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Cancer Prevention Research at Howard Brown Health Center

Alicia Matthews, Ph.D.
Principle Investigator

A dearth of resources has been allocated to early detection of cancer and screening initiatives in lesbian, gay, bisexual, and transgender (LGBT) population subgroups. Consequently, little is known about LGBT-specific predictors of cancer screening participation. Further, few attempts have been made to adapt existing cancer screening interventions, with known benefits for increasing screening rates in general and underserved populations, to the needs of the LGBT population. Against this backdrop, two pilot studies were conducted at Howard Brown Health Center to understand barriers to screening and to test the benefits of patient navigators to overcome these barriers. Both grants were awarded to UIC, though the research was conducted at Howard Brown. The following is a summary of results.

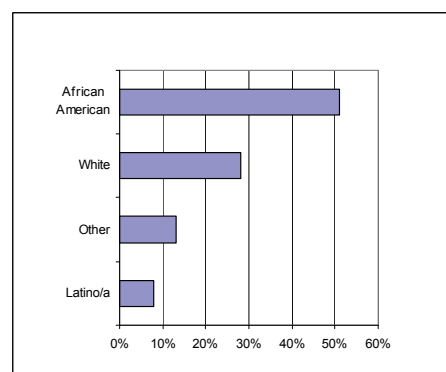
Barriers to Cancer Screening Among Non-Adherent LGBT Persons

The Cancer Research and Prevention Foundation funded a two-year project to identify individual level barriers (attitudes, beliefs, knowledge, types of barriers, education/income) to cancer screening among non-adherent LGBT persons. Focus groups (N = 14) were conducted with LGBT men and women who were non-adherent to breast (n=20), cervical (n=27), and colorectal (n = 38) cancer screening guidelines, as appropriate.

The moderator's guide covered the following topics: (1) knowledge and beliefs about cancer, (2) perceived risk for cancer, (3) experiences with cancer screening, and (4) general and culturally specific barriers to screening.

The ethnically diverse participants (N = 85) were primarily female (60%) with a mean age of 45 years. Ethnic breakdown is presented in Figure 1. Most sample participants identified as gay (27%) or lesbian (38%) or bisexual (24%). Roughly one-third of the sample was uninsured with incomes < \$10,000 per year.

Figure 1
Ethnicity of Focus Group Participants



Latino/a	7%
Other	9%
White	33%
African American	51%



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Table 1
Barriers to Screening

General Barriers to Cancer Screening	LGBT Specific Barriers to Cancer Screening
<ul style="list-style-type: none"> • Very limited knowledge about cancer, cancer risk and protective factors and cancer screening guidelines • Difficulty accessing free or low cost screening • Difficulty identifying culturally competent health care providers • Cost • Lack of insurance • Fear of pain and finding a cancer • Lack of knowledge about where services are provided • Long waiting times at public clinics 	<ul style="list-style-type: none"> • Fears about invasion of one's privacy • Fear that cancer screening will open "Pandora's Box" around other types of testing (i.e., HIV, hepatitis) • The over-emphasis on HIV/AIDS care to the exclusion of other types of health care for gay and bisexual men • Mistrust of the health care community • Fear of disclosing sexual orientation to providers • Issues associated with gender identity and testing (i.e., cervical cancer screening among more 'masculine' identified women) • Negative previous experiences with health care providers

Barriers to cancer screening, both general and specific to sexual orientation, are listed in Table 1. There were particularly strong feelings among both men and women around feeling "invaded" when receiving internal screening exams (e.g., Pap test, colonoscopy). The following quote is an illustration of the latter theme, "My doctor and I don't have that rapport even though they are my doctor. So, it's very clinical and cold and just like a rape to me." Among lesbians, there was also a strong belief that women who do not have sex with men do not need Pap smears. This misconception has stemmed from information received from peers as well as direct information received from misinformed health care providers.

Qualitative findings suggest several significant individual level barriers to cancer screening – general as well as culturally influenced barriers. These data will be used to provide an initial framework to inform the development of the in-depth interview guides with key informants and provide a rich source of information for culturally adapting the Health System Navigation (HSN) curriculum. However, additional research is needed to obtain data about sociocultural barriers to screening (i.e., mistrust, discrimination by providers, communication issues, concealment, and identity and health).

Evaluation of a Patient Navigation Program for Increasing Breast and Cervical Cancer Screening Among Sexual Minority Women

The Illinois Department of Public Health funded a one-year project aimed at determining the effectiveness of a combined education and patient navigation program for increasing breast and cervical cancer screening among lesbian and bisexual women. Participants (N = 105) completed a three-session education program that focused on breast and cervical health and cancer screening. Participants were then assigned to a trained patient navigator who provided assistance to participants "as

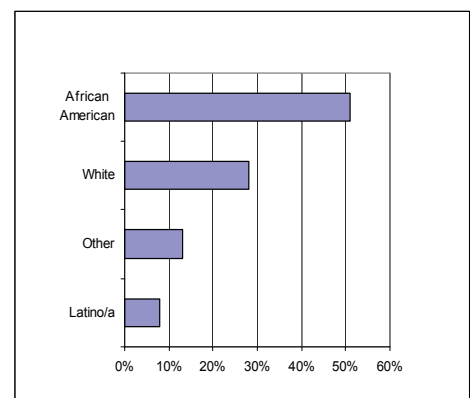
needed" during a three month monitoring period. Changes in knowledge, risk, stage of readiness and cancer screening were measured at the end of the education sessions and at three month follow-up.

The mean age for the diverse sample was 39 years. Ethnic breakdown is presented in Figure 2. Forty-nine percent of the sample identified as bisexual, 43% as lesbian and 8% as other. Roughly half the sample was uninsured (49%) and made less than \$10,000 per year (50%). Sixty-four percent reported not having a regular doctor. Ninety-four percent (n = 100) of the sample completed the entire educational program.

As seen in Table 2, there was a statistically significant increase from pre to post test in several measures, including breast risk, breast knowledge, cervical knowledge, and breast stage of readiness. Eighty-six women participated in a three-month follow-up interview representing an 81% retention rate. Key measures were also strengthened during the follow-up period.

Figure 2
Ethnicity of PN Intervention Participants

Latino/a	7%
Other	9%
White	33%
African American	51%



(continued on page 3)

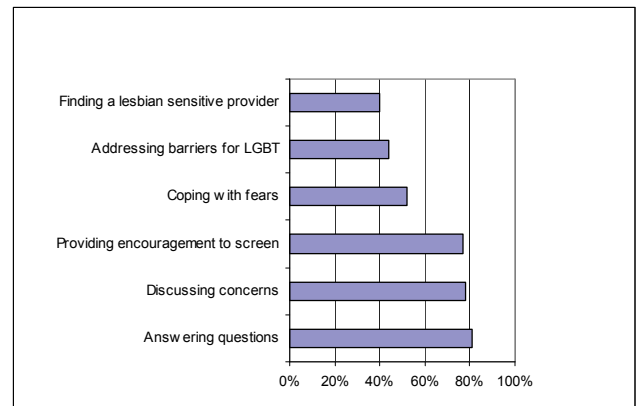
Of the participants interviewed at three months, 46% self-reported receipt of a Pap test, 37% a clinical breast exam, 20% a mammogram and 87% conducted at least one breast self-examination since the completion of the program. Figure 3 lists the types of assistance participants received from their patient navigators. The majority of participants (74%) were highly satisfied with their patient navigator.

The findings of this pilot study demonstrate the feasibility, acceptability and potential benefits of a combined education and patient navigation intervention for increasing breast and cervical cancer screening among sexual minority women. Although promising, outcomes may be substantially improved by the development of a culturally targeted and standardized curriculum for training patient navigators to address the general and culturally specific barriers to cancer screening among LGBT men and women.

Table 2
Changes in cancer risk, knowledge and stage of readiness for screening

	Pre – Post Test Difference Scores (N = 100)		Post Test and Follow-up Difference Scores (N = 86)	
	T score	P value	T	P value
Breast Risk	-3.33	.001	-1.06	.292
Cervical Risk	-1.72	.089	.742	.461
Breast Knowledge	-56.27	.000	-72.43	.000
Cervical Knowledge	-52.88	.000	-88.60	.000
Breast Readiness	-2.63	.010	-3.32	.001

Figure 3
Services Provided by Patient Navigator



Answering questions	81%
Discussing concerns	78%
Providing encouragement to screen	77%
Coping with fears	52%
Addressing barriers for LGBT	44%
Finding a lesbian sensitive provider	40%

Health Communication Patterns That Affect Depression In Caribbean American Latino Women

Raquel Park, BSN

Women are twice or three times as likely as men to experience depression (Wetzel 1994). However, throughout my experiences as a nurse, I have witnessed a lack of communication about health within my own Puerto Rican culture and similar cultures. This led me to explore literature that addresses the health communication patterns that affect depression in Caribbean

American Latino women. Unfortunately, there has been little research done on health communication patterns that affect this population. In order to address this void, I am currently developing a grant proposal that addresses this phenomenon.

While some previous work has examined depression in “Latina” women, most researchers now acknowledge the importance of distinguishing between subgroups of Latinos to determine their differences

and their similarities (Johnson 1993). The purpose of this study is to explore and contribute more data about the health communication patterns that affect depression in Caribbean American Latino women by investigating the beliefs, culture, expectations, and traditional gender roles among this population. First and second generation Latino American women of Caribbean descent, which would include Puerto Ricans, Cubans and Dominicans have similar

upbringings that would contribute to this phenomenon. The primary aim of this study will be to determine, from a qualitative research methodology, the following research question: What health communication patterns affect depression in Caribbean American Latino women? In order to achieve this aim, three objectives will be pursued: to discover what factors affect depression among this group, to explore why depression is not openly spoken about in this community, and to determine what coping strategies are being utilized now for these women. For individuals, effective health communication can help raise awareness of both health risks and solutions, provide the motivation and skills needed to reduce these risks, help find support from other people in similar situations, and affect or reinforce attitudes. Health communication also can increase demand for appropriate health services and decrease demand for inappropriate health services. Culture and ethnicity are strong determinants in an individual's interpretation or perception of health and illness.

While Hispanics constitute the fastest growing minority population in the United States, from 9.1 million in 1970 to 22 million in 1990, Puerto Ricans constitute the second largest and most economically disadvantaged Hispanic group in the United States (United States Bureau of Census 1991). In both domestic and international studies it has been recognized that severe depression is not only increasing, but it is likely to begin earlier for each following generation (Wetzel 1994).

More needs to be known about the meaning that social relationships have for the population, as well as the ways in which cultural significance influences patterns of interaction (Sanchez – Ayendez, 1989). For Latinas, strong ethnic identity empowers and provides them with a sense of self, but it also contributes to their inhibited pattern of communication.

Predominant cultural values among Hispanics are allocentrism, *simpatía*, familialism, and the traditional gender roles of *machismo* and *marianismo* (Berrios, 2003). *Marianismo* exemplifies the expectation that a woman's main role is that of a mother. Her greatest satisfaction should be derived from her offspring. Machismo and virginity are strong values that continue to be entrenched in the culturally-prescribed behavior (Hidalgo & Christensen 1977).

Culture and ethnicity are strong determinants in an individual's interpretation or perception of health and illness.

Allocentrism is a cultural value that highlights the needs of the family. Sacrifices and decisions will be based on what is good and best for the family as a whole. *Simpatía* stresses the importance of healthy, conflict-free relationships within the family. Familialism is central to the Hispanic identity (Berrios 2003). It is a concept where ideas and behaviors that would bring disgrace to the family name should be avoided at all costs. *La familia* (the family) is one of the most significant sources of strength and emotional support for Puerto Rican women. A deep commitment to motherhood and to keeping the family together shape the decisions women make at particular points in their lives with regards to work, migration, marital status, and satisfaction of personal aspirations and needs (Torruellas 1995).

Health communication can contribute to all aspects of disease prevention and health promotion, and is relevant in a number of contexts, including (1) health professional-patient relations, (2) individuals' exposure to, search for, and use of health information, (3) individuals' adherence to clinical recommendations and regimens, (4) the

construction of public health messages and campaigns, (5) the dissemination of individual and population health risk information, that is, risk communication, (6) images of health in the mass media and the culture at large, (7) the education of consumers about how to gain access to the public health and health care systems, and (8) the development of telehealth applications (Jackson & Duffy 1998). In gaining a better understanding of the health communication patterns of Caribbean American women, as healthcare providers, customized and culturally sensitive care can be anticipated and provided, which in turn will foster more positive outcomes.

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Sanchez– Ayendez, M. (1988). Puerto Rican elderly women: the cultural dimension of social support networks. *Women and Health*, 14(3-4), 239 - 252.

Torruellas, R. (1995). "Mi sacrificio bien pago" Puerto Rican women on welfare and family. *Annals of the New York Academy of Sciences*, 749: 177 - 187.

Wetzel, J. W. (1994). Depression: Women at risk. *Social Work-Health Care*, 19 (3-4), 85-108.

MACS news

A Snapshot of the Chicago MACS in 2008

**John Phair, MD –
Principle Investigator**

The Chicago MACS is in its third decade of research at Howard Brown Health Center and the Feinberg School of Medicine at Northwestern University. To increase participation of African-American men in the study, a third clinic was opened at the CORE Center of Cook County Hospital in 2001.

In 1984, 1102 men were recruited into the Chicago MACS. Minority men were targeted for enrollment during the years 1987-1991, and an additional 249 men were recruited through that effort. In 2001-2003, another 275 men joined the study, bringing the total enrollment since 1984 to 1626 participants. Of this total, 465 were infected with HIV, and 54% were not infected at entry into the study.

Since beginning the study, 138 uninfected men have developed HIV infection. Several factors have reduced the active cohort to 484 participants, with death being the primary factor. Other factors include an administrative decision by the National Institutes of Health (NIH) to reduce the number of uninfected men in the study, loss to follow-up due to moves from the city (often to Los Angeles where they are followed in the LA MACS) or study fatigue.

Approximately 60 % of the remaining active Chicago cohort are infected and 40% are not. The median age of the men in the cohort is 50 years, meaning half of the participants are 50 years or older. Forty-seven percent are members of a minority racial or ethnic population: 38% African-American, 7% Hispanic, and 1% "other" or not reported.

The Chicago MACS is representative of men who have sex with men (MSM) with HIV/AIDS in the Chicago Metropolitan area. The Illinois Department of Health estimates that as of March 2008, 57% of the 16,988 individuals with AIDS in Metropolitan Chicago were MSM. Among these MSM, 46% are white non-Hispanic, 36% are African-American, 16% are Hispanic, and 2% are "other" or not reported. Of people living with HIV/AIDS in the Chicago Metropolitan area, 19% are less than 30 years old, 28% are 30-40, 34% are 40-50 and 20% are more than 50 years of age.

Medical Services available to Howard Brown MACS participants during MACS research visits

**Tom Barrett, MD –
Medical Director,
Howard Brown Health Center**

All Howard Brown MACS participants may receive syphilis screening during any MACS session if requested. Syphilis testing is free and anonymous. Other STD screenings are available after Monday and Wednesday MACS visits but not after Tuesday MACS visits as the clinic is closed. STD screenings can be performed after completion of the MACS visit. STD screenings are \$95.00 and participants will be asked to complete a STD clinic intake form and medical history.

MACS participants who are primary care patients of Howard Brown Health Center or Triad Health Center may have other blood work drawn at the time of your MACS visit. If you would like to have other blood work drawn, you must contact your Howard Brown Health Center primary care provider to pre-order the labs. Please allow 5 business days for order completion prior to your MACS visit. Clinic staff will not be able to order your labs at the time of your MACS visit.

MACS participants who are not primary care patients of Howard Brown Health Center or Triad Health Center can not have other blood work drawn at the time of your MACS without first registering as a primary care client. If you would like to receive other services, our front desk will be glad to work with you on becoming a primary care client at Howard Brown Health Center or Triad Health Center. Following that initial visit, your Howard Brown provider may order other labs or services as you and your provider feel appropriate.

MACS news

MACS Iohexol Renal Study Summary

**Frank Palella –
Principle Investigator**

The MACS has embarked upon a research study in which participants will undergo direct and precise measurements of kidney function using a novel methodology. The study will take place during a half day visit to Northwestern's General Clinical Research center (GCRC).

Currently, the standard blood tests used to measure kidney function and guide medication dosing comprise indirect measures and involve calculations based upon blood creatinine measurements (a substance routinely measured at each MACS visit). These methods tend to be inaccurate for persons with very good or very poor kidney function. The new methodology to be used in this study will involve the intravenous infusion of a substance called iohexol. Iohexol is a safe compound that is efficiently removed from the blood by the kidneys and eliminated in the urine.

By measuring the concentration of iohexol in the blood at specific time points after its injection, we can make precise calculations of kidney function that are based upon the speed of iohexol clearance. This technique, which has been studied in pediatric populations, represents a safe and accurate method of determining kidney function, regardless of whether the kidneys are operating normally. Likewise, once completed, this study will allow direct comparisons to be made between the current creatinine-based methods and iohexol-based kidney function measurements and will be the first time this type of measurement has been widely assessed in HIV-infected persons.

On the day of study, MACS participants come to the Northwestern's GCRC, where they will be led to a

room with an easy chair and television. A small intravenous catheter (IV) will be placed in each arm. One of these will be used for drawing blood, and the other for infusing iohexol. Blood will be drawn just before the infusion of iohexol and then again 10, 30, 120, and 240 minutes after completion of the infusion. The GCRC nurse will monitor vital signs (blood pressure, pulse) intermittently. In between the 30 and 120 minute blood draw and the 120 and 240 minute blood draw MACS participants will be free to walk about, go to the cafeteria and other public areas of the hospital. After completion of the 240 minute blood draw, the participant will be free to go.

Individual study results will be made available to each MACS participant and their physician four to six weeks after the completion of the individual's study visit.

Important Information for MACS Participants to Know

**Kate Lindsay, MA – MACS
Research Project Coordinator**

MACS participants must renew their medical release of information each year in order to have laboratory results released to their physicians. Labs are not automatically delivered to physicians without request and a signed release form. Please make sure you update your release information at your next visit! Remember, we send all laboratory results to your mailing address, so please keep those addresses current! You can always bring your lab results directly to your doctor.

The MACS has one special Sunday clinic (8 a.m. – 1 p.m.) per wave, usually during the last month of the wave (September and March). Please call ahead if you wish to reserve an appointment during that time. You can call the Scheduling Line any time to request an appointment. When calling, please identify yourself with your MACS ID#, mother's maiden name, and your date of birth. We will confirm your appointment date and time with you.

Howard Brown MACS Clinic Hours
Mondays: 4 - 6:30 p.m.
Tuesdays: 9 - 11 a.m.
Wednesdays: 8 - 11 a.m.

MACS Scheduling Line
(773) 388-8889

The MACS Team:
Kate Lindsay, Project Coordinator
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katel@howardbrown.org

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Upgrading Your Lifestyle

**Cheryl Watson – WIHS/MACS
Mental Health Studies
Coordinator,
Ruth M. Rothstein Core Center**

It is hard to believe, but the casual playfulness of summer has ended. The arrival of autumn typically shifts our focus to the serious business of evaluating our lives. Now is the time to think about going beyond the basics of food, shelter, and clothing. If there is interest in evolving from just surviving to thriving, there are many options available to help you do just that.

First, evaluate your lifestyle. While some are content with a solitary life, most people find positive social interactions make life more pleasurable. Is there someone there if you need to talk? Are you a part of any social networks (job, school, clubs, groups, etc?) Do you have a friend, partner, or family member with whom you have fun?

If this evaluation leads you to decide that there are areas of your life that could use a boost, here are a variety of resources available to meet almost every conceivable need.

Education – This time of the year prompts many to think about school, particularly if you are thinking of re-entering the workplace, upgrading your current skill level, or changing careers. If that is true for you, there are many routes to achieve that goal, from short-term re-training to earning certifications or degrees. Some of the best places for doing this are the City Colleges of Chicago. They are affordable, accessible and offer many popular career choices, from culinary arts to healthcare positions.

Wherever you live in the city, there is a City College on your side of town. There are also several programs for people who are receiving entitlements (disability, subsidized housing, food stamps, etc.) to assist them in moving into the job market. Many of these programs are offered through the City Colleges, tuition-free, to provide training for specific employment. If you are already employed, many employers will provide tuition reimbursement if you meet specific criteria. Your human resources department will have the information you need to access this benefit.

Employment - The internet offers one of the fastest routes for accessing job information. From www.careerbuilder.com to specific employers (i.e. for retail jobs: www.target.com, or www.kohls.com and click on "careers"), nearly everyone has a web site, and most accept applications/resumes online. Even the government has multiple job sites, including www.ides.state.il.us, for the state of Illinois. If you are recently unemployed, this may be a good time to consider updating your skills. The city of Chicago offers a wealth of information for dislocated workers, and free resources to get you back in the workforce. Additionally, the website www.cityofchicago.org lists job assistance for the disabled, seniors, and ex-offenders. Look under the heading: "For Business." Most of the trades unions advertise apprenticeship opportunities through the classified section of newspapers, www.cityofchicago.org, or the City Colleges of Chicago.

Finally, review your leisure time pursuits. Engaging in positive, pleasurable and productive activities can offer a variety of benefits.

Recreation – Do you enjoy playing sports, working out, cultural activities, dining out, groups, movies, walks on the lakefront, etc.? There are enough fun activities in Chicago at any given time to meet any budget. There are a variety of free and fun happenings month after month in the city, from free street fairs and festivals, library passes for all museums (not to mention books, movies, CD rentals, and the internet), Chicago Park district activities, and other city sponsored events. Most city neighborhoods and suburban communities also sponsor activities centered on holiday or seasonal happenings.

Activism – Perhaps your interests are more political in nature. There are always groups working to affect the policies of your community, city, or country. You can easily join groups at every level of government working to put politicians in office who support your causes. You can start or join groups to impact policies related to healthcare, access to employment and training, community improvement, education, homeownership, and animal welfare, just to name a few. You can look on the internet, check your local library or community newspapers, and workplace bulletin boards. Don't just complain - get involved!

Spirituality – For many MACS participants, spiritual sustenance can be found at many of the numerous places of worship throughout the city.

(continued on page MACS 4)

MACS news

MACS Participant Spotlight:

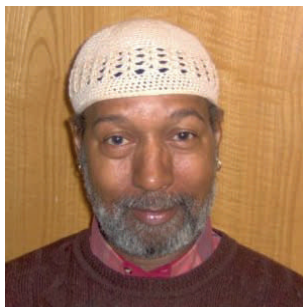
William Taylor

**Carmon Houston, RN MA,
Cheryl Watson LCSW**

Cosmopolitan flair, scholarly demeanor and cultural diversity are the hallmarks of William Taylor, a member of our MACS cohort at the CORE Center. His life adventures have resulted in excursions that have taken him from coast to coast. The metropolises of San Francisco, New York and Chicago have played a part in his evolution as a culturally-rounded person of the world. Only the need to attend to family duties resulted in him settling in Chicago.

William's Afro-Brazilian heritage from his grandmother contributed to his Roman Catholic rearing and love for food preparation that he learned at her side. His skillful preparation bolsters his vegetarian life style and contributes to him adapting his grandmother's many recipes. One of his favorites is for feijoda, which is the national dish of Brazil. William substitutes a variety of vegetables for the usual assortment of inexpensive meat parts used by the Brazilians. His liberal use of garlic, onions and various types of peppers typically add color, flavor, and enhance the vegetarian dish's nutritional value.

His open-minded approach directs William's life: "Learning from others around you opens your eyes". This is very apparent as he frequently shares in and takes advantage of the many cultural and informational events offered in Chicago (he knows the bargain ones, too). He is culturally adept as he has always enjoyed



art and is a learned person regarding fashion, architecture, music and anything that broadens the mind.

He enjoys Chicago's many summer music festivals, especially the Jazz Festival in Grant Park. The music of jazz greats Grover Washington, Jr. and Will Downing are favorites. He takes advantage of the Black Harvest International Festival at the Gene Siskel Film Center each year. He is an avid reader, enjoying a variety of upscale magazines. He always has something fascinating to read with him. In keeping with his, National Geographic ranks on his list of must-read material.

The loss of people around him to the HIV epidemic magnified the importance of health consciousness as well as the need for medical research. In pursuit of his commitment to stay as healthy as possible and to have a role in blunting the epidemic's impact, he enrolled in the MACS in 2002.

William enjoys his recreational pursuits and embraces learning. He says, "Once you stop learning about things, you are lost."

(Upgrading Your Lifestyle from MACS 3)

Both traditional and non-traditional facilities are filled on Sabbath days with faithful worshipers. If attendance is not feasible, there are alternate ways of meeting your need for spiritual guidance. There are many popular services that are broadcast on the television, radio, or internet each week. There are a variety of religious books and monthly magazines, available through the library, by subscription, or the magazine racks at your favorite grocery or bookstore, that offer guidance and uplifting advice.

These resources provide a starting point to making changes in your life that can have a significant impact on its quality. There are many more resources that are not listed here. Further exploration can be an adventure in itself!

25 Years with the MACS Study:

**Chicago * Baltimore
Los Angeles * Pittsburgh**

The MACS commemorates the
25th anniversary of funding
since April 1983.

In April 2009, we will celebrate
25 years of participant enrollment.

The MACS has enrolled
6,973 participants
since April 1984.

**Thanks to all of you
for your continued
loyalty to the MACS!**

An Assessment of the Relationship of Social Stigma to Suicidality Among Latino Gay Men

Lisa Kuhns, PhD, MPH – Senior Research Associate

This is an excerpt from dissertation research, entitled, "An Assessment of the Relationship of Social Stigma to Suicidality Among Latino Gay Men," completed by Senior Research Associate, Lisa Kuhns, PhD, MPH, in July, 2007 (University of Illinois at Chicago, School of Public Health).

Several studies in recent years provide evidence of disproportionate rates of suicidality (i.e., suicidal ideation and attempts) among GLBT individuals in comparison to those who are non-GLBT (see, for example Cochran¹ and Meyer²). While much of suicidal behavior has been attributed to individual-level factors (e.g., genetic predisposition, co-morbid psychological disorders), disproportionate rates of suicidality among sexual minorities have also been linked to social stigmatization.³ However, few studies have focused on rates of suicidality or the relationship of stigmatization to suicidality among GLBT racial/ethnic minorities. The purpose of the study was to estimate rates of suicidality among Latino gay and bisexual men and transwomen (GBT) and to assess the relationship of experiences of stigmatization to suicidality. Data come from a larger study of Latino GBT individuals (2 *Comunidades*, PI: Jesus Ramirez-Valles) and were collected in 2004 among 643 Latino GBT individuals in two cities (Chicago, San Francisco). The sample was drawn using respondent-driven sampling (RDS). RDS is a relatively new sampling technique which identifies individuals for participation in research through their social networks. A key benefit of RDS is that the sample can be weighted post-doc based on social network and recruitment characteristics, which accounts for non-random recruitment patterns to produce unbiased estimates.^{4, 5}

The estimated prevalence of lifetime suicide attempts in Chicago was 21% (95% CI: 15% - 29%) and 31% (95% CI: 24% - 36%) in San Francisco.

The median age at first suicide was age 18 in both cities. Adjusted distributions of suicide attempts by demographic subgroups (i.e., age, education, place of birth, HIV-status) reflect a concentration of attempts among participants with the lowest level of education in each city, but no clear patterns emerged with regard to age cohort, place of birth or HIV-status. The estimated prevalence of recent suicidal ideation (i.e., in the last six months) was 12% (95%CI: 8% - 17%) in Chicago and 19% (95% CI: 13% - 27%) in San Francisco. The adjusted distribution of suicidal ideation by demographic subgroups reflects a concentration of ideation in younger ages, among those with the highest level of education, those born in the U.S., and those who are HIV-positive. However, the prevalence of both suicide attempts and recent ideation was elevated (i.e., greater than 10%) across all subgroups.

Controlling for sociodemographic factors, acculturation, and HIV status, experiences of stigmatization were positively and significantly related to recent suicidal ideation; childhood experiences of stigmatization were positively and significantly related to lifetime suicide attempts. We assessed the potential influence of key aspects of social integration on this relationship⁶, given their often cited protective role in suicide and suicidality. We found that the effect of stigmatization on suicidality did not differ by intimate partnership (as a proxy for marriage) or employment

status, but did differ by levels of religious integration. Stigmatization was significantly related to suicidality among those with low, but not high levels of religious integration (i.e., religious participation and importance), indicating a protective effect. These findings have important public health implications. While Latinos generally have lower rates of suicidality than non-Latinos^{7, 8}, no such protective effect was found among Latino GBT. Rates of prior suicide attempts and recent ideation are comparable to those of non-Latino GBT individuals and are 2-3 times the rate of suicidality in the U.S. population at-large. As among non-Latino sexual minorities, stigmatization is linked to suicidality among Latino GBT. While the findings regarding religious integration are intriguing, the cross-sectional nature of the study and mean age of participants (i.e., 35 years of age) may indicate that the protective influence of religion is confined to adulthood, when conflict between sexual orientation and religion are largely resolved.⁹ The very young median age at first suicide (i.e., age 18) and concentration of ideation among those who are younger suggests that adolescence is a critical period for future study and intervention.

Research staff at HBHC will seek to expand on these results through a proposed study of suicidality among Latino gay and lesbian youth, to be submitted to the National Institutes of Health in mid-November.

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The Relationship Between High-Risk Sexual Behavior, Immune Stress, and HIV Status Among MSM in Chicago

**Kate Lindsay, MA – MACS
Research Study Coordinator**

Excerpt from Dissertation Research Proposal

With an average 2000 incident cases of HIV infection diagnosed in the city of Chicago each year from 2002-2006 (CDPH 2008), there is an ongoing need for researchers to ascertain a deeper understanding of the socio-cultural, psychological, and biological variables that are associated with increased risk of HIV seroconversion. These social, psychological, and biological risk factors vary between populations and locations, so it is essential for research to monitor the mix of risk factors currently influencing the HIV epidemic in high-risk populations and locations with elevated HIV seroprevalence. The proposed research, by combining ethnographic methods of evaluating high-risk cultural and behavioral contexts with techniques measuring markers of immune function and stress, will provide a uniquely anthropological perspective into a disease that is best understood as a product of the intersection of behavioral, contextual, and biological environments.

This dissertation project proposes to investigate the ethnographic context of high-risk behavior among men who have sex with men (MSM) in the City of Chicago, and identify the relationship between the context of high-risk behavior, social and psychological variables, and markers of immune stress to evaluate the impact these stressors have on immune functioning, thereby increasing susceptibility to HIV seroconversion. It is believed that increased social and psychological stress will lead to more episodes of high-risk behavior, in addition to causing constant immune system up-regulation, leading to high susceptibility to HIV infection. Specifically, this project will provide 1.) an ethnographic description of high-risk behaviors and psychosocial stressors among a sample of MSM in

Chicago, 2.) baseline markers of immune functioning, and repeated measurements to assess the immunological impact of these high-risk behaviors and psychosocial stressors, and 3.) determine the relationship between these variables and HIV-positive seroconversion with any participants who contract HIV over the course of the project.

There is a wide array of variables that may affect individual HIV risk behaviors, including evidence linking sexual and drug-related risk behaviors (Boyd 1993; Carballo-Diaz 1995; Kalichman and Stevenson 1997; Jinich et al. 1998; Kalichman et al. 1998), individual coping style (Folkman 1992), sensation-seeking (Kalichman 1996), and impulsivity (McCoul 2001). Additionally, various factors may operate on the level of social groups in broader cultural contexts that may be potentially important influences on HIV risk behavior, including discrimination in the form of homophobia and racism (Diaz et al. 2001; Stokes and Peterson 2001). Particularly among the African-American community, discrimination against MSM has been identified as an obstacle to successful HIV prevention efforts (Fullilove 2001). Ties between ethnicity and risk perception have also been explored (Kalichman 1992). Finally, social isolation has been linked to poor health outcomes (House 1988; Berkman 2000; Brummet et al. 2001) and has been tied to HIV risk exposure events (Miller 1999).

Therefore, the primary goal of this dissertation research is to identify the specific social, contextual, and psychological variables most strongly associated with the risk of HIV seroconversion among the MSM community in the City of Chicago. In-depth qualitative ethnographic interviews designed to identify factors that promote or prevent individuals from engaging in high-risk behaviors (such as coping style, discrimination, sexual coercion, sexual networks, and drug and alcohol using behaviors)

are administered to each participant, and finger-prick blood samples are taken to obtain a baseline level of C-reactive protein (CRP) and Epstein-Barr Virus (EBV) levels, as well as stress hormones, as proxy markers of immune function and up-regulation. Every three months these participants are asked to repeat the HIV, CRP, and EBV tests, while participating in the qualitative interview to determine changes in risk behaviors or psychological stressors from the previous three months. Relationships between these stressors and levels of immune functioning will illustrate the contextual effect of specific social environments and behavior on human biology, and will be particularly illuminating should any participants convert to HIV-seropositive status, providing both a sociocultural and immunological link to HIV risk.

This bio-cultural approach to investigating the relationship between the social and environmental contexts of risk behavior and the impact that these contexts have on immune functioning will provide a more comprehensive picture of the epidemic of HIV among MSM in the city of Chicago. The link between psychological stress and immune function is the focus of tremendous bodies of work in the field of psychoneuroimmunology, but little has been done to combine the four aspects of qualitative methods of ethnographic research, psychological stressors, measures of immune system functioning, and susceptibility to HIV-seroconversion. It is through the field of biological anthropology that all these methods are available to provide a complete image of a disease that can be viewed as environmentally and socially bound. This work will also contribute to the field of public health, by providing information on the context of risk behavior and opportunities for prevention, and to psychoneuroimmunology, by linking social and psychological stressors with immune markers.

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New Research Staff at Howard Brown



Debbie Allen

Since July 14, 2008, Debbie Allen has been working as the ATN (Adolescent Trials Network) Research Nurse and also handles the HPV Merck Study here at HBHC. She has been a registered nurse for many years – though her background is varied, she has spent the past ten years working primarily with the underserved in the arena of women and children's health. Debbie recently relocated to Chicago from Richmond, Virginia, though she also spent eight years of her life living in Africa. In the future, Deb would like to become a Pediatric Nurse Practitioner and to continue to work with the underserved, especially HIV-positive individuals. What you might not know about Debbie is that she enjoys cooking, and is an avid indoor gardener – she hauled over 50 houseplants from Virginia to Chicago!



Brett Calka

Brett Calka came to Howard Brown Research in July of this year. Originally from Poland, he is working as a Clinical Research Assistant providing support to the Principle Investigator and the Research Nurse in the ATN. Currently Brett is finishing his Bachelor's degree in biochemistry at Roosevelt University, and his work at HBHC is his first foray into the world of healthcare. After he completes his Bachelor's he is hoping to go to medical school to achieve his MD or DO, so he is busy applying to schools right now. Brett is a self-described "sci-fi freak" – though he is more into science fiction movies than characters. His favorites include the old *Battlestar Galactica* movie and the current TV show about the same story.



Roger Fierro

Known by many names, including Rogelio and the new Arnaldo, Roger Fierro is the new Administrative Research Assistant for various research projects. For MyPeeps, he assists with curriculum development and qualitative interview analysis, with Q2 he is the Assessor, for Keep It Up! Roger does videography, and he assists with ATN. Roger has been with HBHC research since mid-June. He graduated from the University of Chicago with a BA in International Studies and Latin American Studies. Prior to coming to HBHC, he worked at Armani Exchange, Chicago Public Schools, U of C Social Sciences Admissions, as a "manny", and as a Research Assistant for a professor. Roger calls Chicago home, growing up in Little Village, West Lawn (Midway area), and Hyde Park. In the future he would like to get his PhD in history, own a men's boutique, open a bed and breakfast, be a world leader, live large, speak at least five languages, live abroad, and write children's books under a pen name. Roger is busy attaining those goals, as he speaks some French and is learning Chinese.



Marco Hidalgo

Marco Hidalgo, the Research Project Coordinator for MyPeeps, a 3-year behavioral study to develop a manual-based HIV prevention intervention for young men who have sex with men (YMSM), aged 16-20, joined Howard Brown Research on April 1, 2008. He is currently a PhD candidate in his fifth year at DePaul University in the field of Clinical-Community Psychology. Originally from California (southern CA as well as San Francisco), Marco can also be found teaching undergraduate courses at DePaul in topics including Human Sexuality, Advanced Research Methods, and HIV/AIDS Education, Treatment, and Prevention. In the future, Marco hopes to finish his dissertation, continue doing research in HIV prevention, and continue doing therapy and research with survivors of same-gender intimate partner violence. Marco terms himself "color-deficient" (aka color-blind) on two color spectrums (red-green and blue-yellow) – he dares you to ask him what color shirt you are wearing!

New Research Staff at Howard Brown



Lisa Kuhns

Hailing from Fort Walton Beach, Florida, Lisa Kuhns joined the research department as a Senior Research Associate on May 1,

2008. Her primary duties include working with internal and external investigators to design and draft proposals for social and behavioral research, and to collaborate with project investigators and coordinators in the design and operational aspects of funded research projects. Prior to coming to Howard Brown, Lisa worked for the Heartland Alliance for Human Needs and Human Rights in the homeless and HIV/AIDS services department, and she worked for the University of Illinois at Chicago (UIC) in research and research administration. She has a BA in American Studies and an MA in Peace Studies from the University of Notre Dame, and an MPH and PhD in Public Health from UIC. Lisa hopes to continue to collaborate with staff in the research department and across programs at HBHC to grow our research program. In her spare time, Lisa enjoys gardening, cooking, and spending quality time with her family and friends. Lisa also holds a scoring record for basketball at Notre Dame!



Rosa Isela Machado

Project ICARE, which hit the ground running this September, welcomed a new Research Assistant, Rosa Isela Machado. She comes

to Howard Brown from Nogales, Arizona, and received a BA in Philosophy from the University of Notre Dame and is currently working on her MD from the Loyola Stritch School of Medicine. Since her arrival in mid-August 2008, Rosa has been the "oil that keeps the machine running smoothly for Project ICARE", as well as helping keep the entire research department running smoothly. Rosa wants to continue her life goals of being an advocate for LGBT health, and a provider for the community. However, in her past life in Arizona, it was rodeo that ruled her world!



Kate Lindsay

Joining the MACS team in May 2008 is Kate Lindsay, the new MACS Research Project Coordinator. With the MACS, Kate has

the pleasure of coordinating all aspects of the nation's longest running cohort study of HIV/AIDS at its original Chicago site, HBHC. Kate is a PhD candidate at Northwestern University in the field of Biological Anthropology. She received her MA in Biological Anthropology from NU, and her BA from the University of Michigan. Her dissertation research stems from her previous position as the Qualitative Research Study Coordinator of the CDC-funded project CHIP (Context of HIV Infection Project). Additionally, Kate worked with at-risk youth and individuals with Alzheimer's disease in an after-school "buddy" program for two years before joining HBHC. Her future goals are to finish her PhD, and then continue working in research, outreach, and intervention in at-risk communities. Kate is a Michigander – hailing from Cheboygan, a very small town in the northern part of the Lower Peninsula. Kate is an avid traveler, having visited and/or lived in 15 different countries – and counting!



Raquel Park

Howard Brown's very own "New Yorican", from Puerto Rico via New York City, is Raquel Park, an RN who coordinates her

time between the MACS study and the Outreach Department. As the MACS Research RN, Raquel performs physical exams on MACS participants. As the Community Outreach RN, Raquel is the provider of STD counseling and Hepatitis A/B services. This summer, Raquel also saw clients in the STD clinic twice a month. Raquel, here at Howard Brown since May, has a BS in Nursing from Purdue University, and will be receiving an MBA this March from Purdue as well. Prior to working at HBHC, she worked as a critical care nurse in a Cardiac Cath Lab. Her future plans entail working for her community – the LGBTQ community – by either obtaining her PhD in Nursing Research or going to law school. Her philosophy is to do something she believes in and enjoys – both of which she has here. Something you may have not known about her is that after going skydiving at 13,500 feet for the first time on her birthday, she is already on her way to her A License in skydiving!



Howard Brown

Howard Brown Health Center
4025 North Sheridan Road
Chicago, IL 60613
773-388-1600

Services at the main location include all medical services, behavioral health and social services, research, youth services, case management, and the Walk-in Clinic. This location serves the community as the preeminent source for LGBT health care.

Howard Brown's

TRIAD
 Health Practice

TRIAD Health Practice
3000 North Halsted Street,
Suite 711
Chicago, IL 60657
773-296-8400

TRIAD Health Practice provides all of our medical services, including primary care, gynecological services, family planning, and health screenings and check-ups. TRIAD accepts both HMO and PPO plans, and provides on-site parking.



Broadway Youth Center (BYC)
3179 N. Broadway
Chicago, IL 60657
773-935-3151

BYC is a program of Howard Brown and our community partners, offering comprehensive services to all youth 24 and under. Services include: case management for youth who need help with housing, job placement or basic needs; HIV testing and STD screening and treatment; medical services and education; individual and group counseling; and drop-in services including computer and internet use, laundry, food, and shower facilities.