

## **Title: 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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**Background:** Human migration patterns have been shown to significantly influence the HIV epidemic. 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 Black and Latinx sexual and gender minorities living with HIV (BLSGM-LWH) relocate to urban centers. This thesis 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). Descriptive statistics were used to characterize the cohort. 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. Dedoose analytic software was used to code transcripts using a directed content analysis approach featuring both predetermined and emergent codes. Both research team members who coded interviews completed an interrater reliability exercise to minimize bias with any coding discrepancies resolved through consensus of the research team. A codebook was developed and Dedoose's code co-occurrence function was used to construct a data display in order to understand emergent themes.

**Results:** Of the 23 participants interviewed, 18 were cisgender males with 5 were transgender females. The cohort included 15 Black, 6 Latinx, and 2 multi-racial participants. Regarding sexual orientation, 12 participants identified as gay/homosexual, 3 as bisexual, 4 as queer, and 4 as straight/heterosexual. The median age of participants was 27 years, with a range of 22-29 years. Spanish was the primary language for 4 participants and the remainder were English-speakers. At the time of this abstract, 15 participant interviews are undergoing coding with impending analysis of the remaining interviews. Inductive analysis of qualitative data gathered from the first 15 in-depth interviews saw migration and its impact on mental health as a central theme. Emerging themes related to mental health were: acute and chronic trauma, substance use, sexual violence, interpersonal discrimination, and internalized stigma.

**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 thesis 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.