

project



Project STRIDE

Spring 2006

Columbia University

We wish to send a "hello" to all STRIDE participants, and hope that everything is going well with you. We have exciting news to share about the progress of Project STRIDE, and want to thank you again for your participation, dedication, and interest. Now that the end of the project is near, this newsletter will update you on what we've done so far, explain how we use some of the information that you've shared, and offer some interesting findings we've discovered using that information.

Project STRIDE is a study led by Dr. Ilan H. Meyer at Columbia University's Mailman School of Public Health. The project is studying stress, identity, social support and mental health in the lesbian, gay, and bisexual (LGB) communities of New York City. STRIDE is funded by the National Institute of Mental Health.

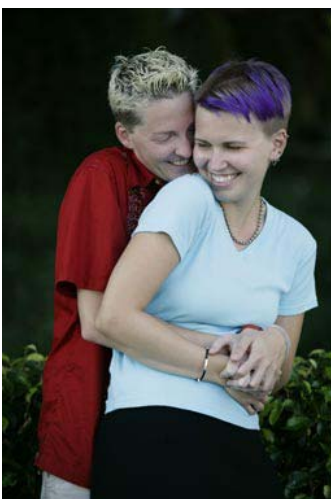
Where is STRIDE now?

STRIDE is moving ahead as planned. As was mentioned in the Fall 2004 newsletter, our first goal was to interview 528 individuals by February 2005. We are happy to announce that we achieved this goal. After a few people were eliminated for failing to meet eligibility requirements, we have a final sample of 524 participants. That is 99 percent of our projected goal! Next, we planned to conduct follow up interviews

with participants one year after the first meetings. Now we have completed those interviews. We are pleased to announce that 371 people, 94% of the 396 LGB participants have completed the planned second interview. That is a very high rate and an enormous accomplishment for a project of this size. It is a true testament to your dedication. Congratulations and thank you to all!

Who was interviewed a second time?

When we began project STRIDE, we had planned to interview all participants two separate times but one year apart. As we reviewed our Time 1 results, we decided to change plans and only interview the LGB



sample a second time. Based on the theoretical perspective of the study, we hypothesized that women and sexual and ethnic/racial mi-

norities would have more mental health problems compared with the white, straight, male population. Preliminary analysis of our data from Time 1 showed that parts of this hypothesis were confirmed. However, we found no significant differences in mental health between straight and LGB men and women. Because our second interview was planned to test a hypotheses related to the expected differences in mental health between these two groups, there was no reason to re-interview the straight population. Consequently, we only interviewed the LGB sample a second time. Of course, this does not mean that we were dissatisfied with Time 1 responses. On the contrary, our results from the first interviews allowed us to answer this question earlier than expected, and offered a welcomed surprise.

Edited by: Todd Sekuler

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Composition of the study sample

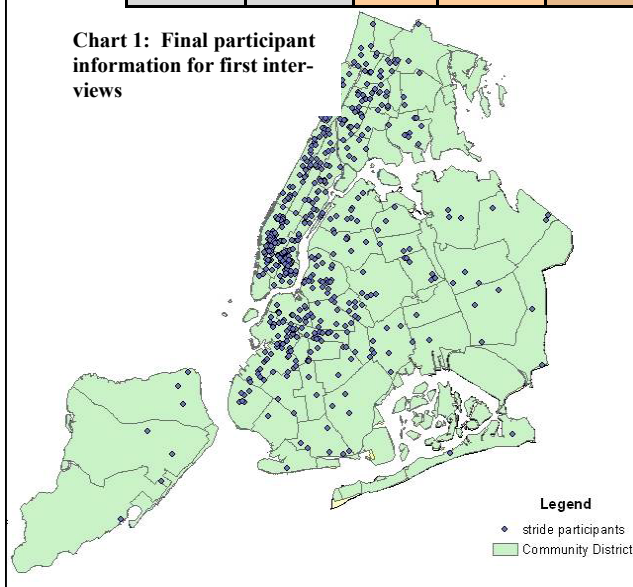
Now that we have completed all interviews, we can look at some general characteristics of all of the participants. As you can see in chart 1 (right), the 524 participants are divided almost perfectly into equal groups. An even division of respondents is important because it means that we have an equal representation of each group of people in our study. We are especially pleased that we have successfully interviewed a diverse group of people coming from areas all over New York City. In total, participants reside in 128 different zip codes and no more than 3.8% reside in any one zip code area. The map accompanying Chart 1 illustrates the location of each participant's residence. This exciting information tells us that we have successfully represented community

members from diverse areas of New York City!

Already, we have begun analyzing the information that you've shared and we are currently working on several research papers (described at the end of this newsletter). Before we discuss some of our findings and the subjects of those papers, let's look at what we have measured during the interviews, and how we actually get the information we need.

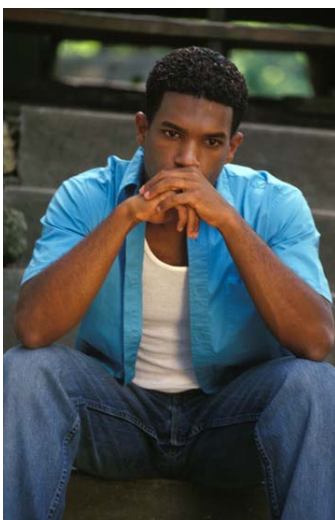
		Men	Women	Total
<i>Straight</i>	<i>White</i>	65	63	128
<i>Lesbian, Gay or Bisexual</i>	<i>White</i>	67	67	134
	<i>Latino</i>	64	67	131
	<i>Black</i>	67	64	131
<i>Total</i>		263	261	524

Chart 1: Final participant information for first interviews



What have we measured and how

During the two interviews, you were asked many questions about your health, your identity and your life experiences. Some questions may have been straightforward, asking basic information about your sexual attraction, age, race, or education. Those questions are important for this research, because they provide us with a way of defining groups so that we can compare to see what differences exist between them. The rest of the questions attempt to determine what differences exist between those groups that may be difficult to identify. Because this project looks at characteristics including stress,



social support, identity, and mental health, we need ways to measure that information for each person we interview. In so-

cial science research, a common way to evaluate those characteristics is to ask questions that, when combined, have proven to approximate the true experiences of each participant. For many subjects, standard methods and questions already exist. Those techniques have consistently proven to measure the qualities they try to capture. Let's look at a couple of the measurements that we use as examples.

For example, a person who identifies as "African American" and "gay," may feel more strongly linked with their "African American" identity than with their "gay" identity.

Stress: One method that we've used to measure stress is called SEPRATE (Structured Event Probe and Narrative Rating). It was a scale created by Bruce Dohrenwend in 1993. With this scale, we assess which life events happen to respondents over their lifetime, and we try to capture the amount of stress that people would feel after experiencing the events that they have encountered. After collecting the information, we evaluate each narrative event. Some things we consider to evaluate stress include: whether the event threatened your life, whether the event happened by chance, and if the event would significantly change someone's

daily life over the course of a week or more. We also note whether any type of prejudice was involved in each event. Clearly stress is a very difficult characteristic to measure, so our staff pays careful attention to each person's interview to best determine participants' stress levels.

In fact, we are still discussing some stressful events from the first set of interviews that are particularly difficult to measure.

Identity: One way that we explore "identity," is by measuring a participant's feeling about one of their identities compared to their feelings about other identities. For example, a person who identifies as "African American" and "gay," may feel more strongly linked with their "African American" identity than with their "gay" identity. Because we want to focus on gender, race/ethnicity, and sexual orientation, you were asked, at a minimum, to describe those three categories. The additional identities that you discussed introduce interesting and personal aspects of all participants to the study.

As was promised in our last newsletter, we would like to share some results of our study now that we've completed all first interviews and have begun to analyze your input. Let's focus on some findings that deal with major subjects we're interested in: stress/prejudice, health/substance use.

What are some of our findings?

Stress/Prejudice:

Although we are still discussing some of the stressful life events as mentioned on page two, we have been able to determine some interesting preliminary results about stressful life events involving prejudice, and about participants perception of prejudice in their daily lives. For example, Chart 2 illustrates the distribution of stressful life events involving prejudice among African American respondents. As



you can see, prejudice events related to sexual orientation occur most frequently, while pre-

judice events involving race occur almost half as often. 16 prejudice events involved both race and sexual orientation. The type of events reported involving prejudice include physical abuse, vandalism, harassment, theft, or arrest.

We also tried to capture respondents perception of prejudice in their own lives. As you can see in Chart 3, among African American respondents, a big difference in perceived prejudice occurred between respondents who had not continued education beyond high school, and those who had at least some college education. Among respondents who have not pursued education beyond high school, the most common perception of prejudice was that most people fear them. However, among those who have pursued education beyond high school, that same question received the least number of positive responses.

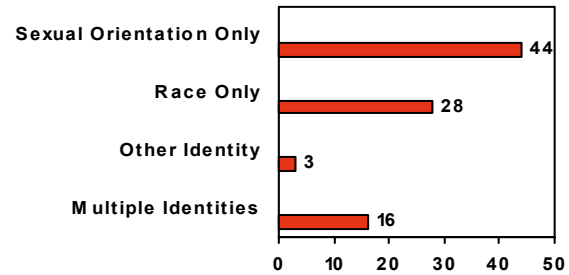


Chart 2: Stressful life events involving prejudice by type of prejudice for Black LGB participants

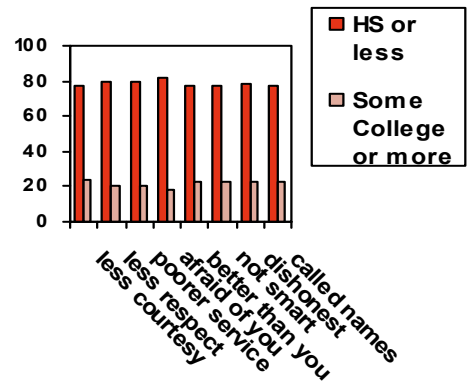


Chart 3: Perceived prejudice by level of education for Black LGB participants

Health/Substance Use:

Another important element of the project examines the health of all respondents and compares the health of the different respondent groups. As an example, let's look at a common health concern in New York City: substance use. Chart 4 presents the data we've computed on the percent of respondents who have several different substance use disorders. The chart is divided into two different groups. First, you can see that the proportion of gay/lesbian respondents who have substance use disorders is much lower than bisexual respondents. When comparing race/ethnicity, the proportion of black respondents with

substance use disorders is generally lower than white and Latino respondents. The percentage for all respondents is listed in the final column. To give you an example of its use, understanding this information

helps us to know where to direct future substance use interventions.

Chart 4: Percent of respondents who have each substance use disorder over their lifetime

Substance Use Disorders	Gay/Lesbian (n = 318)	Bisexual (n = 70)	Black (n = 128)	White (n = 132)	Latino (n = 128)	Total (N = 388)
Alcohol abuse	13.8	20.0	11.7	17.4	15.6	14.9
Alcohol dependence	9.7	12.9	7.0	12.9	10.9	10.3
Drug abuse	15.1	20.0	14.8	14.4	18.8	16.0
Drug dependence	11.0	18.6	10.2	14.4	12.5	12.4
Nicotine dependence	12.6	21.4	7.0	15.2	20.3	14.2
Any substance use disorder	35.5	51.4	30.5	41.7	43.0	38.4

If some of these findings seem obvious, it is a good thing. The predictability of the data tells us that the research is accurate, and offers proof of actual differences that exist in our society. Alternatively, if some of these findings are surprising, that is also good. Those unexpected differences help us to understand people's experiences that we may not have understood before, and they introduce new questions that should be explored with future research projects.

Even though these findings are definitely important, we are still deciding how we will discuss them in final papers on the project. However, several staff members are already working on research papers, and we would like to introduce you to a couple of those topics.

Some research papers we are working on

One report describes the prevalence of mental disorders in various communities (for example, the results described in the previous page regarding substance use disorders).

Another paper discusses the stressful life events involving prejudice and discrimination among African-Americans. It describes social stressors and prejudice-related events associated with Black lesbian, gay, and bisexual men and women. According to our findings, those with less education were more likely to experience discrimination events than those who were more highly educated. Women were less likely to report experiences of discrimination than men. Most Black respondents were targeted because of their sexual orientation and their race. Some of the most

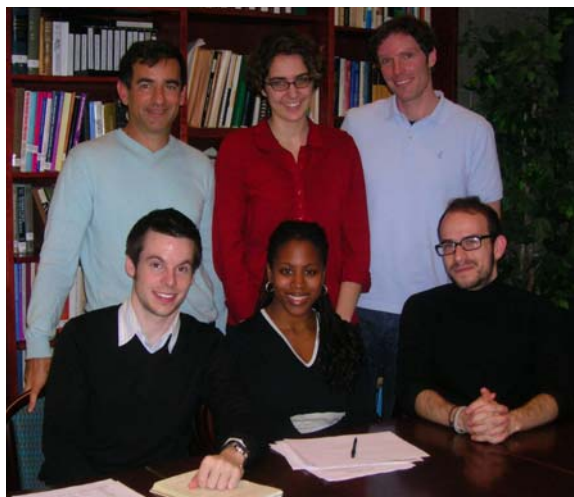
common types of discrimination experienced included physical assault, non-assault victimization (i.e. being called names), and childhood assault by peers.

A different paper discusses a new survey instrument that measures the qualities of people's identities and the relationships between these identities. This instrument is important because it introduces new ways to measure complex combinations of identity, which have

not yet been explored in past research. We have used this instrument, and it has already produced some interesting findings. We have found that participants who reported more positive LGB identities on this survey also reported lower depression and higher self-esteem and well-being. In another finding, participants of color were more likely than white participants to describe their racial/ethnic and sexual identities in very similar terms. This may mean that these LGB participants of color see their sexual and racial/ethnic identities as closely connected.

Another research paper examines the effects of being a minority (related to race/ethnicity, gender, and sexual orientation) and stigma and prejudice on a general sense of psychological and social wellbeing.

"I am glad someone is taking interest in LGBT issues at the research/academic level."



Some of Project Stride's researchers: (clockwise top center) Allegra, Mike, Todd, Natasha, Dave and Ilan.

"Participating in this study made me look deep within myself in ways I never have... I not only reflected on my past, but also my future."

"I feel it could help others understand me better. It helped me release some thoughts."

Like in the last newsletter, we'd like to leave you with some comments that we've received from participants. These comments focus on why people are interested in this study, and may put words to some thoughts you have about the study yourself.

"I enjoyed being a part of a study that in return might help my community."

"I like being part of a study! It also helps me think about what I think my own identity is."

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For more information on the measurements that we use or on the papers that we're working on, please contact Dr. Ilán H. Meyer. Also, once the research papers are accepted for publication by an academic journal, we will have that information available for you if you're interested. Again, thank you so much for all of your help!



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