“Syndemics, Resiliencies and Successful Aging Among Gay Men”

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Presenter Disclosure

- Presenter: Ron Stall
- Relationships with Commercial Interests:
  - Grants/Research Support: None
  - Speakers Honoraria: None
  - Consulting Fees: None
  - Other: None
Goals of Talk

- To raise interest in the study of resilience as a basis for intervention design among gay men.
- To raise questions about whether deficit-based approaches to intervention design are, by themselves, sufficient to support effective interventions.
- To raise interest in the design of a research agenda to understand and harness resiliences among gay men so that community-wide health levels can be raised.
Health Profile of Urban Gay Men

Very High Rates of Distress and Depression


Very High Rates of Attempted Suicide


High Rates of Childhood Sexual Abuse

Health Profile of Urban Gay Men

Very High Rates of HIV Infection


Very High Rates of Substance Use and Abuse


Very High Rates of Partner Violence

Intertwining Epidemics among Urban MSM (Significant OR estimates, controlling for age, education, race, income, HIV status and sexual risk)

<table>
<thead>
<tr>
<th></th>
<th>Childhood Sex Abuse</th>
<th>Partner Violence</th>
<th>Depression</th>
<th>Substance Abuse</th>
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<tbody>
<tr>
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<td>--------</td>
<td>1.9</td>
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<td>--------</td>
<td>1.6</td>
<td>2.2</td>
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<td>1.6</td>
<td>--------</td>
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<tr>
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<td>2.2</td>
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From Stall et al., AJPH 2003 93:939-42
Interconnecting Psychosocial Health Problems among Gay Men

<table>
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<th>No. of Psychosocial Health Problems</th>
<th>0 (n = 1,392)</th>
<th>1 (n = 812)</th>
<th>2 (n = 341)</th>
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</thead>
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<td>Recent high risk sex</td>
<td>7%</td>
<td>11%</td>
<td>16%</td>
<td>23%</td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>13%</td>
<td>21%</td>
<td>27%</td>
<td>22%</td>
</tr>
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All associations have p's < 0.001. All p values are two-tailed. From Stall et al., 2003
Syndemic:

- (n.) a cluster of epidemics that act additively to predict other epidemics
- (adj.) of or pertaining to such a cluster*

www.cdc.gov/syndemetics

*from Singer, 1994
An Initial Epiphany: Where is the evidence for resilience in this table?

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Resilience is Self-Evident in Gay Men’s Life Histories

- Coming out
- Homophobia management
- Creating safe religious institutions
- Finding and creating families
- Institution/Community Building
- Activism for citizenship rights
- Ability to thrive even through AIDS
Health Resiliencies are Commonly Found among Gay Men

- Lots of substance use, relatively few substance abuse-related problems
- Smoking cessation
- Large proportions of gay men remain HIV negative throughout the life course
- Many HIV positive men remain healthy and productive
- Resolution of substance abuse careers
“No use” 68.8%, “Some use” 7.2%, “Increasing” 5.8%, “Decreasing” 8.5% “Consistently high” 10.5%
The Logic of “Deficit-based” Approaches to Intervention Design

- Identify risk factors for poor health outcomes
- Design interventions to address these risk mediators
- Test efficacy of the intervention
- If efficacious, attempt community-based scale-up to achieve effectiveness
Rationale for the Deficit Logic

- It is inarguable that many health disparities exist within gay male communities.
- Understanding “what is going wrong” makes intuitive sense in terms of finding fixes for serious health problems.
- But is this the most effective approach to finding these fixes?
Deficit Assumptions Underlying HIV Intervention Design for Gay Men

- **Raise condom use skills** (gay men don’t know how to use condoms)
- **Raise condom negotiation skills** (gay men don’t know how to negotiate sex)
- **Change peer norms** (gay men have unhealthy peer norms, esp. around sex)
- **Raise skills to face homophobia** (gay men have few skills to face homophobia)
Central Questions of This Talk

- Should the evidence for intervention design be based on analyses that emphasize the experiences of the highest risk men?

- How would intervention design be different if it was driven by insights from men who are lowering risk, or men who are only rarely at high risk?
Central Questions of This Talk

- Which insights provide the most valuable basis for intervention design: insights about trajectories of ongoing/increasing risk or trajectories of relative safety?
- Could insights from both kinds of analyses be incorporated into interventions to increase efficacy?
Limitations of Deficit-Based Approaches

- Trajectories of risk production may have different mediators than trajectories that produce safety.
- Generalizability: By defining intervention content on the experiences of highest risk men are we emphasizing issues that don’t resonate with men at lower risk?
- Does this introduce credibility problems?
Limitations of Deficit-Based Approaches

- Deficit-based approaches produce knowledge about what NOT to do, not what TO do.
- Risk reduction involves exercising strengths; a focus on deficits does not help men access these strengths.
Limitations of Deficit-Based Approaches

- Deficit-based approaches are reactive rather than proactive.
- Deficit-based interventions are designed for men who will remain in high risk environments; once effects disappear, men are left with attenuated resources.
- Explanation for time-limited intervention effects?
Limitations of Deficit-Based Approaches

- May produce uninviting interventions (implicit messages: your sexual habits are life-threatening, you don’t know about HIV, you use too many drugs, your community’s norms are toxic)
- Do such implicit messages inhibit intervention uptake?
Resilience Theory

Resilience:

“the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risk.” – Fergus (2005)
MSM Resiliencies: Pitt/Fenway Conference

- **Individual Level**
  - Internal homophobia management & shame
  - Self monitoring & goal setting
  - Adaptability and coping

- **Dyadic Level**
  - Relationship building
  - Dyadic support

- **Family Level**
  - Biological family resolution
  - Social bonding
MSM Resiliencies: Pitt/Fenway Conference

- **Community Level**
  - Connection to community
  - Institutional support
  - Community building
  - Commitment to community building.
  - Homophobia management
  - External monitoring
Measuring resiliency requires more than flipping deficit variables

<table>
<thead>
<tr>
<th>Factor</th>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>Low Self-esteem</td>
<td>High Self-esteem</td>
</tr>
<tr>
<td>Friends</td>
<td>Non-supportive Friends (bad influences)</td>
<td>Supportive Friends</td>
</tr>
<tr>
<td>Community Involvement</td>
<td>High community involvement</td>
<td>High community Involvement</td>
</tr>
</tbody>
</table>
Protective Factors

- Assets – individual level
- Resources – ecological context

- 2 models of how protective factors contribute to resilience
Compensatory model

- Directly associated w/ resilience
Protective Model

- Moderators of risk

Risk

Negative Outcome

Low PF

High PF
Ex: Identifying Protective Factors

Deficit Paradigm:

Adversity → Syndemics → HIV Risk
Ex: Identifying Protective Factors

Resilience Paradigm:

- Adversity
- Syndemics
- HIV Risk
# Moderation: MACS Results

## Gay Community Connection

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>1.60</td>
<td>.318</td>
<td>5.04</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>High</td>
<td>.590</td>
<td>.410</td>
<td>1.44</td>
<td>.151</td>
</tr>
</tbody>
</table>

## Community Connection

<table>
<thead>
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<th>p</th>
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</thead>
<tbody>
<tr>
<td>Low</td>
<td>1.65</td>
<td>.296</td>
<td>5.57</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>High</td>
<td>.268</td>
<td>.471</td>
<td>.565</td>
<td>.573</td>
</tr>
</tbody>
</table>
# Resolution of Internalized Homophobia

<table>
<thead>
<tr>
<th>Statement</th>
<th>Time 1 %</th>
<th>Time 2 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I tried to stop being attracted to men in general.</td>
<td>35.9</td>
<td>5.6</td>
</tr>
<tr>
<td>If someone had offered me the chance to be completely heterosexual, I would have accepted the chance.</td>
<td>43.9</td>
<td>12.1</td>
</tr>
<tr>
<td>I wished I weren’t attracted to men.</td>
<td>39.2</td>
<td>10.0</td>
</tr>
<tr>
<td>I felt that being gay/bisexual was a personal shortcoming for me.</td>
<td>42.7</td>
<td>9.0</td>
</tr>
<tr>
<td>I wanted to get professional help in order to change my sexual orientation to heterosexual.</td>
<td>14.5</td>
<td>3.4</td>
</tr>
<tr>
<td>I tried to become more sexually attracted to women.</td>
<td>38.7</td>
<td>5.3</td>
</tr>
<tr>
<td>I often felt it best to avoid personal or social involvement with other gay/bisexual men.</td>
<td>27.5</td>
<td>7.4</td>
</tr>
<tr>
<td>I felt alienated from myself because of being gay/bisexual.</td>
<td>30.8</td>
<td>6.1</td>
</tr>
<tr>
<td>I wished that I could have developed more erotic feelings about women.</td>
<td>40.1</td>
<td>8.2</td>
</tr>
</tbody>
</table>
Resolution of Internalized Homophobia across groups

- During the time of coming out: 30.9%
- Currently: 77.2%
Resolution of Internalized Homophobia: Syndemic Outcomes

<table>
<thead>
<tr>
<th>Condition</th>
<th>N (%) of sample w/o condition</th>
<th>OR</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No/Low Stimulant Use</td>
<td>1445 (94)</td>
<td>1.01</td>
<td>(.570, 1.79)</td>
</tr>
<tr>
<td>No Depression</td>
<td>1160 (75)</td>
<td>2.14**</td>
<td>(1.57, 2.92)</td>
</tr>
<tr>
<td>No/Low Stress</td>
<td>1091 (71)</td>
<td>1.69**</td>
<td>(1.23, 2.32)</td>
</tr>
<tr>
<td>No Intimate Partner Violence</td>
<td>1047 (68)</td>
<td>1.33*</td>
<td>(1.01, 1.79)</td>
</tr>
<tr>
<td>No/Low Sexual Compulsivity</td>
<td>1281 (83)</td>
<td>1.76**</td>
<td>(1.25, 2.48)</td>
</tr>
<tr>
<td>No Syndemic</td>
<td>1043 (68)</td>
<td>2.15**</td>
<td>(1.58, 2.91)</td>
</tr>
</tbody>
</table>
A Useful Reminder…

“There is nothing more practical than a good theory”

What should the properties of a resilience theory include?

- More than flipping deficit-based variables
  - Generates new variables: testing whether the non-depressed are less risky is not new theory

- Captures new variance
  - Does a better job of explaining risk and safety among MSM than deficit-based variables alone
What should the properties of a resilience theory include?

- Conducive to being used as the basis for intervention design
  - Identifies resiliencies among gay men that are transferrable
- Includes variables beyond the individual level
  - Sexual risk requires more than one person, theory has to address dyadic/ social levels
What should the properties of a resilience theory include?

- Generates interventions that are inviting
  - Interventions that are designed to help men thrive should be naturally inviting
- Leaves participants with long term skill sets that will serve men well who remain in risky environments
What should the properties of a resilience theory include?

- Addresses Life Course Issues
  - Explains resiliencies/ vulnerabilities across the life course

- Produces Variables that Integrate Well with Deficit-Based Interventions
  - Adds to the efficacy of interventions in the field
Hypothesized Resiliencies that May Promote Health among MSM

- Self-regulation of risk
- Resolution of risk without interventions
- Homophobia management
- Shamelessness
- Family creation
- Institution/community building
- Political activism
“Understanding Patterns of Health Aging among MSM”, R01

- Conducted within the MACS
- Men aged 45+ (men as old as 80 in the cohort)
- Additional questionnaire on syndemics and resiliencies among aging gay men
- Powered to detect effects within the entire cohort, HIV+ men and HIV + Black MSM
Research Design

- Participants in the MACS cohort (>80% will be aged 50+; about half will be HIV+)
- Longitudinal Design: 6 waves of data collection
- First study to show how strengths and resiliencies change over time among aging gay men
- DV: HIV risk behaviors, HIV viral loads
Variables to be Measured: Aging Study

- Volunteer Work
- Mentoring
- Job Satisfaction
- Aging Satisfaction
- Resiliency (global)
- Gay community perceptions
- Religiosity/Spirituality
- Optimism (global)
- Body Satisfaction
- Health Care Satisfaction
- Physical activity
- Neighborhood attributes
- Social support
Variables to be Measured: Aging Study

- Familial abuse
- Childhood victimization
- Discrimination and victimization
- Mental health (depression, anxiety, loneliness)
- ASS measure
- Sexual Assault
- Partner violence
- Sexual behavior
- Drug/alcohol use
- HIV status disclosure
- HIV stigma
The Case for Studying Resilencies

LGBT Communities have exhibited remarkable resiliencies for at least the past 30 years and probably far longer.

Strength-based approaches are unstudied in explaining health and wellness.
The Case for Studying Resilencies

Interventions should be designed to operate at the individual, dyadic, familial and community level.

- It’s time to address weaknesses AND tap strengths in intervention designed to raise levels of health in LGBT communities.
Questions?