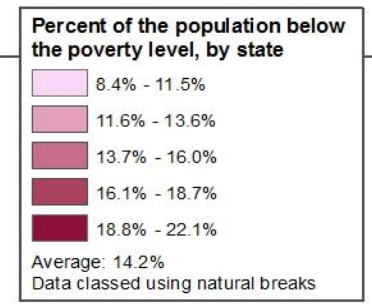
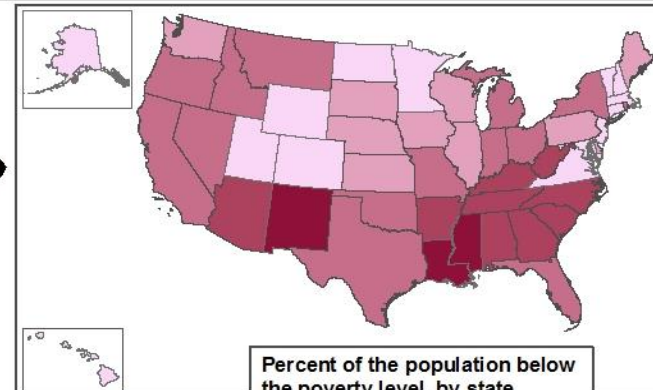
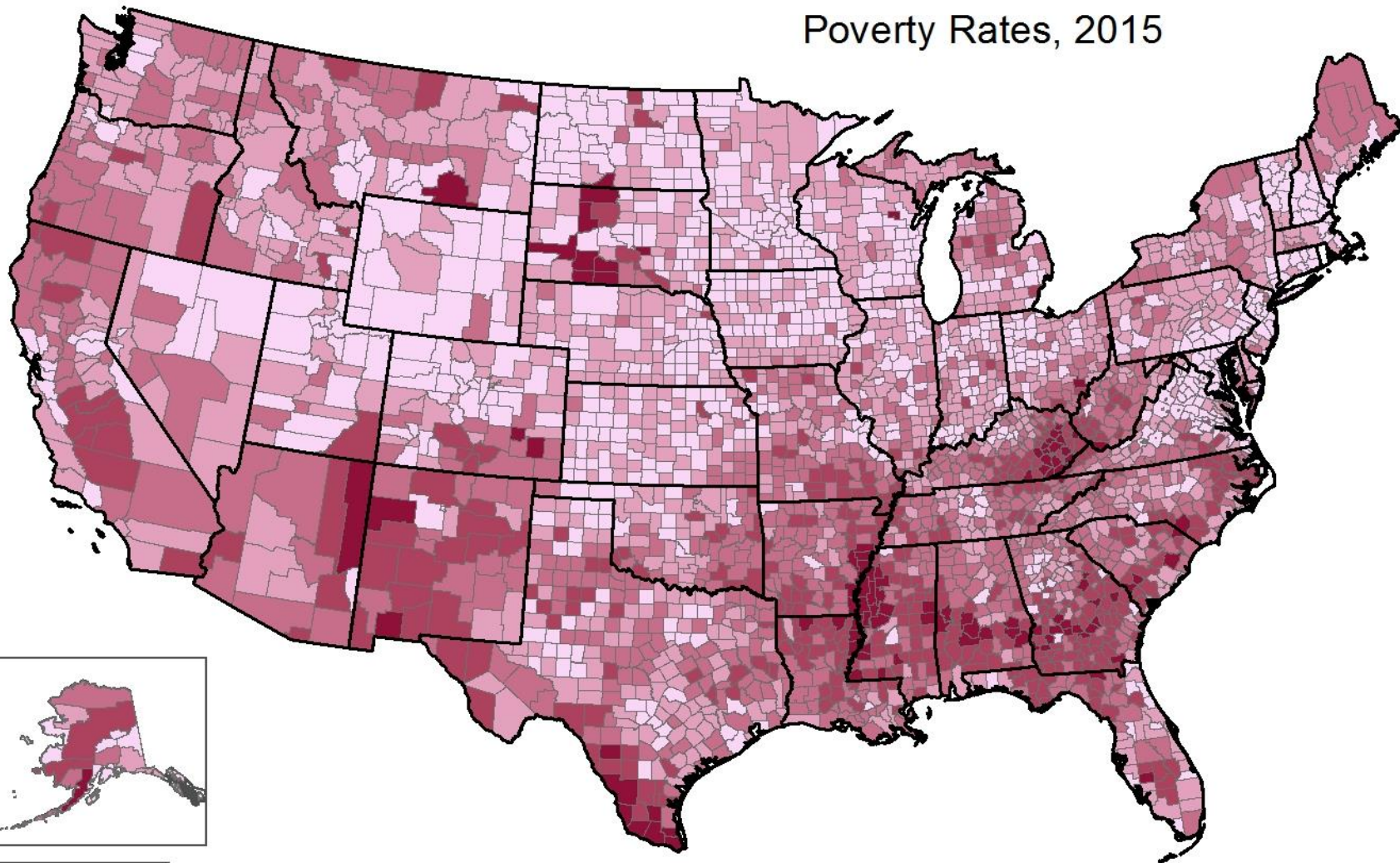


Cases

Data suppressed	6 - 40	49 - 173	184 - 343	364 - 645	649 - 3,874
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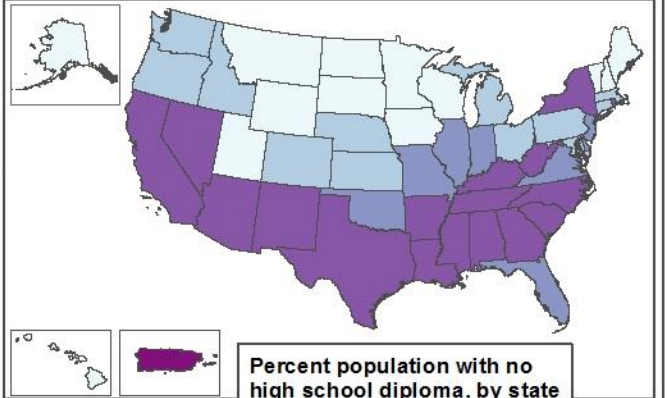
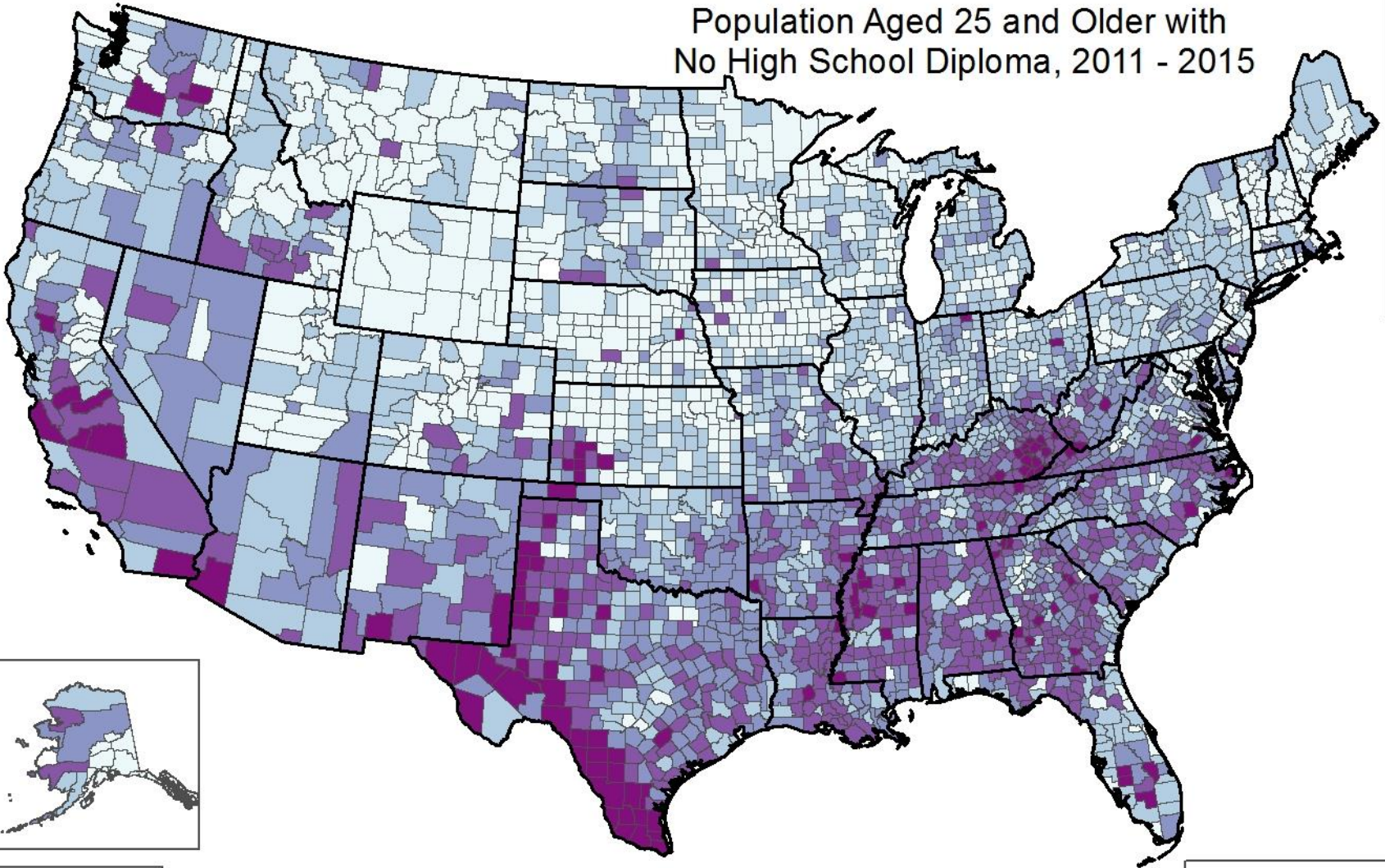
Note: HIV data for the year 2016 are preliminary and based on 6 months reporting delay. Therefore, trend data should be based on data through the year 2015 to allow sufficient time (at least 12 months) for reporting of case information to accurately assess trends.

Poverty Rates, 2015



Source: US Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, Dec 2016.
 The data provided are indirect estimates produced by statistical model-based methods using federal tax information and data on SNAP recipients.
<http://www.census.gov/did/www/saipe/index.html> In 2016, for a family of four, the poverty guideline is \$24,300.
 Color ramp from: <http://www.colorbrewer2.org/> Inset maps not to scale.
 With a natural breaks classification scheme, class breaks occur where there are gaps in the distribution (i.e., few or no observations).

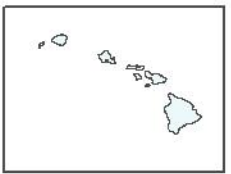
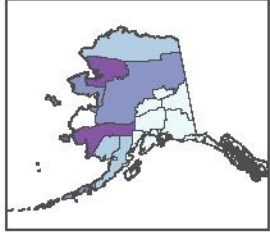
Population Aged 25 and Older with No High School Diploma, 2011 - 2015



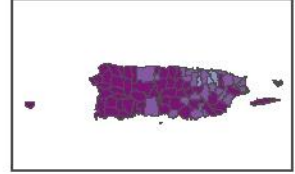
Percent population with no high school diploma, by state

Lightest Blue	7.2% - 9.1%
Light Blue	9.2% - 10.9%
Medium Blue	11.0% - 13.1%
Dark Blue	13.2% - 18.2%
Dark Purple	18.3% - 27.0%

Average: 12.0%
Data classed using natural breaks



Source: ACS 5-year estimates, 2011-2015, Table B15003.
Color ramp from: <http://www.colorbrewer2.org/> Inset maps not to scale.
With a natural breaks classification scheme, class breaks occur where there are gaps in the distribution (i.e., few or no observations).

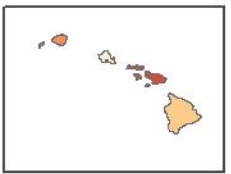
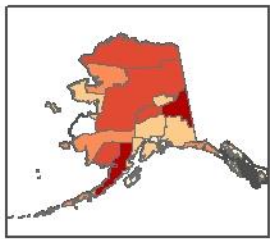
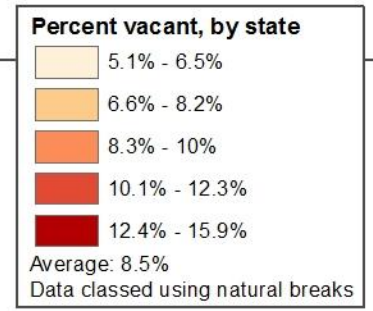
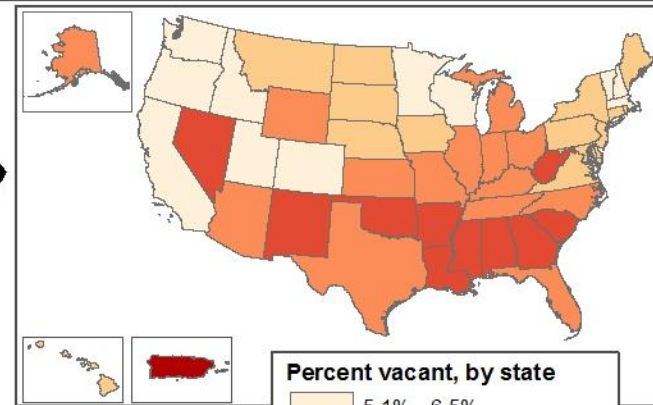
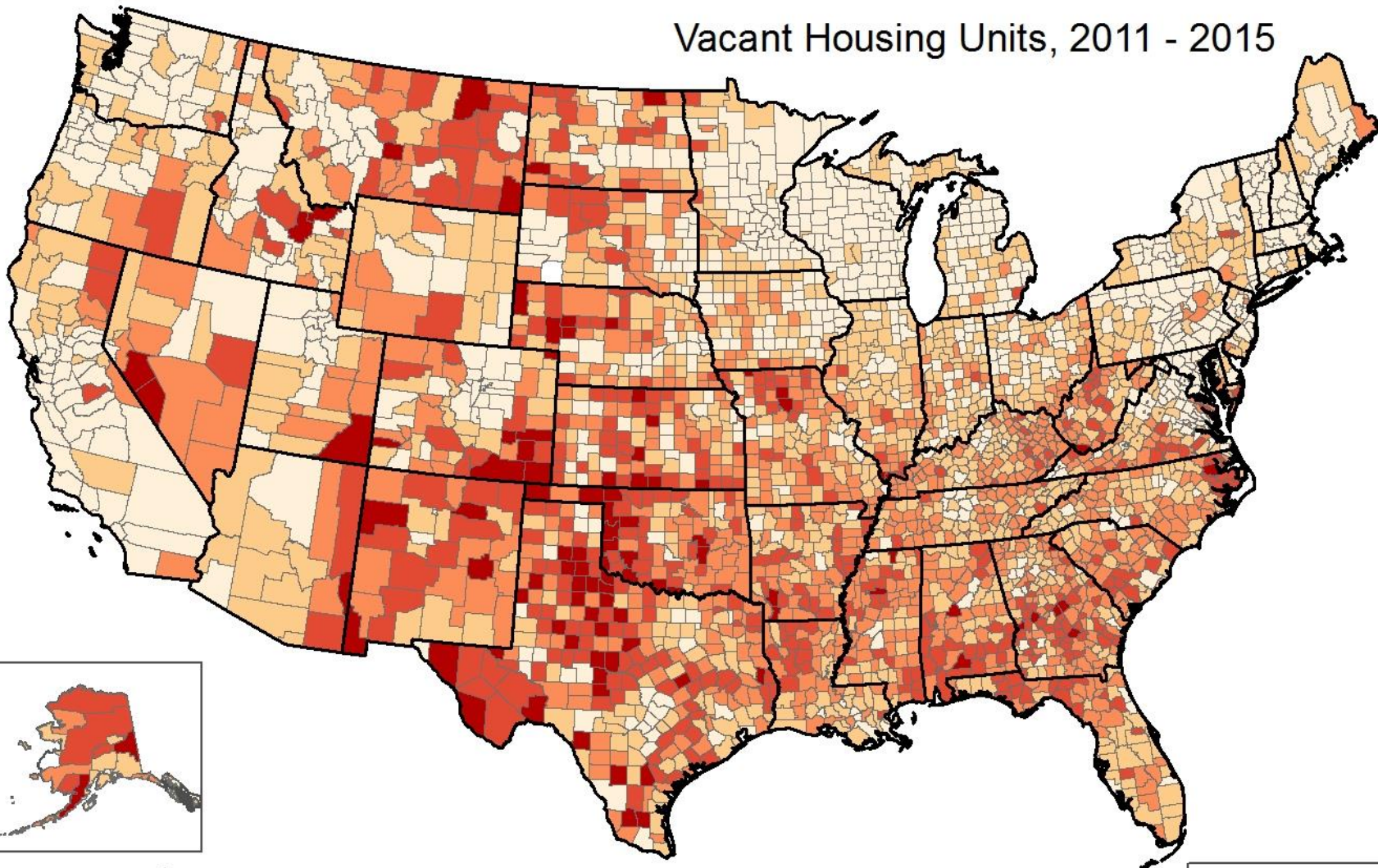


Percent population with no high school diploma, by county

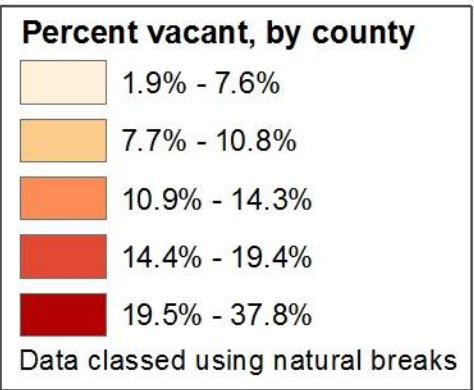
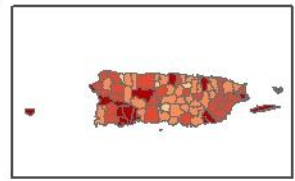
Lightest Blue	1.6% - 9.6%
Light Blue	9.7% - 14.4%
Medium Blue	14.5% - 19.9%
Dark Blue	20.0% - 27.7%
Dark Purple	27.8% - 53.7%

Data classed using natural breaks

Vacant Housing Units, 2011 - 2015



Source: ACS 5-year estimates, 2011-2015, Tables B25004 and B25001.
 As used here, vacant housing excludes seasonal vacancy.
 Color ramp from: <http://www.colorbrewer2.org/> Inset maps not to scale.
 With a natural breaks classification scheme, class breaks occur where there are gaps in the distribution (i.e., few or no observations).



POSE



[POSE Trailer](#)

Intersectionality definitions

- ▶ **Intersectionality** is a theoretical framework for understanding how **multiple** social identities such as race, gender, sexual orientation, SES, and disability intersect at the **micro level** of individual experience to reflect interlocking systems of privilege and oppression (i.e. racism, sexism, heterosexism, classism) at the **macro social-structural** level. (Bowleg 2012)

Intersectionality definitions

- ▶ **Intersectionality** is a way of understanding and analyzing complexity in the world, in people, and in human experiences. The events and conditions of social and political life and self can seldom be understood as shared by one factor. They are shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality is an analytic tool that gives people better access to the world and of themselves.

(Collins and Blige 2016)

Intersectionality definitions

- ▶ Intersectional inquiry and praxis are designed to excavate the ways in which a person's multiple identities and social positions are embedded within systems of inequality. Intersectionality is also attentive to the need to link individual, institutional, and structural levels of power in a given sociohistorical context for advancing health equity and social justice.

(Lopez and Gadsden 2016)

Historical Intersectionality

► Sojourner Truth (1851)

“That man over there says that women need to be helped into carriages, and lifted over ditches, and to have the best place everywhere. Nobody ever helps me into carriages, or over mud-puddles, or gives me any best place! And ain't I a woman?”



Origins of Modern Intersectionality

- ▶ Rooted in Black Feminist scholarship (Crenshaw and Collins)
- ▶ Core tenets:
 - ▶ Social identities are not independent and unidimensional, but multiple and intersecting
 - ▶ People from historically marginalized groups are focus or starting point
 - ▶ Social identities at the micro level intersect with macrolevel structural factors to produce or illustrate health disparities

Intersectionality: Processes vs. Categories

Individual Categories

Gender
Race
Sexual Orientation
Disability Status
Socioeconomic Status

Social Processes

Transphobia
Heterosexism
Ableism
Racism
Classism
Sexism

Social Structural Consequences

Institutional
Discrimination
Poverty
Mass Incarceration
Unemployment
Police Harassment

Why does this matter for youth that you serve?

- ▶ LGBTQ youth hold **multiple identities**
- ▶ LGBTQ youth are subject to **social processes** as a result of these identities
- ▶ LGBTQ youth experience **consequences** as a result, which often have health implications, including HIV

Benefits to Our Work in SBHC

- ▶ Unifying language for understanding the connection between race, ethnicity, gender, sexual orientation, socioeconomic status and health outcomes
- ▶ Forces public health workers to conceptualize and analyze disparities and social inequalities in health in the complex and multidimensional ways that mirror the experiences of the populations for whom adverse health outcomes are most disproportionate.

Intersectionality

- ▶ Intersectionality paradox: adverse health outcomes at the intersection of high SES and race/gender
 - ▶ Birth outcomes for Black women
- ▶ Can syndemic theory offer a partial explanation?

Syndemics

- ▶ Multiple co-occurring epidemics that additively increase negative health consequences
- ▶ Set of mutually reinforcing epidemics that together lower the health profile of a population more than each on its own
- ▶ Elaborated to explain health outcomes in urban GB/MSM
- ▶ Focuses on early development – “socially produced damages of adolescent male socialization”
- ▶ Adolescence is a “critical period” where school-based health centers are uniquely positioned to intervene

The Effects of “Syndemics” on HIV Risk in MSM

- Cross sectional household telephone survey of MSM in Chicago, LA, New York ,and SF (N = 2881)
- High occurrence and interconnectedness of depression, poly drug use, childhood sexual abuse, and partner violence
- Additive effects: Odds ratios increased as did number of these psychosocial health problems

	1 problem	2 problems	3 and 4 problems
High risk sex (<i>P</i> <.01)	1.6	2.4	3.5
HIV prevalence (<i>P</i> <.001)	1.8	2.7	3.6

What are the co-occurring epidemics? At least four...

- ▶ Childhood Sexual Abuse
- ▶ Depression
- ▶ Substance Use
- ▶ Partner violence

Why does this matter for SBHCs?

- ▶ Point of contact with young people who may be actively experiencing adverse childhood events (ACEs)
- ▶ Importance of screening for trauma experiences and referring to appropriate community resources

What are the outcomes of these co-occurring epidemics?

- ▶ HIV
- ▶ Other health problems
- ▶ Snowballing of syndemic conditions

Extending syndemics discussion

- ▶ What would we hypothesize as the interacting epidemics for other populations, particularly for young people? (I.e. young Black Transgender women, young Latina lesbians, Two-spirit youth?)
- ▶ Would the drivers of syndemic conditions for these communities be different? How?

The sexual networks of Black MSM and the “Revolutionary Act”: *Shifting public health discourse towards an action-oriented paradigm*

Derrick D. Matthews, PhD, MPH

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Andre L. Brown, MPH

David J. Malebranche, MD, MPH

Agenda

- Acknowledging scientific violence against young Black MSM
- Relevant epidemiology of the HIV epidemic and the sexual networks of Black MSM
- Limitations of the “network hypothesis”

“Black men loving Black men is the revolutionary act.”

—Joseph Beam

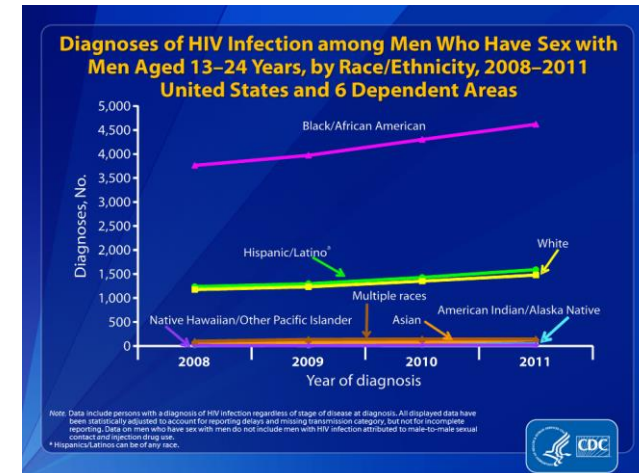
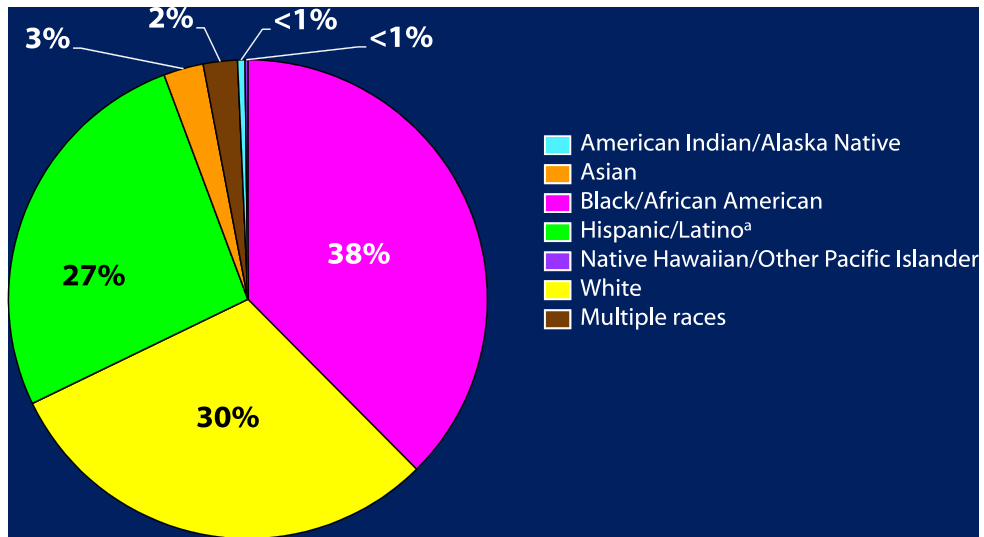
Being mindful of past scientific violence

- The 4H disease
- The search for the elusive Black bisexual bridge
- The Down Low
- How discussion of our sexual networks is next - how can we reclaim science in service of our communities?



(Cohen, 2006; Ford et al., 2007; Malebranche, 2008)

Background: HIV disparities among Black MSM



(CDC, 2015)

Background: What's responsible for these disparities?

- Despite no difference in individual sexual health behaviors, HIV-positive Black MSM are **less likely** to successfully navigate the HIV care continuum

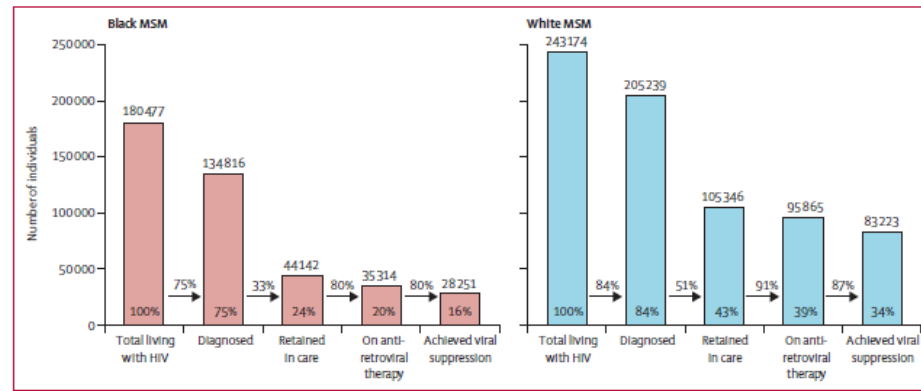


Figure 2: Estimated HIV care continuum for black and white MSM in the USA during 2009-10
Numbers above the bars are the estimated total MSM at that step in the HIV care continuum. Percentages within bars are the estimates of MSM at that step in the HIV care continuum. Percentages within arrows are the MSM at that step in the HIV care continuum, conditional on attaining the previous step. MSM=men who have sex with men.

(Millett et al., 2006; Rosenberg et al. 2014)

“Whom did he love? It makes a difference.”

—Essex Hemphill

The “network hypothesis”

- Since Millett’s meta-analysis, many studies have explored:
 - The extent to which MSM have sex with MSM of their same or different race
 - Its association with risk of HIV infection
 - Berry et al., 2007; Clerkin et al., 2011; Mimiaga et al., 2009; Newcomb et al., 2013; Raymond et al., 2009; Sudhinaraset et al., 2013; Sullivan et al., 2014; Tieu et al., 2010

- MSM are more likely to have sex with men of their same race than others
- This within-race partnering is highest among Black MSM
- Black MSM are more likely to have sex with someone living with HIV
- Black HIV-positive MSM are less likely to be undetectable
- HIV infection spreads quickly in a smaller more interconnected network

The road to hell...

- The epidemiology itself is logical and palatable for the research community
- Makes intuitive sense given no difference found in sexual health behaviors
- We've seen similar dynamics operate in other infectious disease epidemics
- Is the network hypothesis really a step in the right direction?
- **Has the public health research community inadvertently reassigned pathology from *individual* Black MSM to *communities* of Black MSM?**
- **Insufficient to move away from blaming Black MSM for not using condoms to blaming them for loving one another.**

“It’s necessary to constantly remind ourselves that we are not an abomination.”

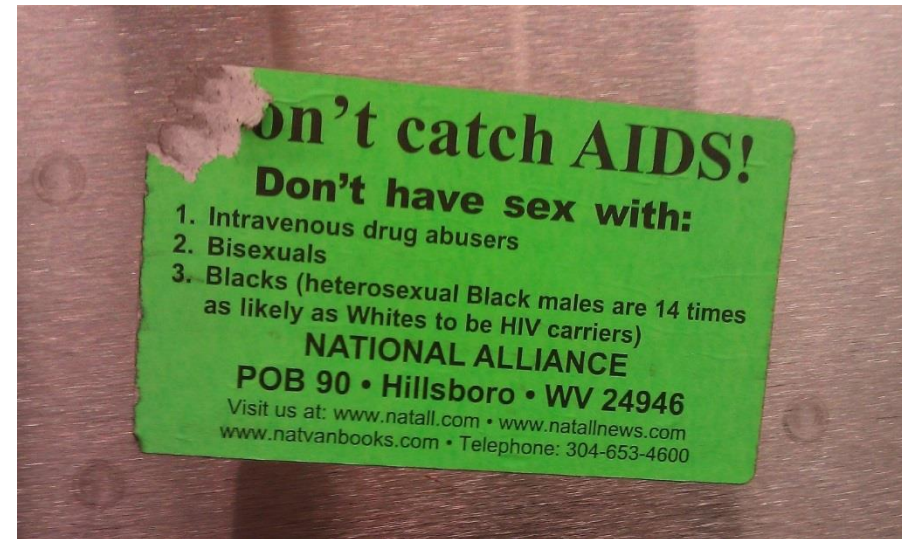
—Marlon Riggs

“When an individual is protesting society’s refusal to acknowledge his dignity as a human being, his very act of protest confers dignity on him.”

—Bayard Rustin

Limitations of the network hypothesis

- Health disparities research has high potential for misuse
 - Conflating social marginalization a group experiences as evidence that the group itself is toxic
- Particularly true when having sex with Black MSM is described as a “risk factor” for infection
 - Text in manuscripts
 - Interpreted as such from quantitative analysis



Limitations of the network hypothesis

- Doesn't address fundamental causes which place Black MSM communities at increased risk for HIV infection in the first place
- Sexual networks are not the *cause* of racial disparities in HIV infection
- Racial disparities in HIV prevalence and incidence among sexual networks are the *effect* of inattention to fundamental causes which drive disparities in health, education, employment, incarceration, etc.

Limitations of the network hypothesis

- Acknowledges racism creates a “racial hierarchy” that influences formation of sexual networks, yet doesn’t address it
 - Goal isn’t to advance in the hierarchy, but to dismantle it – racism is bad for health. Period.
- By describing Black MSM and networks as risk factors, it fails to acknowledge our relationships are not “consolation prizes” and are actively valued



(Han, 2007; racistgrindr.tumblr.com)

“The place in which I’ll fit will not exist until I make it.”

—James Baldwin

“I tire so of hearing people say, let things take their course. Tomorrow is another day. I do not need my freedom when I’m dead. I cannot live on tomorrow’s bread.”

—Langston Hughes

Why else might sexual networks matter for adolescents seeking services at SBHCs?

- Thinking about “who” is in the networks of the young people you serve
 - Screening for transactional/survival sex
 - Older partners (may also be proxy for CSA, but not always)

Questions?



