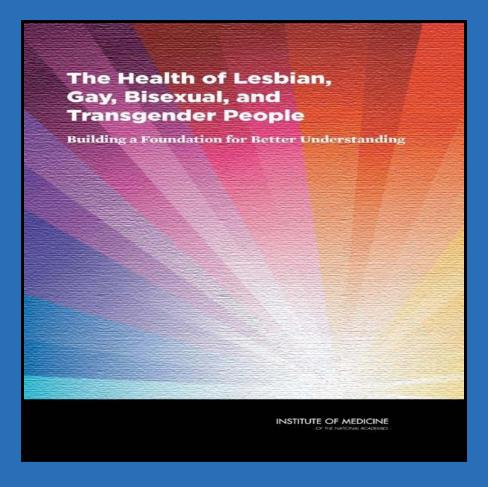
Structural Stigma and Sexual Orientation Health: Measurement, Methods, and Challenges

Mark L. Hatzenbuehler, PhD
Associate Professor of Sociomedical Sciences
Co-Director, Center for the Study of Social Inequalities and Health
Columbia University Mailman School of Public Health

Sexual Orientation Health Disparities



Stigma: A Multi-Level Construct

"Societal-level conditions, cultural norms, and institutional policies and practices that constrain the opportunities, resources, and wellbeing of the stigmatized" (Hatzenbuehler & Link, 2014, p. 1).

Structural State Policies, Institutional Practices Interpersonal Abuse, Rejection, Discrimination Individual Self-Stigma, Concealing

"The underrepresentation of [structural stigma] is a dramatic shortcoming in the literature on stigma, as the processes involved are likely major contributors to unequal outcomes" (Link et al., 2004, p. 515).

Challenges in Studying Structural Stigma and LGB Health

- Lack of structural-level measures
 - Sexual minority stigma is largely assessed at the individual or interpersonal level of analysis
- Lack of variation in structural stigma
 - Some forms were, until recently, ubiquitous exposures (e.g., DOMA)
- Lack of data structures
 - Few population-based health data sets that include measures of sexual orientation and provide geographic units of analysis (e.g., state) that enable researchers to link in structural stigma variables

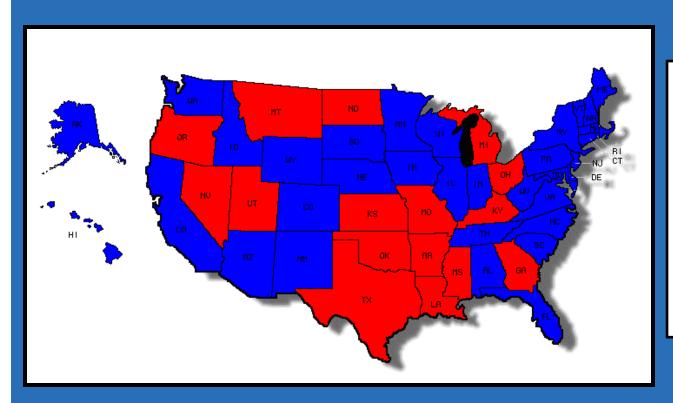
Measure #1: State-Level Policies Targeting LGB Populations

The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study

Mark L. Hatzenbuehler, MS, MPhil, Katie A. McLaughlin, PhD, Katherine M. Keyes, MPH, and Deborah S. Hasin, PhD

American Journal of Public Health | March 2010, Vol 100, No. 3

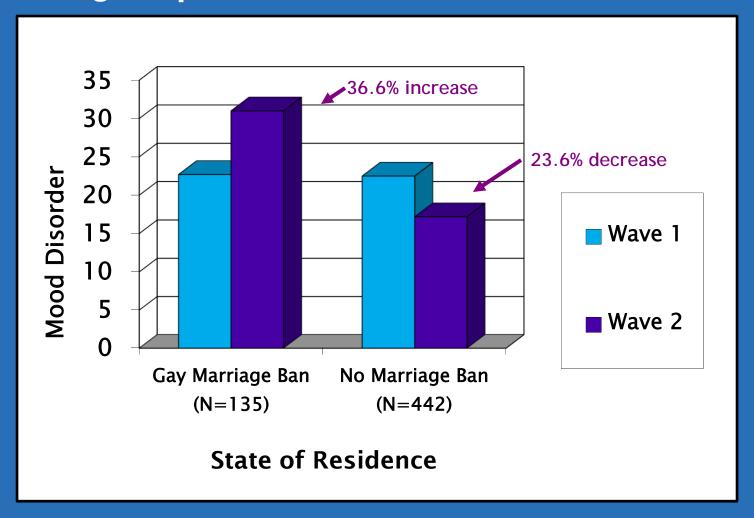
Constitutional Amendments Banning Same-Sex Marriage (2004)



- Red = States passing constitutional amendments
- Blue = States not passing constitutional amendments

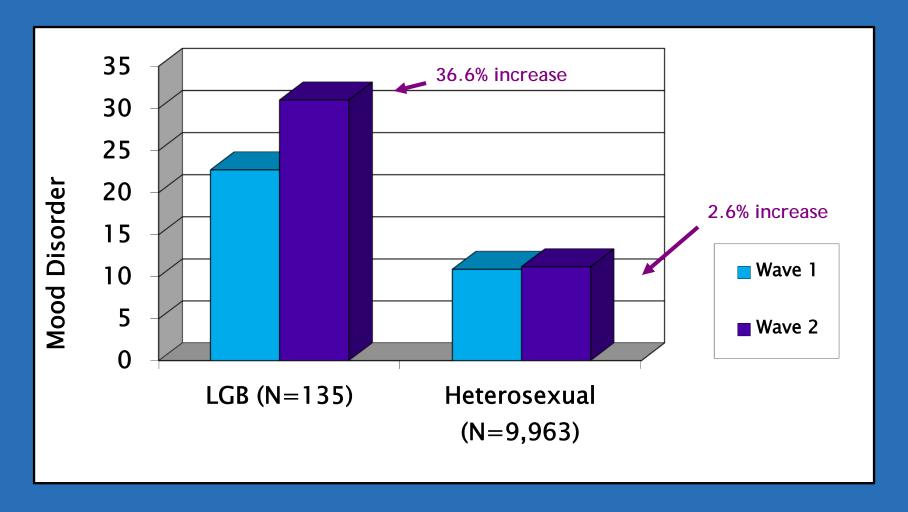
National Epidemiologic Survey on Alcohol and Related Conditions (2001-2005)

LGB Adults Living in States that Banned Same-Sex Marriage Experienced Increase in Mood Disorders



AOR = 1.67 (95% C.I. 1.01, 2.77) AOR = 0.69 (95% C.I., 0.47, 1.01)

Effect of Marriage Bans Specific to LGB Adults



AOR = 1.67 (95% C.I. 1.01, 2.77) AOR = 1.03 (95% C.I. 0.93, 1.15)

Covariates: sex, age, race/ethnicity, SES, marital status

Measure #2: Behavioral Indices of Structural Stigma

Neighborhood-Level LGBT Hate Crimes and Bullying Among Sexual Minority Youths: A Geospatial Analysis

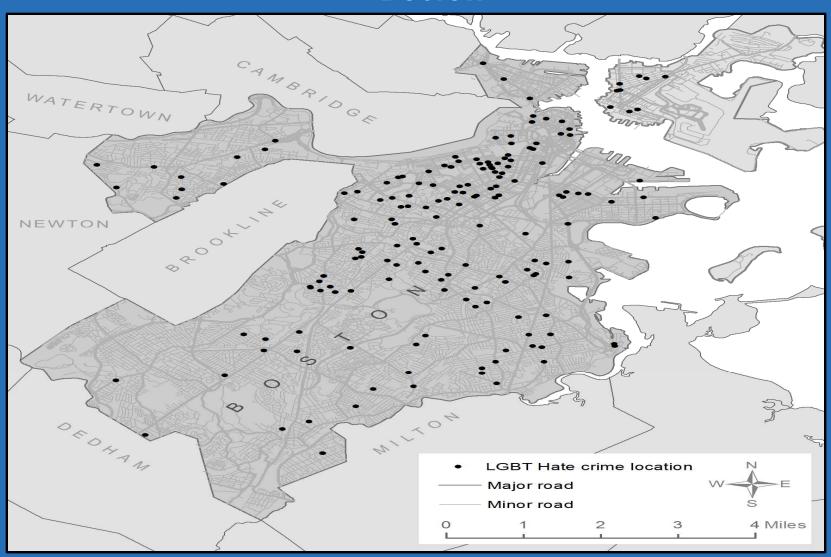
Mark L. Hatzenbuehler, PhD Dustin Duncan, ScD Renee Johnson, PhD

Lesbian, Gay, Bisexual, and Transgender Hate Crimes and Suicidality Among a Population-Based Sample of Sexual-Minority Adolescents in Boston

Dustin T. Duncan, ScD, and Mark L. Hatzenbuehler, PhD



LGBT Assault Hate Crimes (Obtained Via Police Records): Boston



Boston Youth Survey

- Linked ecologic data on LGBT hate crimes at the neighborhood level to individual-level data
- Boston Youth Survey
 - Public high school students grades 9-12 in Boston who provided complete residential address
 - Measure of sexual orientation identity
 - Bullying experiences in the past 30 days (Rigby, 1998)



Bullying More Likely To Occur Among Sexual Minority Youth Living In Neighborhoods With A Greater Prevalence Of LGBT Assault Hate Crimes

Bullying Outcome	No ¹	Yes ¹	P-value ²
Relational	11.95	21.58	0.01
Electronic	13.29	26.73	0.03
Verbal	14.15	18.44	0.22

¹LGBT assault hate crimes (N=98) expressed as per 100,000 population.

No association between LGBT assault hate crimes and bullying among heterosexual youth (N=1,129).

No association between bullying and overall violent and property crimes (N=31,254) among sexual minority youth (N=108).

²Wilcoxon two-sample t-test.

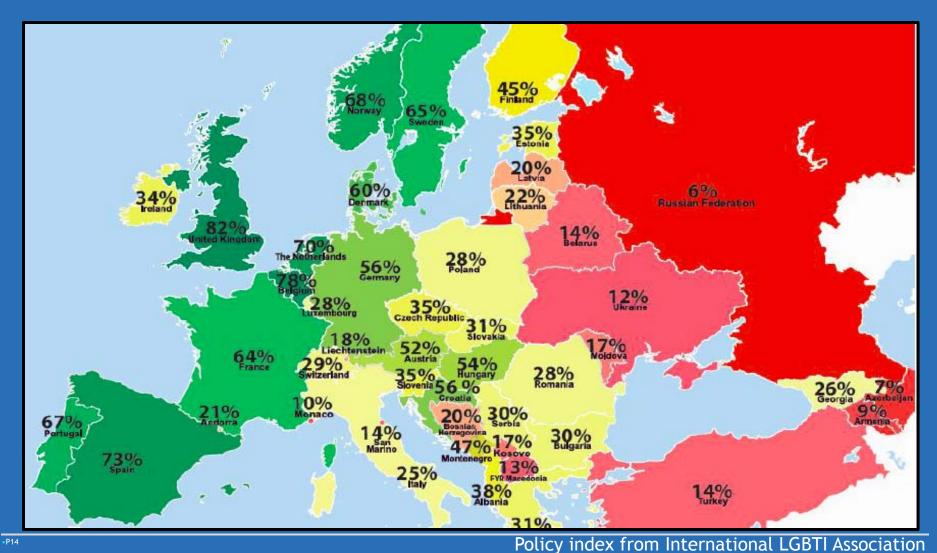


Measurement #3: Composite Measures of Structural Stigma

Hidden from health: structural stigma, sexual orientation concealment, and HIV across 38 countries in the European MSM Internet Survey

AIDS 2015, **29**:1239–1246

Country-Level Policies



Structural Stigma Measure

- Derived country-level attitudes towards sexual minorities from the 2008 European Values Survey, a cross-national survey of social attitudes that randomly sampled ~1500 residents per country.
 - Included proportion of respondents in each country who (I) thought homosexuality "could be justified"; (2) agreed that "homosexual couples should be able to adopt children"; and (3) did not indicate not wanting to have "homosexuals as neighbors."
- Calculated the standardized mean of these three variables
- Averaged the mean with the standardized policy index to create a country-level index of structural stigma

Methods

 Linked ecologic data on structural stigma at the country level (N=38 European countries) to individual-level outcomes among MSM living in these countries (n=174,209 MSM)

Structural Stigma Associated with HIV Risk Outcomes

Outcomes	AOR (95% CI)	
Inadequate HIV prevention reach	1.43 (1.27-1.62)***	
Incorrect HIV transmission knowledge	1.16 (1.08-1.26)***	
No HIV test result (12 mo.)	1.14 (1.05-1.24)**	
No STI screen (12 mo.)	1.21 (1.07-1.36)**	
Condoms never/seldom used	1.30 (1.10-1.54)**	
No sex/MSM discussion when tested	1.52 (1.29-1.80)***	

Covariates: Age, relationship status, employment status, education, settlement size, HIV status, Gini index. ** $p \le .01$, *** $p \le .001$, * significant mediation via distribution-of-the-product method

Pachankis, Hatzenbuehler et al., 2015

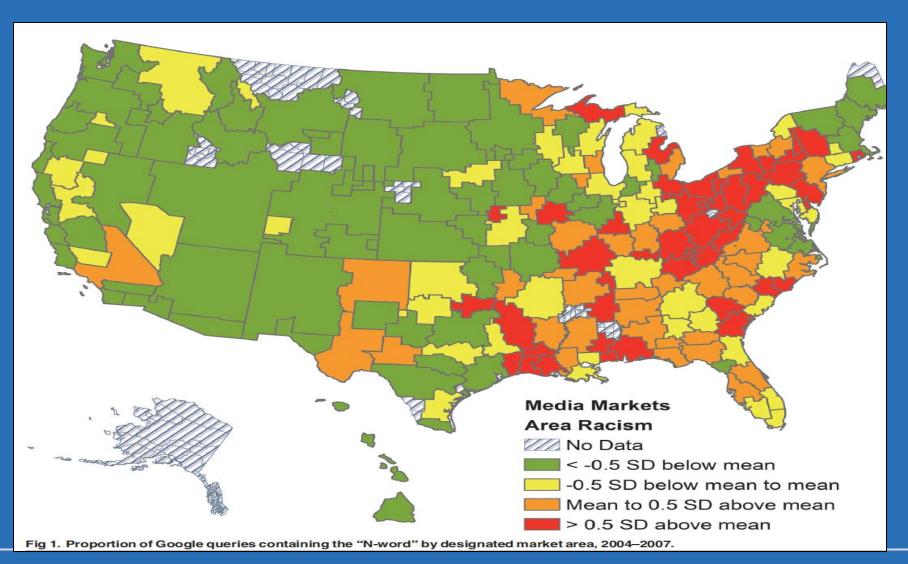
Measure #4: Newer Measurement Approaches

RESEARCH ARTICLE

Association between an Internet-Based Measure of Area Racism and Black Mortality

David H. Chae¹*, Sean Clouston², Mark L. Hatzenbuehler³, Michael R. Kramer⁴, Hannah L. F. Cooper⁵, Sacoby M. Wilson⁶, Seth I. Stephens-Davidowitz⁷, Robert S. Gold¹, Bruce G. Link³

Measure #4: New Measurement Approaches





Measure #4: New Measurement Approaches

Table 2. Nested negative binomial regression models estimating associations with Black all-cause mortality rates.

	Model 1		Model 2		Model 3		Model 4	
	MRR (95% CI)	p	MRR (95% CI)	P	MRR (95% CI)	р	MRR (95% CI)	p
Area racism	1.082 (1.056, 1.108)	< 0.001	1.076 (1.052, 1.101)	<0.001	1.057 (1.034, 1.080)	< 0.001	1.036 (1.015, 1.057)	0.001
Urbanicity			1.000 (0.999, 1.001)	0.963	1.002 (1.001, 1.004)	0.001	1.004 (1.003, 1.005)	< 0.001
% Black			1.006 (1.005, 1.008)	<0.001	1.007 (1.005, 1.009)	< 0.001	1.006 (1.004. 1.007)	< 0.001
Education					1.003 (0.998, 1.008)	0.199	1.001 (0.996, 1.006)	0.659
Poverty					1.012 (1.008, 1.016)	< 0.001	1.010 (1.006, 1.014)	< 0.001
White Mortality							1.046 (1.032, 1.059)	< 0.001
Psuedo-R ²	0.309	< 0.001	0.314	<0.001	0.317	< 0.001	0.321	< 0.001
AIC, R _L	14472	< 0.001	14371	< 0.001	14294	< 0.001	14221	< 0.001
Alpha	0.025	< 0.001	0.022	<0.001	0.020	< 0.001	0.018	<0.001

Methods for Studies on Structural Stigma

- Datasets must have the following variables:
 - Demographic measures of stigmatized group of interest
 - Covariates (at both the individual and structural level) to control for confounders/alternative explanations
 - Dependent variables (i.e., health outcomes)
 - Geographic information (e.g., ZIP code, FIPS code) to link structural stigma variables to individual-level data

Conclusion:

Multi-Measure, Multi-Method Approach to Studying Structural Stigma and LGB Health

- Measures of structural stigma:
 - Social policies (e.g., same-sex marriage laws)
 - Social attitudes
 - Social behaviors (e.g., LGBT assault hate crimes)
- Methods:
 - Observational designs (cross-sectional, longitudinal)
 - Quasi-experimental designs
 - Laboratory designs

Acknowledgments

Funders

- National Institute on Drug Abuse (K01 DA032558)
- National Institute on Minority Health and Health Disparities (MD004768)

Collaborators

- Bruce Link, Jo Phelan (University of California-Riverside)
- John Pachankis (Yale University)
- Katherine Keyes, Peter Muennig, Deborah Hasin (Columbia)
- Kate McLaughlin (University of Washington)
- Anna Bellatorre (University of Nebraska-Lincoln)
- Kevin Fiscella (University of Rochester)
- Yeonjin Lee (University of Pennsylvania)
- Brian Finch (University of Southern California)