

The Great (Queer) Migration: Exploring the Impact of Urban Relocation on Mental Health among Black and Latinx Sexual and Gender Minorities in New York City



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OBJECTIVES

- Explore **historic parallels** between the **20th century's 'Great Migration' of African Americans** and the **21st century's 'new' Great Migration of BLSGM-LWH**
- Identify the **effects of urban relocation on mental health among BLSGM-LWH**
- Outline recommendations for **future population-level interventions and research efforts** to address the **needs of BLSGM-LWH undergoing urban relocation**

INTRODUCTION

Throughout American history, marginalized populations have demonstrated how migration can function as a liberatory tool, as seen in the 20th century's Great Migration of African Americans to Northern cities. Similarly, the 21st century has witnessed a 'new' Great Migration, where BLSGM-LWH pursue urban relocation in hopes of achieving economic, social, and medical equity.

This project aims to explore this 'new' Great Migration, and the parallels it shares with its historical predecessor, to better understand the current diaspora of BLSGM-LWH in New York City (NYC) and the challenges they face in their new environment.

METHODS

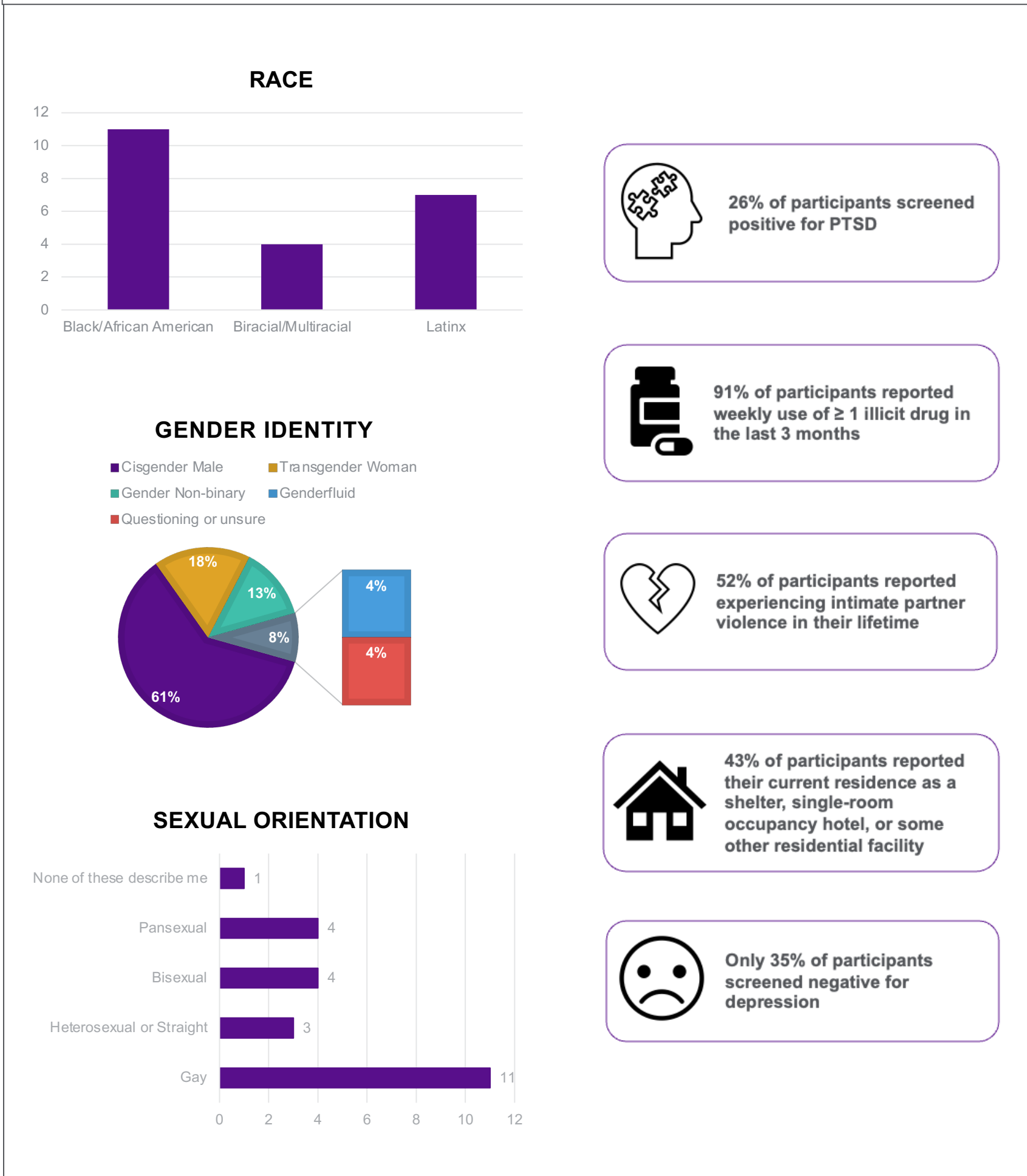
From December 2023 to May 2024, we conducted in-depth interviews with 23 BLSGM-LWH in NYC. Eligible participants met the following inclusion criteria: 1) ages 18-28 years old, 2) self-reported diagnosis of HIV, 3) self-identification as a sexual and/or gender minority, 4) and self-identification as African American/Black or Latinx. Exclusion criteria included: 1) HIV-seronegative status and 2) residence outside of NYC or Newark, NJ.

We recruited from an established cohort of an NIH-study exploring antiretroviral adherence patterns and trajectories of HIV care engagement among young BLSGM-LWH (PI: Gwadz, 1R01DA054081-0). Participants were interviewed either in-person or using a HIPAA-compliant video conference platform. All interviews were conducted using a semi-structured interview guide grounded in social action theory. Interviews were conducted in both English and Spanish, lasted roughly 60 minutes, and were audio-recorded then later transcribed and translated. One-page summaries were written at the conclusion of each interview.

Dedoose analytic software was used to code transcripts using a directed content analysis approach featuring both predetermined and emergent codes. Quantitative data for this study's sample was collected from the parent study's existing dataset.

RESULTS

The age of participants ranged from 19-28 years with a median age of 26 years. Spanish was the primary language of 4 participants with the remainder being English-speakers. 17 participants were US-born citizens and 6 were foreign-born refugees. Preliminary findings depict migration's significant impact on mental health. Preliminary thematic analysis of all interview transcripts highlighted three major themes: housing instability, sexual trauma, and substance use.



NOTEWORTHY QUALITATIVE EXCERPTS

"I have been living a **very nomadic lifestyle**, as you know, because I moved a lot, and **that did affect me**."

"It's **better assistance here** for you if you're **transgender, maybe even gay** as well... because back home, you know, **we're like kinda still stuck in the South**."

"Everyone here treats, you know, everyone the same – **as an equal**."

I guess, like, **New York taught me** that I was in survival mode, but it also gave me that mindset of, like, "**When does survival mode end?**"

"**Solitude** is, like, the **theme of my life**."

"**Meth**, I remember telling people when they would ask me, 'why are you doing this?', I would say, '**it makes me feel like both of my parents are hugging me at the same time**.'"

"The **benefits down South for HIV care** is not as broad as it is up here."

CONCLUSIONS

Findings suggest urban migration offers BLSGM-LWH greater opportunity for socioeconomic stability and social connectedness while simultaneously producing circumstances that predispose poor mental health outcomes. This project signals historical parallels between marginalized populations and their desire for migration, ultimately offering insight into the complex lived experiences of those most burdened by the US HIV epidemic today. As more anti-LGBTQIA+ laws are passed worldwide, BLSGM-LWH will remain incentivized to relocate to urban centers, such as NYC, that offer stronger social safety nets and acceptance of queer identity.

This reality requires clinicians, health systems, and policy officials to address the nuanced challenges newly settled BLSGM-LWH experience through designing innovative social and medical programs. Future work in this research domain should investigate the role of resiliency to structural inequity among BLSGM-LWH who migrate and how this facilitates engagement along the HIV care continuum.

