



2022

## Understanding the Process of Health Goal Achievement among Black Men Who Have Sex with Men (MSM) in Chicago: An Exploratory Qualitative Study

Anthony Johnson

Follow this and additional works at: [https://ecommons.luc.edu/luc\\_diss](https://ecommons.luc.edu/luc_diss)



Part of the [Social Work Commons](#)

---

### Recommended Citation

Johnson, Anthony, "Understanding the Process of Health Goal Achievement among Black Men Who Have Sex with Men (MSM) in Chicago: An Exploratory Qualitative Study" (2022). *Dissertations*. 3997.  
[https://ecommons.luc.edu/luc\\_diss/3997](https://ecommons.luc.edu/luc_diss/3997)

This Dissertation is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Dissertations by an authorized administrator of Loyola eCommons. For more information, please contact [ecommons@luc.edu](mailto:ecommons@luc.edu).



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License](#).  
Copyright © 2022 Anthony Johnson

LOYOLA UNIVERSITY CHICAGO

UNDERSTANDING THE PROCESS OF HEALTH GOAL ACHIEVEMENT AMONG  
BLACK MEN WHO HAVE SEX WITH MEN IN CHICAGO: AN EXPLORATORY  
QUALITATIVE STUDY

A DISSERTATION SUBMITTED TO  
THE FACULTY OF THE GRADUATE SCHOOL  
IN CANDIDACY FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY

PROGRAM IN SOCIAL WORK

BY

ANTHONY JOHNSON

CHICAGO, IL

DECEMBER 2022

Copyright by Anthony Johnson, 2022  
All rights reserved.

## ACKNOWLEDGMENTS

I cannot believe that I am writing this acknowledgment statement today. Ever since I could remember, I always wanted to help people like my mama, who was an exceptional and talented nurse. She was my source of hope toward leading a healthier life and even when I did not reach my goals, she was always in my corner supporting me to move forward. While she is no longer on this earth, as I write this statement, I feel her spirit is with me right now, giving me the support that I need to make it through the day and giving me the inspiration to stay on course. She taught me self-discipline and gave me the motivation to even consider pursuing a PhD degree in the first place. She always thought that I was a great person and supported the pathway that I wanted to take as long as it made me happy and proud to be a Black man.

Now today, as I continue to write this statement, I think about my other family, the family members who have always supported me to become a better me. I would like to thank my dad and my sister for supporting me, especially after Mama died and when I just could not get things right. They both were and have always been there for me. When I was so sad and down, they lifted me up when the pain seemed insurmountable. Well, I have to say “we made it, y’all, and while we miss Mama so much, we have each other now.” I have become more and more thankful every day because of the love and support of my family.

I would also like to thank my academic mentors who took the time to patiently talk and walk me through my ideas on my academic journey. I have learned so much from Dr. Philip Hong, Dr. Katherine Tyson, Dr. Dara Lewis, Dr. Keith Green, and Alfred Forbes, who have

challenged me to stay rigorous in my approach for many whom my research may positively affect. Without their inspiration and support, I would not have made it through the challenging times during this dissertation journey. Thank you is the least I can write or say.

Finally, I would like to thank God for carrying me through. I would have never come close to finishing the process without God's mercy, support, and understanding.

Last but not least, I would like to thank all of men who gave me their trust and took the time to participate in this study. Their spirits have carried me and supported me throughout my process of writing and completing this dissertation.

Dedicated to my mama, who is my true strength

## TABLE OF CONTENTS

ACKNOWLEDGMENTS	iii
LIST OF TABLES	ix
LIST OF FIGURES	x
ABSTRACT	xi
CHAPTER ONE: INTRODUCTION	1
HIV and Health	2
Study Rationale	2
Holistic Health among Black MSM	3
Purpose and Research Questions	5
CHAPTER TWO: LITERATURE REVIEW	7
Socio-Structural Barriers	7
Theoretical Framework	11
Resilience	11
Black MSM and Intersectionality	17
Psychological Self-Sufficiency (PSS)	20
CHAPTER THREE: METHODOLOGY	26
Paradigm	26
Sampling and Recruitment	28
Eligibility	29
Benefits and Risks of Research Participation	29
Data Collection	30
Data Analysis	32
CHAPTER FOUR: RESULTS	35
Theme 1: Health Goals and Concerns	35
Subtheme 1: Health-Defining Factors	36
Subtheme 2: Health-Related Goals	37
Navigating Substance Use	37
Consistent Overall Healthy Habits	38
Energy	38
Eating Well	39
HIV and STI Prevention	41
Longevity	42
Lose Weight	43
Physical Appearance	43
Prioritizing Mental Health	45

Theme 2: Motivation to Achieve Health Goals	48
Supportive Social Networks: Family and Friends	49
Hope	50
Self-Growth	52
Sense of Achievement (Goal-Oriented Pathway)	53
Theme 3: Strategies to Stay on Track with Black MSM Health	53
Turning to Friends and Family	53
Self-Care	56
Plan and Structure	58
Surround Myself with the Right People	59
Ordering Steps for Success	60
Leveraging Technology	61
Theme 4: Overcoming Intersectional Barriers	62
Subtheme 1: Health Barriers	62
Condom Use	62
Financial Barriers	63
Food and Diet	64
Lack of Infrastructure	65
Lack of Information	65
Mental Health Barriers	66
Self-Accountability	67
Racism	68
Subtheme 2: Overcoming Barriers	69
Embracing Failure as Part of the Process	69
Focus on Mental Health as Self-Care	70
Resilience	73
Summary of Findings	73
CHAPTER FIVE: DISCUSSION	76
Understanding Health Goals and Concerns for Black MSM	76
Implications for Future Research: Application of Health PSS for Assessing Health Hope and Health Barriers for Black MSM	77
Implications for Black MSM Social Work Interventions in Public Health	83
Implications for Social Justice and Advocacy for Black MSM Health	86
Strengths	88
Limitations	88
CHAPTER SIX: CONCLUSION	90
APPENDIX A: RECRUITMENT FLYER	94
APPENDIX B: LETTERS OF COMMUNITY SUPPORT	97
APPENDIX C: PRESCREEN TOOL	102



APPENDIX D: INFORMED CONSENT	104
APPENDIX E: FOCUS GROUP INTERVIEW GUIDE FOR UNDERSTANDING HEALTH GOAL ACHIEVEMENT	108
APPENDIX F: THEMES, SUBTHEMES, AND CODES	110
APPENDIX G: DATA USE AGREEMENT	113
REFERENCE LIST	115
VITA	132

## LIST OF TABLES

Table 1. Participant Characteristics from the Sample of Black MSM in Chicago ( $n = 27$ )	31
Table 2. P. Y. P. Hong's (2021) Perceived Health Barrier Scale	79
Table 3. Perceived Health Barrier Scale for Black MSM	80
Table 4. P. Y. P. Hong's (2021) Health Hope Scale	80
Table 5. Health Hope Scale for Black MSM	82
Table 6. Health Behavioral Goals for Black MSM	83

## LIST OF FIGURES

Figure 1. Diagnoses among Gay and Bisexual Men by Age and Race/Ethnicity in the United States, 2016	3
Figure 2. Health Psychological Self-Sufficiency	22
Figure 3. Emerging Theoretical Model for Health Goal Process among Black MSM	75

## ABSTRACT

**Background:** Over the last 30 years, Black men who have sex with men (MSM) have been disproportionately affected by HIV/AIDS while accounting for only approximately 1% of the population of the United States. The majority of research with Black MSM has focused on HIV infection risk factors, but very little attention has been given to their overall health and well-being. The breadth of HIV-health related research that includes Black MSM tends to demonstrate high levels of racial, environmental, and economic disparities that need to be addressed. However, more research must be conducted to explicate the process of exercising strength and resilience toward health goal achievement for Black MSM. While HIV continues to be a major health concern among Black MSM, future research that seeks to understand the interplay among strengths, motivators, and barriers for health goal achievement among Black MSM is warranted. This study will address this gap in knowledge by exploring and documenting the dynamic process of health goal achievement among a cohort of Black MSM in Chicago.

**Methods:** To explicate the process of health goal achievement among Black MSM, a series of seven focus group sessions were conducted with a cohort of Black MSM in Chicago. Guided by social work's strength-based approach, a grounded theory method was used to conceptualize and theorize the perspective of Black MSM on health goal achievement. This participant-centered approach allowed for building upon theoretical concepts that can explicate how Black MSM achieve their health goals despite their unique obstacles and challenges. The focus groups were used to investigate and collect qualitative data on the interplay among

strengths, motivators and challenges related to health goal achievement among Black MSM living in Chicago. To understand health goal achievement among Black MSM, open and axial coding were conducted until saturation was reached. The grounded theory of health goal achievement among Black MSM was combined with comparing and contrasting theoretical frameworks such as intersectionality, resilience, and psychological self-sufficiency (PSS).

**Findings:** All participants were Black MSM ( $n = 27$ ) between the ages of 25 and 60. The results from this study suggested that domains of health and health goal achievement for Black MSM are categorized into three broad themes: (1) health goals and concerns, (2) multiple strategies to stay on track with Black MSM health, and (3) tools to overcome setbacks and health goal barriers. The findings indicated that future interventions with elements of mental health and social capital can support health goal achievement for Black MSM.

**Discussion:** Overall, the findings implied that the development of mental health interventions for Black MSM can be used as a platform that empowers them to reach their health goals. The findings suggested that mental health, psychological empowerment, social support, and social capital were main contributors toward health goal achievement for Black MSM in Chicago. The main contributors of health goal achievement for Black MSM included elements of motivation and goal-orientated pathways that enhance health-promoting behaviors and health goal success among Black MSM.

## CHAPTER ONE

### INTRODUCTION

The majority of research with Black men who have sex with men (MSM) has focused on HIV infection risk factors; very little attention has been given to their overall health and well-being. The bulk of HIV-health-related research on Black MSM identifies/calls out the high levels of racial, environmental, and socioeconomic disparities that need to be addressed but fails to account for the high level of strength and resilience that supports them in achieving their health goals (Dacus et al., 2018; Herrick et al., 2014; Millett et al., 2006, 2007). To further understand the overall health status of Black MSM in light of their strengths and resiliencies, this study will explore the process by which Black MSM achieve their health goals.

In a sociopolitical context in which the marginalization of Black MSM is a direct result of racism, heterosexism, and stigma embedded within systems of public health and social service provision, there is a critical need to address the health, social, and economic well-being of Black MSM. More specifically, the intersection of these social and environmental threats plays into how Black MSM engage with the public health and social service systems to receive the care and services needed to achieve their health goals. Despite public health efforts toward reducing the burden of HIV/AIDS and other health conditions impacting Black MSM populations, these populations have been and continue to be systematically oppressed (Peterson & Jones, 2009; Powell et al., 2019) and at risk of poor health outcomes. Although public health and social work have recognized the importance of working with Black MSM in health research and practice,

there is still a great need to address the lack of positive engagement within the Black MSM community (Andrasik et al., 2014).

### **HIV and Health**

HIV is a global epidemic. The first HIV case was in 1981 (Centers for Disease Control and Prevention [CDC], n.d.). More than 37 million people are living with HIV and 32 million have died due to complications of HIV across the world (Office of Disease Prevention, 2020). With 1.2 million living with HIV and approximately 13% unaware of their HIV status, HIV is considered a public health crisis. HIV attacks the body's immune system by reducing CD4 cell counts, making the body more susceptible to opportunistic infections or cancer (CDC, 2019a). Although there is no cure for HIV, it is manageable and treatable with medication (i.e., antiretroviral treatment). If HIV is left untreated, it will eventually lead to AIDS, causing death. It can be transmitted by any type of sexual contact, injection drugs, or it can be transmitted from mother to baby during pregnancy.

### **Study Rationale**

Over the last 30 years, Black MSM, who constitute only about 1% of the population of the United States (CDC, 2020; Millett et al., 2012), have been disproportionately affected by HIV/AIDS. For example, in 2018, Black MSM accounted for 26% of all new HIV diagnoses in the United States and 37% of new HIV diagnoses among all MSM groups (CDC, 2020; Millett, 2015). Black MSM experience the poorest HIV prevention and treatment outcomes relative to their White and Hispanic counterparts. More notably, the CDC (2019b) indicated that the lifetime risk for HIV among Black MSM was 1 in 2 (50%) in comparison to a lifetime risk of 1 in 4 (25%) and 1 in 11 (9%) for Latino and White MSM groups, respectively.

Although past CDC reports showed that HIV incidence remained stable among Black MSM, recent epidemiological trends indicate that 75% of Black MSM who received an HIV-positive diagnosis in 2018 were between 13 and 34 years of age (CDC, 2020). In addition, HIV diagnoses among Black MSM between 25 and 34 years of age increased by 42% between 2010 and 2017 (CDC, 2020). Because Black MSM are disproportionately impacted by HIV, they continue to be a priority population for work to improve HIV-related disparities. To further understand racial HIV disparities among MSM, refer to Figure 1 below.

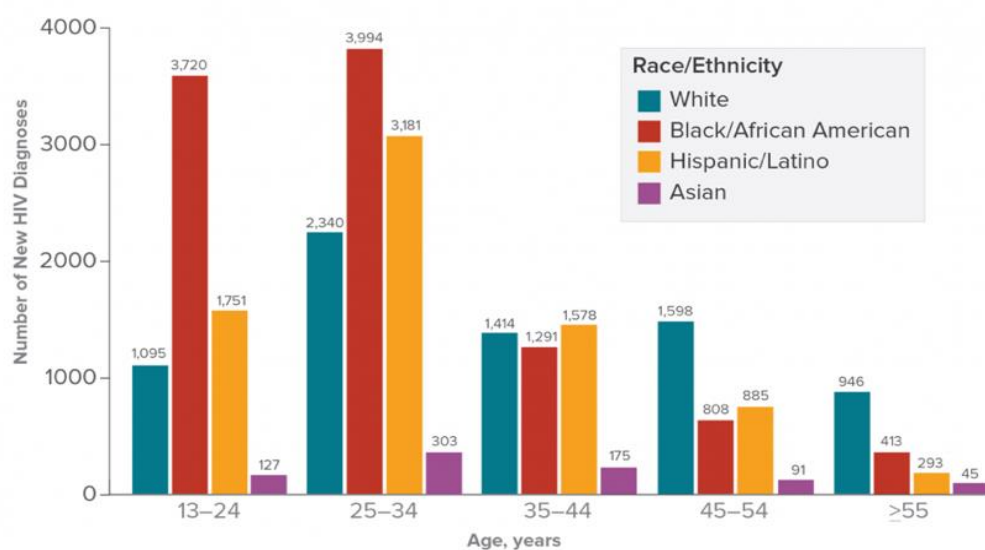


Figure 1. Diagnoses among Gay and Bisexual Men by Age and Race/Ethnicity in the United States, 2016

### **Holistic Health among Black MSM**

Although these alarming statistics reveal a high degree of HIV vulnerability among Black MSM, they also illuminate the pressing need to identify practical solutions for advancing the health and social status of Black MSM from a more holistic perspective (Ayala et al., 2012; Bowleg, 2012; Powell et al., 2019). Despite research findings indicating that Black MSM do not



engage in any higher sexual risk behaviors than their other MSM racial counterparts and that behavioral choices are not the main contributors to HIV infection, minimal effort has been made to research and examine the psychological and social factors pertaining to the general health status of Black MSM (Dacus et al., 2018; Fields et al., 2015; Hickson et al., 2015; Millett, 2015; Millett et al., 2006).

Mays and colleagues (2004) stated that the high HIV incidence within Black MSM communities in the United States is similar to infection rates in developing countries. The drivers of HIV are complex, and multiple theories should be applied to understand social, structural, and environmental risk factors that contribute to HIV-health-related disparities and inequities affecting Black MSM. Poor HIV outcomes within Black MSM communities have been attributed to high levels of structural racism, stigma, and homophobia (Ayala et al., 2012; CDC, 2020; Powell et al., 2019). Dyer and colleagues (2012) stated that Black MSM who deal with multiple and overlapping “isms” (i.e., racism, classism, and heterosexism) are more like to develop negative health conditions.

As there has been a national call for addressing HIV within Black MSM communities, targeting efforts to improve HIV prevention efforts will require public health institutions to develop and extend current programming efforts to address a wider range of health and social conditions, not exclusive to HIV infection, that impact the state of health among Black MSM. Although HIV continues to be a significant health threat for Black MSM, the implementation of evidence-based research that can be translated into effective strategies to address social determinants of health for Black MSM is warranted for the development of social work interventions.

To improve the quality of HIV prevention and health services provided to Black MSM, public health research should be oriented to build upon the strengths of Black MSM communities that support health goal achievement that extends beyond HIV infection and sexual behavior. That is, to stop medicalizing, sexualizing, and further stigmatizing Black MSM, there is a need for research to create opportunities for their voices and diverse experiences to inform the development of research agendas designed to meet the needs of their community. Although the majority of extant literature on Black MSM focuses on HIV prevention, this dissertation was designed to expand on contributing factors related to holistic health for Black MSM. As such, the concept of optimal health will be used to embrace the holistic nature of health for Black MSM. As stated by O'Donnell (2009),

Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice. (p. 1)

### **Purpose and Research Questions**

This dissertation was designed to understand the process of health goal achievement among Black MSM using a rigorous qualitative methodology. Although this dissertation builds upon previous literature describing the health status within Black MSM communities, the exploratory study was intended to understand how Black MSM define health and to document their experiences of pursuing their health goals by investigating and interpreting the concerns, motivations, and barriers that impact health goal achievement and success. For this study, motivators for health goal achievement are defined as goal-oriented pathways such as self-motivation, internal capacity, external resources, and/or other social supports that help and

empower individuals. Barriers will be defined as structural, physical, and mental hurdles that prevent individuals from achieving their health goals. This research project will contribute to the body of social-justice-oriented literature by using an emancipatory framework that seeks to improve the human condition of individuals or groups who hold marginalized and/or stigmatized identities (Denzin & Lincoln, 2005; Mertens, 2009).

To address the above-mentioned dearth of social work and public health literature, this dissertation will investigate factors and variables that contribute to health goal achievement among Black MSM living in Chicago. This qualitative study is intended to analyze the dynamic process of health goal achievement specific to the Black MSM experience. Despite the importance of health disparities as they pertain to the lives of Black MSM and HIV, there are few studies that have been designed to study health goal achievement among Black MSM. Using a series of focus groups to understand how Black MSM achieve their health goals, this research project will answer the following questions regarding Black MSM living in Chicago:

1. What are the major health goals and/or concerns of Black MSM?
2. What are the perceptions of healthy functioning among Black MSM?
3. What are the factors that support Black MSM in reaching their health goals?
4. What are the motivators of health goal achievement for Black MSM?
5. What barriers must Black MSM overcome to reach their health goals and how do they overcome them?

## CHAPTER TWO

### LITERATURE REVIEW

#### **Socio-Structural Barriers**

An array of public health and social scientists have long indicated the need to concentrate on socio-structural factors as significant contributors fueling poor health outcomes among Black MSM, not exclusive to HIV infection (Mays et al., 2004; Millett et al., 2007; Peterson & Jones, 2009). Although few studies explicitly highlight factors that contribute to health goal achievement among Black MSM, Millett and Peterson (2007) stated that socio-structural barriers affecting Black MSM health include low economic status, high incarceration rates, and limited access to HIV prevention and care technologies. These socio-structural barriers working together make it difficult for Black MSM to obtain stable employment and education needed to improve their health and well-being.

Peterson and Jones (2009) suggested that interventions for Black MSM should address social inequities to minimize health disparities by dismantling racism, improving access to quality health care, and reducing high incarceration rates for the social advancement of Black MSM. Powell and colleagues (2019) posited that Black men's delays in preventative health screenings go beyond lack of access and medical mistrust and can be attributed to racism that occurs inside and outside of the health care system. Gilbert and colleagues (2016) stated that "in order to fully understand and improve the health of Black men it is imperative to take a more complete view of Black men's health outcomes and obtain a broader understanding of how social

experiences and institutional forces influence these outcomes” (p. 2). First, social service and public health institutions that serve Black men and Black MSM should reconsider their commitment to racial justice and equitable service. Secondly, to improve the quality of health care, these institutions can maximize services that are committed to providing access to resources to Black MSM. Thirdly, it is essential for public health institutions to critically examine the impact of the criminal justice system on the health and social status of Black MSM.

Ravenell and colleagues (2008) indicated that Black men (regardless of sexuality) often do not utilize health care services due to historical discrimination and medical mistreatment (Gilbert et al., 2016; Powell et al., 2019). In addition, Black MSM face unique challenges when attempting to navigate health care systems due to both their race and sexual orientation, which continue to exacerbate medical distrust and negative encounters (Carter & Flores, 2019; Dean & Fenton, 2010; Levy et al., 2014; Zeglin & Stein, 2015). Due to social norms around gender and sexual constructs, Black MSM are even more vulnerable to acts of discrimination. Jeffries and colleagues (2013) reported that, due to racism and homophobia, Black MSM experienced greater levels of discrimination that indirectly increased their risk for HIV and STI infection. For example, Black MSM may experience racism from the general White community (including White MSM communities) while simultaneously experiencing sexual orientation discrimination from the general Black community. As Black MSM are more likely to experience HIV infection, they are also vulnerable to HIV-status discrimination in tandem with racial trauma that indirectly influences sexual risk behavior (Fields et al., 2015). Ayala and colleagues (2012) posited that multiple forms of discrimination along with financial hardships experienced by Black MSM are highly associated with high-risk sexual behavior. Cargill and Stone (2005) stated that limited

access to adequate HIV care may help to explain high mortality among Black men. Given the intersection of racial and social disparities that exist in HIV prevention, the identification of appropriate strategies to improve the overall health of Black MSM is critical to ending the HIV epidemic.

The understanding of how discrimination, stigma, and homophobia play into relationship characteristics and the socioeconomic status of Black MSM is important in addressing important social nuances and thereby closing racial gaps in HIV treatment and prevention (Comer, 2017; Millett, 2007). Garcia and colleagues (2016) stated that Black MSM who face social rejection from their families and churches internalize homophobia, which can lead to poor sexual health outcomes. As Black MSM do not engage in any higher sexual risk behaviors than their MSM counterparts, focusing on ways to address HIV syndemics among Black MSM may help to alleviate racial disparities (Fields et al., 2015; Hickson et al., 2015; Millett, 2015; Millett et al., 2006). HIV risk factors outside of sexual behavior can be explained by syndemic factors (i.e., poor mental health, depression, minority stress, drug use, housing insecurity) that impact the healthy functioning and social status of Black MSM.

Quinn and colleagues (2020) further emphasized that Black MSM who live in Chicago neighborhoods with high poverty rates are more likely to experience hate crimes due to their sexual identity or sexual orientation. Peterson and Jones (2009) indicated that sexual orientation prejudice in tandem with racism restricts the ability of Black MSM to access HIV and health-related resources, ultimately impacting their overall health and well-being. Mizio and Delaney (1981) stated that “racism and sexism are acknowledged as factors known to compromise life’s changes and to close off the opportunity to participate fully in society and to reach one’s full

potential” (p. 32). The intersectional occurrence of poverty with structurally vulnerable risk factors that Black MSM experience is a form of social exclusion and makes poverty a “glocal” issue—thinking globally or structurally and acting locally at the community level (Estivill, 2003; P.Y.P. Hong, 2008; P. Y. P. Hong & Song, 2010). From a social and human development perspective, centering on structural and individual barriers as the form of social exclusion can support advancing human well-being—freedom, justice, diversity, equity, and inclusion—by rebuilding the social contract (P. Y. P. Hong, Gumz, et al., 2021).

Fields and colleagues (2015) stated that Black MSM are more likely to experience HIV infection and that their vulnerability to HIV-status discrimination along with the residue of racial trauma influences their general health and practice behaviors. Ravenell and colleagues (2008) further explained that poor health care utilization among Black men has been caused by historical discrimination and multiple acts of medical mistreatment. The resulting mistrust of medical providers has contributed to poor retention and medical care outcomes among Black MSM. Ayala and colleagues (2012) reported that multiple forms of stigma, discrimination, and financial hardships experienced by Black MSM are highly associated with poor health care outcomes. Similarly, Maulsby and colleagues (2014) stated that “the effect of stigma might be particularly acute for Black MSM because they face multiple forms of discrimination due to race, sexual orientation, gender identity, and HIV status” (p. 18).

Wheeler (2007) stated that

it is not sufficient to say that HIV/AIDS work begins and ends with the individual client when we have so much evidence suggesting that the disparities we see are as much a consequence of social, economic, and political injustices as they are personal failings. (p. 157).

The need to shift HIV programs and services to act as buffers that protect Black MSM from health threats and enhance social capital has been long documented by a range of social scientists (Ayala et al., 2012; Mays et al., 2004; Millett et al., 2007; Peterson & Jones, 2009) but hardly addressed through research and practice. Moreover, Tempalski and colleagues (2020) suggested that a better understanding of how structural barriers impact health care utilization and access to HIV prevention and care among Black MSM may help researchers advance programming, interventions, and policies.

The socioeconomic risk associated with HIV, such as housing, education, and economic advancement, has negatively impacted the social and health status of Black MSM (Ayala et al., 2012; CDC, 2020). Levy and colleagues (2014) reported that structural barriers for HIV prevention services include limited access to these services and inadequate access to culturally affirming care within neighborhoods where Black MSM reside. There is a dearth of interventions designed to advance the social capital of Black MSM towards achieving good health. As Ruger (2003) stated,

Good health enables individuals to be active agents of change in the development process, both within and outside the health sector. Increased investment in health requires public action and mobilization of resources, but it also brings individuals opportunities for social and political participation in health-system reform and implementation. Agency is critical for development overall and for the development and sustainability of effective health systems, and individuals should have the opportunity to participate in political and social choice about public policies that affect them. (p. 678)

## **Theoretical Framework**

### **Resilience**

Fergus and Zimmerman (2005) stated that resilience operates in the “presence of both risk and promotive factors that either help bring about a positive outcome or reduce or avoid a



negative outcome” (p. 399). Herrick and colleagues (2014) defined resilience as a “positive adaptation in the face of risk and adversity” (p. 9). Similarly, Masten (1994) stated that resilience rests on the fundamental assumption that individuals can overcome adversity and recover from traumatic experiences. Woodward and colleagues (2017) supported the notion that

resilience occurs by way of resilience resources (i.e., social support, social networks, useful resources) among individuals with elevated risk for negative developmental outcomes across the lifespan (sexual minority men with syndemic conditions and/or minority stress) who do not actually develop a negative health outcome). (p. 2862)

Furthermore, Reed and Miller (2016) suggested that resilience for Black MSM should be examined in the presence and/or absence of syndemic factors such as drug use, anxiety, depression, and/or trauma. Even though Black MSM are challenged by a multitude of barriers, they often report strong resiliencies and supports that help them cope and overcome obstacles in their lives. Fields and colleagues (2016) indicated that Black MSM who are at the highest risk for HIV are often living in neighborhoods afflicted by poverty, high crime, drugs, and scarce resources, which can cause them to develop strong internal resiliencies. The prevalence of stigma, discrimination, and marginalization among Black MSM has caused them to develop strong coping skills, support networks, and positive mental health perspectives. McNair and colleagues (2018) also found that resiliency is highly associated with hardiness, self-efficacy, and coping developed by Black MSM during childhood. Wilson and colleagues (2016) reported that Black MSM with strong resilience characteristics indicated lower levels of internalized stigma.

Reed and Miller (2016) indicated that syndemic conditions were best understood in the context of the trauma and oppression that affected Black MSM’s desire to develop positive

relationships. These findings suggest that men with these experiences were more likely to deal with issues of shame, personal identity, and social isolation. Additionally, Reed and Miller found that men who exhibited syndemically based health profiles were often rejected by their biological families and lacked social engagements that fostered healthy relationships with other Black MSM. This key finding shows the importance of positive familial involvement to the mental health and positive development of Black MSM throughout the life course and especially during childhood. Their findings concluded that resilience-based interventions for Black MSM should focus on addressing family dynamics, community involvement, and creative outlets consistent with other studies (Reed & Miller, 2016).

Ungar (2012) stated that focusing on resilience shifts attention from the suppression or treatment of the problem to the processes that enhance the health among populations under stress. Ungar (2006) states

In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways. (p. 225)

McNair and colleagues (2018) reported that resilient characteristics among Black MSM were highly associated with hardiness, self-efficacy, and coping during childhood development.

Wilson and colleagues (2016) also found that Black MSM with strong resilience characteristics have lower levels of internalized HIV-related stigma and high peer and familial support as contributors to improved health outcomes. Black MSM (both HIV negative and HIV positive) with strong profiles of resilience tended to exhibit low levels of internalized homophobia, as well

as high levels of peer and familial support and adaptive coping that resulted in HIV risk reduction behavior (Wilson et al., 2016).

In a sample of HIV-positive Black MSM, Brewer and colleagues (2020) found that higher levels of resilience were associated with improved HIV medical care outcomes. This quantitative assessment of resilience also emphasized that Black MSM with higher levels of resilience were more likely to report undetectable viral loads for HIV. Comparatively, this study suggested that high levels of resilience may be more of a protective factor for Black MSM than for White MSM (Brewer, 2020). Brewer and colleagues also explained the need for the development of resilience through applications within HIV prevention care strategies aimed at reducing the negative effects of HIV stigma.

Although resilience has more often been defined as an internal trait, more recent scientific inquiries have shown that resilience can be fostered by external networks and supports that can be incorporated into public health programming to provide equitable and supportive services for Black MSM (Buttram, 2015; Dacus et al., 2018). In a qualitative study with HIV-negative Black MSM, Dacus and colleagues (2018) showed that resilience was displayed within strong profiles of internal belief systems and external supports. Their findings also highlighted that spirituality plays a key role in the lives of Black MSM. More broadly, they suggested that resilience-based HIV prevention interventions should consider incorporating components of purpose, sense of worth, and personal capital. These findings are consistent with those of Buttram (2015), who indicated that Black MSM show elements of resilience associated with multiple inner strengths and spirituality. More interestingly, Buttram's findings showed that Black MSM (of mixed HIV status) dealing with substance abuse displayed resilience through

altruism and creative outlets. Meyer (2015) defined resilience by emphasizing personal agency at the individual level and connectedness within communities related to access to social resources and support. This highlights the importance of understanding resilience in the context of intersectional risk factors impacting the lives of Black MSM, especially as it pertains to health care outcomes including HIV prevention and treatment outcomes.

A systematic review by Woodward and colleagues (2017) categorized resilience according to different types of resources that contributed to lowering HIV risk among sexual minority men. This review found that resilience was fostered through social support, especially for individuals with elevated risks. They also described resilience through the categorization of ecosystem-level themes such as socioeconomics, behavioral coping, cognitions, and relationships. Interestingly, this systematic review found discrepancies within the body of HIV resilience literature, emphasizing that some researchers argue that the absence of a mental health problems (i.e., syndemic factor) among sexual minority men supports the presence of resilience.

To support public health efforts to eradicate health disparities for Black MSM, it is essential to understand the extent to which resilience supports the healthy functioning of Black MSM and its significance in the lives of Black MSM regardless of HIV status, which has been the focal point for discussing aspects of resilience for Black MSM. Identification of resilience-based strategies to improve the overall health of Black MSM can play a critical role in ending the HIV epidemic as well as improving health profiles among a diverse group of Black MSM across the United States (Johnson, 2020). Although resilience serves as a protective factor for the prevention of HIV infection among Black MSM (Brewer et al., 2020; Dacus et al., 2018; McNair et al., 2018), more research should address social determinants of health impacting Black MSM.

Given the varying degree of social and environmental factors impacting the health status of Black MSM, health researchers and practitioners must see beyond sexuality and move into ways of understanding the essential dynamics of the Black MSM culture.

Because Black MSM are at higher risk of harmful health conditions, a range of health scientists agree that interventions targeting Black MSM should shift toward the application of resilience (Herrick et al., 2014) in a broader context to address health status. Dacus and Sandfort (2020) stated that, with an enhanced understanding of health risk perceptions of Black MSM, public health social workers can refocus their efforts toward reinforcing strengths and resilience that build internal capacity to reach health goals in Black MSM communities. Although Black MSM have been shown to exhibit multiple forms of resilience due to their high level of exposure to adversity and environmental risk factors, many of their experiences occur at the intersection of their marginalized and intersectional identities. Ungar (2012) emphasized that individuals who experience adversity based on social marginalization develop the ability to cope and mitigate the impact of negative experiences associated with structural poverty and violence.

Although resilience should be reinforced, very little research has investigated whether high levels of internal resilience are harmful to Black MSM. Even though resilience continues to be documented as a strong attribute within the Black community, does overcoming adversity lead to adverse health outcomes or behaviors that can potentially impact the future health status of Black MSM? Unlike other populations, Black MSM have had to use various coping mechanisms to gain the resilience needed to overcome and survive adversity.

Dacus and colleagues (2018) suggested that HIV prevention interventions guided by a resilience-based approach should consider incorporating components of purpose, sense of worth,

and personal capital to advance the health and longevity of Black MSM. This aligns with elements of psychological self-sufficiency (PSS) that will be discussed later in this chapter.

### **Black MSM and Intersectionality**

Intersectionality is a theoretical framework that explains how multiple socially constructed identities intersect at the micro level, contributing to macro-level inequities based on race, gender, class, sexual orientation, or ability (Cole, 2009; Collins, 1991; Crenshaw, 1989, 1991; Fields et al., 2016; Smallwood et al., 2017). Intersectionality postulates that social identities are not independent but intertwined, and social identity is informed and shaped by the experience of other identities and experiences (Bowleg, 2012; Collins, 1991). At the intersection of race, gender, and sexual orientation, discrimination, microaggressions, historical trauma, stereotypes, and oppression are imposed on those who hold marginalized identities. Intersectionality is especially relevant to research on Black MSM because this population holds two marginalized identities relating to gay sexuality and race.

Boylorn and Orbe (2014) described intersectionality as a complex entanglement between individual experiences of gender, sexuality, race, ethnicity, and ability concerning structural systems of power, oppression, and social privilege. Collins and Bilge (2016) stated that

Intersectionality is a way of understanding and analyzing the complexities of the world in relation to populations holding marginalized identities and their human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender, or class, but by many axes that work together and influence each other. (p. 193)

Smallwood and colleagues (2017) supported the notion that intersectionality requires a strong understanding of individual-level experiences among Black MSM that go “beyond their

singular identities (i.e., being Black only or MSM only)” and recognized their complex existence “when their multiple identities converge” (p. 125). May (2014) stated that “intersectionality calls for an epistemological shift toward multiplicity, simultaneity, and ‘both/and’ thinking” (p. 99). Using this framework can help social scientists solve problems from multiple angles. This way of thinking allows researchers to describe the real issues impacting Black MSM, especially within the public health context. The shift towards this “both/and” thinking may help researchers to orient their research in a manner that seeks to deeply understand the needs of individuals and/or groups who hold multiple marginalized identities (i.e., Black MSM and/or transgender individuals).

Calabrese and colleagues (2018) suggested that “Black MSM face multiple, largely derogatory stereotypes related to their sexuality, some of which overlap with stereotypes of Black men and MSM broadly and others of which may be unique” (p. 150). This supposition highlights the usefulness of intersectionality for studying Black MSM identities and understanding how they conceptualize their own health and health goal achievement. These study findings are consistent with those of Bowleg (2013), who found that Black MSM perceive their lives to be challenged by interlocking oppressions such as experiencing racial microaggressions in mainstream and White gay communities, homophobia in Black communities, and gender role norms. Peterson and Jones (2009) stated that Black MSM experience high levels of psychological distress due to discouraging and homophobic messages delivered in their Black and religious communities and institutions that have led to increased feelings of internalized homophobia and other mental health problems that contribute to the HIV epidemic.

The core tenets of intersectionality used to frame and contextualize the importance of conducting health research with Black MSM are that

1. social identities are not independent but intertwined, and social identity is informed and shaped by the experience of other identities (Bowleg, 2012; Collins, 1991)
2. individuals who hold marginalized identities are challenged by historical oppressions that contribute to health and social disparities (Bowleg, 2012; Crenshaw, 1989)

Crenshaw (1991) stated that using an intersectional framework placed within one's marginalized experience is the core of analysis with specific attention to the stratification of power, privilege, and oppression. Smallwood and colleagues (2017) proposed that, by recognizing the complexities of an individual's multiple intersecting identities, social scientists can gain a deeper understanding of how Black MSM experience multiple forms of stigma and discrimination at the micro, mezzo, and macro levels.

Along with the dynamics of intersectionality for understanding the Black MSM identity and experiences regarding social determinants of health, Dyer and colleagues (2012) found that syndemic factors interact synergistically to contribute to higher levels of HIV along with other poor health outcomes impacting Black MSM communities. Smallwood and colleagues (2017) argued that incorporating intersectional frameworks into HIV prevention practice can help to mitigate HIV syndemic factors (e.g., mental health, trauma, sexually transmitted infections, homelessness, drug use, and poor access to employment) experienced by Black MSM that contribute to racial disparities in HIV/AIDS. Dyer and colleagues (2012) emphasized the importance of developing social work interventions for Black MSM that address the "multiple life stressors that are specific to being both a racial and sexual minority" (p. 706). This supports the notion that multiple socioeconomic risk factors contribute to poor health conditions within



Black MSM communities that go beyond HIV infection, including homelessness, violence, substance abuse, depression, and anxiety (CDC, 2017a; Johnson, 2010).

Intersectionality may provide a framework for addressing both structural and syndemic risk factors (i.e., mental health, trauma, homelessness, and poor access to employment) associated with engagement and retention in HIV care, especially for Black MSM living with complex social problems (Smallwood et al., 2017). Understanding how structural barriers associated with both race (i.e., racism) and sexual orientation (i.e., discrimination) play into the lives of Black MSM is critical for assisting Black MSM living with HIV. That is, being culturally aware and competent will enhance social care outcomes for Black MSM who will have to interface with health care systems that are typically led by individuals who hold privileged identities across race, gender, and sexual orientation. For this dissertation, intersectionality will be used as a conceptual framework to encompass multiple dimensions of Black MSM experiences and identities as it pertains to their health and well-being.

### **Psychological Self-Sufficiency (PSS)**

Psychological self-sufficiency (PSS) is a bottom-up theory that was originated and developed in the context of workforce development through a community-based participatory action research process in the Black and Brown communities over the last 20 years (Harvey et al., 2010; P. Y. P. Hong et al., 2009; P. Y. P. Hong, 2013; P. Y. P. Hong, Choi, et al., 2018; P. Y. P. Hong et al., 2019; P. Y. P. Hong, Kim, et al., 2020; R. Hong et al., 2019). In recent years, PSS has been applied to areas outside of employment, including health goal pursuit (P. Y. P. Hong, 2021); post-incarceration social integration (P. Y. P. Hong, Lewis, et al., 2014); mental health (P. Y. P. Hong, Hong, Choi, & Hodge, 2020); substance use recovery (P. Y. P. Hong, Kim, et al.,

2021); fatherhood (P. Y. P. Hong, Lewis, et al., 2021); youth empowerment (P. Y. P. Hong, Hong, & Choi, 2020); refugee resettlement (Kim et al., 2021); and financial capability (P. Y. P. Hong, Wathen, et al., in press).

Psychological self-sufficiency is a cognitive and noncognitive process of recognizing and embracing perceived barriers and transforming them into hopeful actions to generate the strength needed to achieve success or a specific goal (P. Y. P. Hong, 2013, 2016; P. Y. P. Hong, Song, et al., 2018). The pathway to goal achievement requires uncovering barriers and discovering hope whereas the process of moving forward requires hope that is greater than the barriers (P. Y. P. Hong, Hong, Lewis, et al., 2020; P. Y. P. Hong, Hong, et al., 2021). The following core tenets of PSS will be used to frame the nature of this research for health goal achievement among Black MSM: (1) barriers experienced by individuals holding marginalized identities are real and perceived, and (2) barriers can be transformed by generating hopeful actions toward a goal-oriented pathway.

Psychological self-sufficiency theory was used to explore the experiences of Black MSM accepting and/or embracing their barriers to achieve their health goals. Embracing one's barriers activates the transformative process needed to create the motivation necessary for achieving realistic goals as one becomes empowered (P. Y. P. Hong, 2013). Although PSS has only been studied recently to be applied in the area of health (P. Y. P. Hong, 2021), it is important to note that the core PSS framework consistently informs the health goal achievement process; desirable health goals can be achieved through the interplay between health hope and health barriers (P. Y. P. Hong, 2013; P.Y.P. Hong, Choi, et al., 2018). In the context of PSS, hope is defined by psychological empowerment, futuristic self-motivation, self-perceived capability, and goal

orientation while describing barriers are defined by physical, mental, and/or exclusion (P.Y.P. Hong, Choi, et al., 2018). Figure 2 proposes a context in which health goal achievement can be understood by using PSS as a framework.

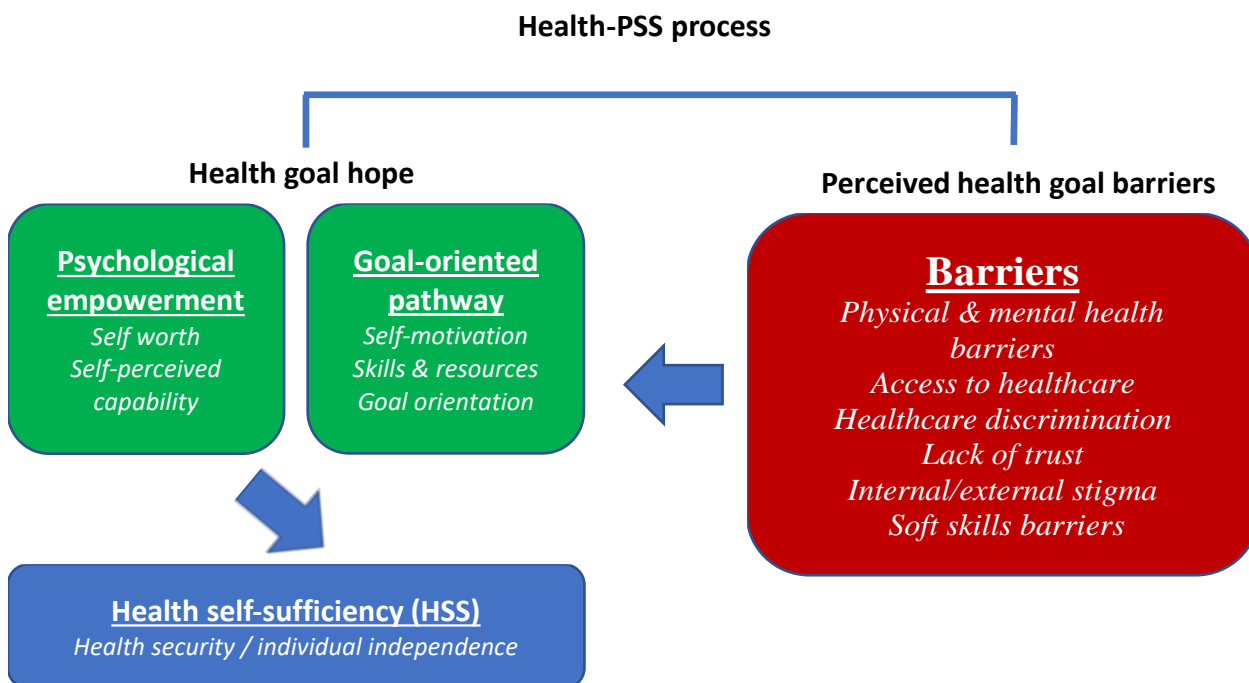


Figure 2. Health Psychological Self-Sufficiency (adapted from P. Y. P. Hong, Choi, et al. [2018] and P. Y. P. Hong [2021])

Psychological self-sufficiency can be used to understand aspects of health success outcomes (e.g., health security and individual independence) from a participant-centered approach that incorporates participant voices and stories to examine the process of health goal achievement for Black MSM (P. Y. P. Hong, 2021; P. Y. P. Hong et al., 2009). It has been found that the PSS process increases executive functioning skills to enhance health outcomes among low-income health profession job seekers (P. Y. P. Hong, Kim, Park, et al., in press). As suggested by P. Y. P. Hong (2021), the process of health goal achievement starts with recognizing context-specific health barriers as a starting point to understanding the mobilization

of hope and motivation toward goal-directed actions—those that will lead to health self-sufficiency (HSS).

The dynamic process of switching barriers to hopeful actions refers to the following (P. Y. P. Hong, 2021):

1. one's confidence in navigating a complex healthcare system
2. one's belief in their ability to reach their health-related goals
3. one's commitment and motivation to achieve their health-related goals
4. awareness of resources to support their health functioning
5. awareness of general health risks
6. utilization of primary health care services
7. one's perceived ability to obtain health services as needed

Luthans and colleagues (2004) stated that “four positive psychological capacities of confidence, hope, optimism, and resilience are measurable and open to development” (p. 47).

Although these psychological theories can be applied to research for the measurement of positive elements for health goal achievement among Black MSM, they do not equally consider negative elements that play into health self-sufficiency (HSS). Psychological self-sufficiency can support resilience in ways that go beyond survivability and focus on embracing barriers specific to Black MSM. Although resilience plays a critical role in protecting Black MSM in the face of risk/adversity, PSS seeks to understand how Black MSM engage in positive transformation. The mental process of achieving PSS can be extremely challenging as one attempts to generate positive energy toward embracing one's obstacles to obtain one's desired goal (Oettingen, 2000; Oettingen et al., 2001). P. Y. P. Hong (2016) indicated that the PSS process actualizes hopeful possibilities and a growth mindset generated through mental contrasting. Mental contrasting, a concept that focuses on blocking obstacles by focusing on positive outcomes, provides the practice structure for PSS (Duckworth et al., 2011; P. Y. P. Hong, 2016).

P. Y. P. Hong (2013, 2021) revealed that the psychological process of transforming negative situations into positive outlooks can support health and economic success. Hope, a critical component of PSS, is a significant protective factor that considers psychological empowerment and goal-oriented pathways toward health goal achievement. Being highly associated with health promotion, disease management, and quality of life, hope has been studied in the field of nursing (Post-White et al., 1996; Rustoen, 1995). As suggested by P. Y. P. Hong (2021), health hope is not an easy concept to digest as it must consider the perceived structural and personal barriers that prevent individuals from achieving their health goals.

In the realm of HIV, hope has been linked to viral suppression among individuals living with HIV (Scioli et al., 2012). In addition, Carson and colleagues (1990) found that hope and spirituality played an encouraging and essential role for individuals living with AIDS. Snyder (2002) stated that “goals vary in the degree to which they are specified, with vague goals being less likely to occur in high-hope thinking (p. 250).” As suggested by P. Y. P. Hong (2021), before hope-based actions can occur, one must recognize and accept barriers that they face in their everyday lives that prevent them from reaching a specific health goal. Spirituality can serve as the source of strength that allows switching barriers to hope and sustaining the goal-directed movement (Hodge et al., 2019; P. Y. P. Hong et al., 2015).

Psychological self-sufficiency theory is based on a conceptual pathway in which the process of switching barriers to hope will enable Black MSM to improve their ability to adopt health-promoting behaviors (P. Y. P. Hong, 2021). Guided by social work’s strength-based approach, sensitizing concepts from PSS (i.e., goal-oriented pathway, psychological empowerment, and resilience) can be applied to support the health and well-being of Black

MSM. Psychological self-sufficiency can also be used to help Black MSM build the capacity to positively combat barriers that place them at high risk for health conditions not limited to HIV/AIDS. That is, intention to uplift Black MSM despite the risks and/or barriers they may face is of critical importance and worthy of research inquiry. Psychological self-sufficiency theory explains the process of transforming barriers into hopeful actions may foster resilience and can be incorporated into strategies to empower Black MSM to lead healthy lives (P. Y. P. Hong, Shin, et al., 2018).

## CHAPTER THREE

### METHODOLOGY

#### **Paradigm**

The guiding paradigm for this dissertation was social constructionism. Gergen (1985) defined social constructionism as a “process by which an individual understands, describes and explains their world; and how they experience the world” (p. 266). This framework will assist with the interpretive analyses of this research project by indicating how participants in this study construct their realities and experiences around health goal achievement. Witkin (2012) stated that life is not linear but is a complex narrative. This study used social constructionism to understand how Black MSM navigate their personal experiences regarding their health and health goal achievement. Witkin (2012) stated,

Social constructionist do not assume a pre-existing world waiting to be discovered. Rather, it is through social interchange that what we take as the realities of the world come into being. This has important implications for social work and leads us to consider our own participation in “world making,” the realities we and others experience (p. 18).

Patton (2015) emphasized the importance of using social construction to further understand how individuals navigate and live their lives within a specific context. Furthermore, this study was intended to understand Black MSM perceptions of their health and environment based on their own consciousness (Tyson, 1995). Creswell and Clark (2018) stated that, when research is conducted within a community social construction focuses on having an understanding among participants that allows for an iterative process to unfold regarding their viewpoints and experiences. Social construction helped me to employ multi-level theory to

understand health goal achievement for Black MSM and thereby describe Black MSM and the HIV epidemic, identity politics, and ways to do further research that are not stigmatizing.

This exploratory study investigated health goal achievement among Black MSM in Chicago through a series of focus group interviews. The focus groups were used to investigate and document strengths and weaknesses related to health goal achievement among Black MSM. A participant-centered approach toward understanding health goal achievement among Black MSM was employed in this dissertation as prescribed by strength-based theories such as resilience and PSS. As stated by Reeves and colleagues (2008), “the use of theory makes it possible for researchers to understand, to translate for policy makers and healthcare providers, the processes that occur beneath the visible surface and so to develop knowledge of underlying (generating) principles” (p. 634).

Focus groups allowed for Black MSM voices to be heard and valued in a safe and protected forum while also providing an opportunity to explore sensitive topics around health and health goal achievement (Ravenell et al., 2006). According to Denzin and Lincoln (2005), “qualitative researchers believe that rich descriptions of the social world are valuable, whereas quantitative researchers, with their etic, and nomothetic commitments, are less concerned with such detail” (p. 12). Kitzinger (1994) stated that “when group dynamics worked well the co-participants acted as co-researchers taking the research into new and often unexpected directions and engaging in interaction which were both complementary and argumentative” (p. 107). This study was designed to help to identify and demonstrate complex and intersecting factors that play into the process of health goal achievement for Black MSM (individually and collectively), including how they perceive their own health, health functioning, and health goal achievement.



## Sampling and Recruitment

A purposive sampling strategy was used to recruit a diverse sample of Black MSM with regard to age, sexual orientation, and income status. Study participants were recruited through partnerships with several community-based organizations (CBOs) and clinic-based venues, organizations serving Black MSM within the city of Chicago, and word-of-mouth. The researcher worked with several organizations that support and/or provide services to Black MSM from several subpopulations, including youth (18–24), HIV-positive men, HIV-negative men, Pre-exposure Prophylaxis (PrEP) users, homeless men, substance users, and organization-affiliated men (Ravenell et al., 2006). More specifically, the researcher worked closely with organizations such as the Gentlemen’s Network, Brother’s Health Collective, the Aliveness Project of Northwest Indiana, Men and Women in Prison Ministries, and Project WISH at the University of Illinois. The researcher employed active recruitment methods such as directly distributing flyers to individuals, facilitating research presentations at CBOs and other organizations supporting Black MSM, and setting up virtual booths at health fairs and community events. He also employed passive recruitment efforts such as posting flyers (see Appendix A) at CBOs, clinics, train stops, and Black-MSM-friendly venues. To further support outreach efforts, recruitment materials were also posted on social media platforms such as Facebook and Instagram. Lastly, referrals from peers or friends of participants and community leaders were included as a part of the recruitment and outreach plan. Letters of community support are included in Appendix B.

### **Eligibility**

Participants were eligible for the study if they met the following requirements:

1. Age 18 years or older
2. Identify as Black or African American
3. Identify as a cisgender man or transgender man
4. Live in Chicago
5. Identify as gay or bisexual or have a sexual history with other men

Men were ineligible to participate if they were younger than 18, did not identify as a man, did not identify as Black or African American, or did not have sex with other men. All those who participated in a focus group session received a \$20 gift card. A prescreen tool (see Appendix C) was used to determine participant eligibility and collect demographic information.

### **Benefits and Risks of Research Participation**

All study procedures were reviewed and approved by Loyola's Institutional Review Board (IRB) for the focus group study and subsequent survey. Before consenting to the study (see informed consent form in Appendix D), participants in the focus group were asked to keep confidential any dialogue shared during the focus group sessions. However, the researcher was not able to guarantee that information discussed during the focus group sessions would not be shared outside of the group. The focus group data were also de-identified when shared with external audiences to ensure the privacy and confidentiality of participants.

The research posed minimal risk to participants, but they were asked to discuss and talk about highly sensitive topics that might cause some degree of discomfort and/or embarrassment. The benefit of this focus group was that it allowed participants to critically think about their lives and identify factors that contribute to their perceptions of health and goal achievement.

### **Data Collection**

A series of focus groups was conducted with a diverse group of Black MSM. The focus group sessions included a total of 27 participants with seven friendship dyads. Malterud and colleagues (2016) stated that “an initial approximation of sample size is necessary for planning, while the adequacy of the final sample size must be evaluated continuously during the research process” (p. 1759). The focus group sessions that were recorded, documented, and transcribed for a strong qualitative analysis. The focus groups included friendship dyads to ensure comfort and openness among focus group participants. Table 1 provides a list of participant characteristics.

Table 1. Participant Characteristics from the Sample of Black MSM in Chicago ( $n = 27$ )

Characteristic	Frequency
Age ( $M = 30$ years)	
18–25	2
26–35	23
36–40	0
41–50	0
51–60	2
>61	0
Race	
Black/African American	27
Gender	
Male	27
Female	0
Transgender male	0
Transgender female	0
Other	0
Recruitment method	
Referral	0
Ad/flyer	0
Event	0
Friend	22
Word of mouth	1
Walk-in	4
HIV status	
Positive	11
Negative	14
Unknown	2
Currently taking Truvada as PrEP if HIV-positive ( $n = 14$ )?	
Yes	12
No	2
Sex with men, women, or both?	
Men	24
Women	0
Both	3

The focus groups were conducted by the researcher, who is a professionally trained facilitator and a member of the Black MSM community in Chicago. The focus groups occurred over four months from November 2019 to August 2021. A semi-structured interview guide was used to ask Black MSM about their overall health goals and how they achieve them. Examples of questions include, “What are some of your health goals?” and “What are some of the things that motivate you to reach your health goals?” With the exception of two, focus group interview sessions were facilitated using online technology (i.e., Zoom) rather than in-person due to the COVID-19 pandemic. Each focus group interview lasted approximately 60 to 90 minutes. With participant consent, all focus groups were audio-recorded via Zoom with the exception of the first two focus groups, which were recorded in person using a digital recorder. After each focus group session, the data were stored on a password-protected computer until professional transcription was complete. After transcription was complete, all participant identifying information was removed. Appendix E is the focus group interview guide.

### **Data Analysis**

After the focus group data were transcribed, they were verified by the research team for cleaning and accuracy purposes followed by analysis using NVivo, a qualitative data management and analysis software. A constant comparison method was used to compare and contrast focus group data through axial coding. This is a standard qualitative analytic strategy that involves taking one piece of data, such as one focus group transcript, and comparing it with others to identify similarities and differences (Boeije, 2002; Dacus, 2018; Ravenell et al., 2008; Strauss & Corbin, 1998). Dacus and Sandfort (2020) stated that the rigorous use of the constant comparison method supports the trustworthiness and credibility of narrative content.

An opening coding process with a line-by-line examination of data to generate codes was used to assign themes and subthemes to each identified block of text data followed by code labels to represent concepts and ideas (Dacus, 2018; Ravenell et al., 2008). As concepts and ideas were accumulated, they were sorted into categories and subcategories that were expanded until relevant thematic domains and subthemes emerged from the data (Boeije, 2002; Weis et al., 2015). For axial coding, thematic domains were linked for emerging inductive theoretical conceptualization. This process continued until saturation was reached after multiple iterations. Malterud and colleagues (2016) asserted that saturation is reached when the researcher does not receive any more information for the qualitative data that generates and/or builds upon the theories used to conceptualize the research study.

After the focus group data were coded and sorted into thematic domains, the researcher employed member checking with the majority of the members of one of the focus groups to discuss the thematic domains and findings for refinement and dissemination (Kumar et al., 2019). Member checking was conducted by sharing preliminary and subsequent findings from the focus group data. It afforded the focus group participants an opportunity to provide feedback and useful insight confirming and/or denying qualitative conclusions (Charmaz, 2006; Lincoln & Guba, 1985; Krefting, 1991). After member checking was conducted with eight focus group participants, the researcher modified findings based on their feedback to accurately describe their thoughts, perceptions, and experiences about health goal achievement.

In addition to member checking, the researcher used memoing as a part of the analytic process. Charmaz (2006, 2014) emphasized that memoing is a critical step between data collection, analysis, and writing that allows the researcher to reflect on themes and ideas that

emerge from the focus group sessions as well as to gain a deep understanding of the interactions with and between focus group participants. The researcher increased reliability and trustworthiness of the focus group data through triangulation of member checking and by comparing and contrasting multiple theories while analyzing and interpreting data (Bryman, 2004; Dacus, 2018). Furthermore, the researcher used a grounded theory of health goal achievement among Black MSM while comparing and contrasting theoretical frameworks such as resilience, intersectionality, and PSS. It is important to note that, during the focus group, the researcher continuously checked in with focus group participants as they answered focus group questions to clarify meanings and definitions to build rapport with participants.

This qualitative study was intended to explore and analyze the dynamic process of health goal achievement that is specifically relevant to Black MSM. To explicate the process of health goal achievement among Black MSM, a series of seven focus group sessions was conducted with a cohort of Black MSM in Chicago. Guided by social work's strength-based approach, a grounded theory method was used to conceptualize and theorize the perspective of Black MSM on health goal achievement. This participant-centered approach allowed the researcher to build upon theoretical concepts that can explicate how Black MSM achieve their health goals despite their unique obstacles and challenges. The focus groups were used to investigate and collect qualitative data on the interplay among strengths, motivators, and challenges related to health goal achievement among Black MSM living in Chicago. Open and axial coding were conducted until saturation was reached in understanding health goal achievement among Black MSM.

## CHAPTER FOUR

### RESULTS

Four major themes that emerged from the participants' narratives around health goal achievement: (1) health goals and concerns, (2) motivation to achieve health goals, (3) strategies to stay on track with Black MSM health, and (4) overcoming intersectional barriers. The participants talked about their health goals and concerns in the present and future. They conceptualized their health goals based around a variety of factors that were personal to their individual development and growth. Many participants also discussed how their health goals would challenge them in ways that would help them to grow. When discussing multiple strategies to stay on track with health goals, they talked about their motivations and social networks as ways to keep on track toward reaching their health goals. Many participants also highlighted health barriers and ways to overcome obstacles when trying to achieve their health goals.

#### **Theme 1: Health Goals and Concerns**

The first theme to emerge from this study, health goals and concerns for Black MSM, had two subthemes: health-defining factors and health-related goals. As the focus group participants talked about who they were, they began to define their meanings of health and describe health goals that were specific to them.



### **Subtheme 1: Health-Defining Factors**

When the focus group participants discussed elements of their overall health and health goals, they collectively defined the meaning of health to include self-capability, self-transparency, self-awareness, honesty, medical adherence, mental health, and consistent caution about health risks. For example, one participant highlighted self-capability for achieving his health goals by stating that “Health to me is not necessarily having to worry about if I’m capable, I guess, to get up and move.” Another participant shared, “Health to me just means . . . just I see it just being real, being honest with yourself.” Many men explained that honesty and self-transparency were critical to their health as affirmed by one participant who said, “If something doesn’t feel right, go get it checked out.”

When further discussing health-defining factors and awareness, one participant said “Health means to me to be adherent, if that’s the right word I’m using” to describe his experiences with HIV and medication adherence. Another participant defined good health by stating “Mental health is always a key portion because I work in a mental health field.”

One participant started to explain,

So as far as people who are living with or without HIV and stuff, like it makes me more cautious, and aware, and concerned for myself . . . because we live in an environment where ain’t no telling who got what or what’s what, but that don’t mean that you can’t still live life.

As he highlighted the importance of being cautious and aware, another participant agreed: “Just be careful or cautious, and keep yourself checked out, and do whatever you have to do.”

## **Subtheme 2: Health-Related Goals**

Health-related goals among Black MSM were categorized as follows: (1) navigating substance use, (2) consistent overall habits, (3) energy, (4) eating well, (5) HIV and STI prevention, (6) longevity, (7) lose weight, (8) physical appearance, and (9) prioritizing mental health.

**Navigating substance use.** When the focus group participants discussed their health-related goals, they broke them down individually and collectively. For example, when it came to substance use (i.e., alcohol, cigarettes, marijuana) many participants agreed that cutting down or quitting would help them reach their overall physical health and physical appearance goals, which will be described later in this chapter. When discussing the avoidance of alcohol, one participant explained,

And I feel no type of way about it. Don' be sick on a hangover or nothing. It is a bad thing as well though too. Because I realized too, I'm like, Damn I can even drink on an empty stomach and still feel okay. Yeah. So, I'm like, Okay. I need to slow that down.

Another participant continued to discuss the importance of avoiding alcohol: "So for the past two weeks, I've even just been kind of detoxing. I drink alcohol but that's not going to continue like that just straight, just cold turkey. It's going to be not really." A third participant highlighted the impact of substance use and mental health:

I think also as far as with me too, like I like liquor, so I have to calm down on the liquor. But being I'm a bartender, I'm always around it, so it's like I have to have the mental state as of, okay, even though I'm a bartender, I have to know I can't drink the product.

To go deeper into this discussion of substance use, one participant said, "Like not taking care of your health, smoking and drinking constantly and consistently, is not really taking care of your health." More candidly, another participant agreed:

He touched on a lot of points, drinking, smoking. It does create a lot of factors and things like that to you, to your health, but that's pretty much all we see. West Side, South Side, that, "When are we going to drink? When are we going to smoke?" But what about the other aspects of your life?

When discussing aspects of smoking cigarettes, one participant said, "Basically, I'm at the point where I'm almost stopped smoking cigarettes. I'm going to cut them bad boys out, I'm down to low at least." Another participant shared:

But one of the things that I do and I know better is I revert to smoking cigarettes. And so, for the last two weeks, I haven't. I made a conscious decision to stop because of, I was at a coffee shop that just recently reopened, and I've caught the attention of somebody like, I will say Dante and that inspired me. And so, what I did, I made a decision to stop smoking, which I have, cold turkey, by the way and I'm going to get on a workout regimen to use what little I have that God has given me because every day that I've been here, I've realized been a blessing. So, I'm trying to take care of myself and stopping smoking was one thing.

In general, the focus group participants discussed avoiding harmful substances as a goal for themselves and within the Black MSM community.

**Consistent overall healthy habits.** When the focus group participants outlined their health goals, many discussed the importance of being consistent on their health goal journey. They discussed how consistency was associated with having self-discipline. They also discussed the importance of seeking health information and knowledge to help them become more conscious and intentional about leading a healthy lifestyle. One participant shared:

Overall, what is the structure of my health? And that's what I think of as whole health. That's what I think of . . . I like how the gentlemen put it, but it's everything. It's everything. It's head to toe, internal, external, and always by the computer itself, which is the brain, right? So really being able to pump in information to ourselves, to give ourselves that time.

**Energy.** Another participant brought into detail how healthy habits should be considered around having a positive and energetic mindset:

My health goals are, I feel they're specific to where I am in life. I want a more healthy being, I want to feel, I want energy, high energy, I don't want to feel heavy. I'm changing my eating diet, I'm more plant based, but I'm not a strict vegan. I'm just more putting the things that are supposed to be in the body, in the body versus the things that we're not supposed to eat. So, eating things that are specific to my body and what I need, like healthy doses and stuff like that. So yeah, I'm working out, making sure that I'm walking and running and doing things like that. But my health goals are, I just literally had this conversation earlier, I just want energy. I want to have more energy. And I just want positive things around me and things like that.

Although having a positive mindset was critical to being consistent for health habits, one participant emphasized the role of intentionality as it pertained to health goal achievement:

I don't have any specific ones like gaining or losing weight. Some of those things that we have, they are not as realistic as us just changing our habits, and we can reach those goals quicker. So, I just I'm more conscious of what I'm putting in my body, and I'm more intentional with working out and just doing things that I need to do for where I want to go.

Other participants agreed about the point on consistency:

For me, personally, I just want to just continue, remain consistent with working out. Do a cardio, start to eat a lot healthier than what I have been doing and remain consistent with that. That's pretty much it with me.

That it's pretty much just all about that consistency. I've definitely had the ups and downs with weight. You lose it, you gain it. You lose it, you gain it. That's just been the story of my life, so it's just about really being consistent with what you know that works, but then even after you have reached your goal, changing your lifestyle to maintain the goal. So, I guess, that's kind of where I am at now.

I cuss myself out, and you go into, "What the fuck are you doing and why are you doing this?" The thing is, you know exactly what. . . . At least, I'll speak for myself, I know exactly what to do to get there. I know exactly, verbatim, A to Z, how to get there. It just goes back to that consistency.

**Eating well.** When the focus group participants discussed elements of their health goals, they highlighted the importance eating well and nutrition. Many focus group participants discussed their need to eat better, the maintenance of their caloric intake, and the importance of

using food to fuel their bodies with energy, which was aligned with their changing their relationships with food and how they think about food. One participant said, “Some goals for me [are] to eat more healthier even though I strive to already. Another participant highlighted caloric intake: “That's a very personal health goal, which is why I'm trying to watch my calorie intake and carb intake, especially when it comes to bread and starches.” A third participant discussed diet, eating healthy, and self-control:

Health goal for me, just personally, is definitely my diet. I've noticed that just the different things that I eat. . . . Energy, having that energy, is so important and everything, looking at what I'm eating, portioning out. Even if it is healthy, still eating in portions. I'm the kind of person where if something tastes good, I'm trying to eat all. Man, it's good. I want to . . . eat it all day. So, self-control.

Another participant highlighted the need to be aware and conscious of unhealthy foods:

Stuff that America has, all the fast food, all the cheap food, is most of the time not healthy for our bodies, or our immune systems, or even building muscle. So, it's being more conscious in what I'm putting into my body, and how it affects my energy, how it affects my emotions, all those come into play as well.

Describing the impact of COVID-19 on healthy eating, one participant said:

I could say I did kind of a whole different eating change for myself. Because, well, I guess when the pandemic happened, whatever, we were all in the house, we were all eating and nowhere to go. So, I had to kind of make changes for myself for the better. Because I caught myself just, I guess, being out of control with eating everything.

Another participant elaborated on self-control regarding eating habits:

So, my thing is right now . . . this soda thing. This pop thing. All I drink is pop. One time I did a whole three months, almost three to four months, only drinking water. And so, I said, June 1st, within the government days, I want to start by no pop for the whole month of June. Only water.

In general, most focus group participants highlighted that eating healthy was an important health goal to consider for themselves.

**HIV and STI prevention.** When the focus group participants talked about their health goals, they considered aspects of HIV and STI prevention and treatment. In general, they described the importance of being medically adherent to HIV medications to reach an undetectable or low viral load. One participant explained that “most people could be, they just . . . they could be adherent. So, if they want to, but most of them don’t take it how they’re supposed to take it.”

Many participants discussed their dislike for condoms when engaging with sexual partners but demonstrated that they understood that condoms are effective for preventing HIV and other STIs. One participant said, “Just practice safe sex or I guess also being conscious about who you are having sex with and the things like that too.” Another participant agreed and shared the importance of condom negotiation:

Have open dialogue. One of the main issues that’s with our community is that everyone just pretty much operates off of assumption. Like I’m going to hook up with this person while I assume that this person doesn’t have anything. And then just assume afterwards that I’m perfectly fine afterwards.

When discussing condom awareness and use, other participants said,

No. Even though to put that into a perspective, even though years ago when I first caught an STI, I got it from giving oral and I still . . . even still after, even once that was all taken care of, even I still didn’t even do it with a condom. I was more cautious, but I still didn’t require them to wear a condom.

HIV I’m not scared of. Herpes is what I’m horrified of because that’s a disease that pops in and out of your body whenever it feels the need to. Now that’s something that I’m more worried about than HIV.

More broadly, participants described how critical it is for Black MSM, including themselves, to be aware of STIs other than HIV.

**Longevity.** As the participants discussed elements of their health goals, they described how they wanted to have long and healthy lives:

When it came to my own physical health, just being sexually active . . . man, I had to think about, well, what measures do I need to take to be safe? Did I always make those right choices? No. But still, now, thinking about it, I'm like, okay, you have to be way more conscious about health. . . .What am I doing? And so that's where I'm at on my journey. How can I be healthier going forward and living a long prosperous life?

One participant explained that with longevity comes self-confidence:

Right now, my image is kind of becoming a little bit more significant and important due to the fact that our human race is basically more visual, especially men, and also women. So, getting to a place where I'm toned, where I'm healthy, which ultimately improves self-confidence and awareness. And so just really like I was saying before, building up the arms, the chest, making sure I'm healthy, making sure that I can run a mile, or skate a mile and not be winded. And just eliminating fat or anything that would cause any health problems later on down the line. I'm now 30, so anything after this is going to be a little bit harder. So why not start maintaining, toning, and improving now?

More specifically, participants associated the ability to be active with longevity:

I want to be able to live a long life. To live a long life. I mean growing up here, growing up in Chicago on the South Side or in the black gay community, it's a lot of activities that introduce nothing but let's drink, let's smoke, I just want to be active.

If we can just take care of our bodies enough to be here and live, then that's the thing.

One participant explained that longevity comes with having more positive experiences:

I want longevity. Things are starting to pick up and get better, so I want to experience better. I refuse to buy a scale. I believe that is an invention of the devil. Every time I get on this thing, I'm different, so I refuse to own one. I refuse to buy one. I just want to be healthy.

Another participant explained:

If you research . . . and look at history, most of your centenarians, people who lived to be a hundred, have an active sex life. You can only do that when you take care of your body. As you get older, things do slow down. Now, having said that, that's coming from a heterosexual woman who understands males, gay males. Now, put that in perspective, as we're grown men being talking, what is one of our focus centerpieces? Sex.

In general, the focus group participants highlighted how they were motivated to live long lives and make healthier choices by becoming more self-aware.

**Lose weight.** Many participants discussed elements of their health goals pertaining to losing weight. One participant said, “a personal health goal is to get rid of my belly fat.” Another participant explained,

Physically, I got to get rid of this stomach like he said. So, I've been in the gym a lot lately trying to get everything together. I had lost a few pounds because when I got into my relationship I gained the weight, and then now that I'm not into one, it's time to lose this weight again.

Focus group participants discussed the importance of not letting numbers or metrics get in the way of their progress toward weight loss. One participant explained:

Well, for me, the scale runs my life. It will tell me what I need to do. When I step on the scale and I see the number creep, that's when I know I've got some stuff to do. Or even the fit of my clothes, if it's kind of . . . I know how far I can push it. Once I've pushed it too far or I start seeing that belly, kind of start doing a little something, then I know it's time to back off. So pretty much the scale or my fit of clothing. That pretty much tells me when I need to set my health goals.

This finding shows that Black MSM do value their physical fitness and physical appearance as indicators of good health.

**Physical appearance.** Many focus group participants discussed the importance of their physical appearance and how it was an indicator of their general health and level of confidence. One participant shared, “I go to the gym because now it's more so the thing, I want my body to look good. It's not for health issues. I want my body to look good.” Another participant agreed: “The biggest part has been, as I'm aging, just thinking about how my physical appearance is and just staying healthy.”



In general, many focus group participants revealed their desire to have a fit, healthy, and “in-shape” body. One participant emphasized that the desire to be healthy and fit comes with self-confidence: “I’m doing it for me first, my man. It helps when people are starting to look. If you snap and next and what not, I’ll be like just took off the shirt [referring to showing off his body and physique]. I’ll be like, yeah. I ain’t worried about you. But I mean, it’s a confidence thing.” Other participants explained the association between physical appearance and being physically fit within the Black gay community:

I feel in the Same Gender Loving (SGL) community, it’s more stressed, it’s more an emphasis on the look, the attraction versus . . . well, the looks and the attraction, which I mean, I understand that we’re men, we like to look at good things. But I feel it’s slightly a higher pedestal that we put the appearance and the physique on beef, ahead of the personality, and the character, and the morals, which are, I mean, equal, but I feel it’s a little bit more stressful. I won’t say stressful, but a little bit more of a push to make sure that you’re being your best or developing or becoming better in the SGL community.

What are your conversations or if people stop hitting you up, or getting in your face, then you start looking at yourself and become kind of . . . self-conscious about yourself and see what’s going on. So even sometimes that will dictate, “Okay, you got to get healthy.” Because fit is in, and society has taught us and has conditioned us that the fitter you are, the slimmer you are and the more muscular you are . . . although, we are trending away from that, however it’s still the predominant precedence that the more fit, the more . . . fit equals sexy.

One participant gave another perspective about physical appearance, that being health-conscious was critical to achieve this goal:

I want to say, when you maintain health wise, anybody is attractive. Any well-groomed, well-fit individual is attractive. It’s not necessarily your features, it’s just that when you are fit and when you are well spoken, and when you are healthy, and healthy looking, you are attractive. . . . So, having said that . . . a quick real story, when I moved, I was completely lost. My first thought was, “What the hell are these men doing to their bodies?” I had never seen so many big stomachs, so many beards. So, I mean . . . coming from Atlanta, Georgia, I was just completely flabbergasted. And so, I was going like, “Okay, is this what I have to work with?” Because the bottom line of it is, a fit person, a

person who is health conscious, will always . . . trust me, will always have the upper advantage. Always.

Overall, most focus group participants discussed that focusing on physical appearance was critical to their health goal achievement.

**Prioritizing mental health.** Another important finding was that study participants discussed mental health extensively during all focus group sessions. One participant shared, “So, it’s basically mentally I want to feel great, stuff like that, because I do have anxiety sometimes.” To highlight that mental health should take priority in terms of health goal achievement, another participant stated:

And the one thing no one ever pays attention to is mental health. My saving grace is that I have always been blessed to know who I am. I don’t know what a closet is except to hold clothes. I came out to my parents when I was 14 years old. I stood my ground. I’m the son of a military man, the only son. Your mental health is what’s really going to keep you. Trust me. That’s the one area that Black men, particularly same-loving gentlemen do not focus on. We work on everything else. We talk about everything else. But none of that matters if you do not have good mental health. You have to know who you are, where your place is, and why you’re here on this earth. That’s your number one priority. You got to know who you are.

While discussing the importance of mental health for Black MSM health, participants explained that to have good mental health you must be willing and motivated:

You have to do the work. The therapist is not going to do the work. They’re just like a road sign to direct you, but the hard work has to be you. And take this point. The easiest person to change in this world is someone other than yourself. The easiest people to change in words is someone other than yourself because you have to look in the mirror, and you have to sometimes say, you know what? You just about the baseline. Sometimes you have to look in the mirror and say, you know that’s not right. That’s not easy to do. And then to walk outside and face the world and still have your hair, your head, your tie, and to still have some dignity about yourself, that’s the one thing that’s difficult for us to do.

Focusing more on the love aspect because in that way, it goes into the mental health of it when you can truly say, I mean, not just say it, but really show it genuinely and passionately that you love your partner. That's just really important.

Also, I want to focus more on not just my physical health, but my mental health is one goal that I'm setting for myself, and I think that also Black gay men should also focus on.

Another participant talked about how the COVID-19 pandemic impacted his mental health:

With COVID coming into the picture, it really put an emphasis on discipline for ourselves. And even how our emotions during that time controlled our discipline, or the lack thereof through that. And then for me, personally, I know I was highly upset because the gym is my progression, it's my stress relief, it's my personal time, my self-care, my personal development. And when that was taken away from me . . .

Some focus group participants talked about mental health as it pertained to self-motivation. For example, one participant shared, "Being around people who are like minded, having that same energy, pushing themselves, that gives you that extra energy or that extra motivation whenever you can't motivate yourself. And so that was one of the key factors for me. I was going through it." Another participant agreed and described the importance of self-affirmation:

For me, mental health is very important. Because like you said, we are faced with so many different adversities as far as being black and gay. So I always tell people I'm a black, unapologetically gay man, but I'm a man first. I don't want you to do the girl, we can do the mission, you can do all that, but at the end of the day, I am still a man. So mental health is getting into that. We are doomed by Veterans Health Administration (VHA), and they associate gay men as what they see on TV. However, those are not realistic gay men that are everyday now. I'm very into mental health, and affirmation, and doing things that are specific to you and what your mental health looks like, and triggers, and things like that. I'm more getting into those kinds of things and removing myself from situations that are not serving me well.

A third participant agreed: "I'm filling my brain with more positive things, so that way I feel, and I look like I am." To further describe the importance of mental health, other participants said:

I've been doing more things that are healthy. I make sure I turn my phone off at do not disturb at 10 o'clock every night so that nobody can call me and disturb my sleeping patterns. I do everything in the morning like affirmations, yoga, things like that, that is going to make me feel good when I'm done.

Maintaining my mind, so everything kind of flows down. Get your mind right, that way you can be focused in on your goals and you know your worth, and you know what you need to do for you.

When discussing aspects of mental health that they needed to address, one participant explained:

I know from early age I dealt with so much loss, so I've always been in counseling and stuff like that. And how to handle that, those kinds of things. So, depression and stuff like that. So, I do understand mental health. It's definitely important, especially in the Black community. A lot of people don't try to seek help when they're going through certain things.

Another participant emphasized that mental health is just as important as physical health:

I think that mental health is definitely something that's important, so I think that we don't really put that on the spectrum as we probably should. I feel like we always talk about physical health, we're always talking about prepping, making sure we're up. So, making sure we're taking our HIV medications, things like that. But I think mental health is something that we definitely need to put into the equation as well.

Other participants talked about mental health and health care engagement:

I'm looking for a new therapist because mental healthcare gets in the way of . . . and even though I've kept up with my healthcare over all of my years, my level of engagement and my level of ability to follow through on recommendations from my doctor, they actually wane during the times that I'm experiencing deeper or heavier symptoms of depression. So, I'm working on that.

and the importance of having coping mechanisms to address mental health issues:

And I think sometimes as people who forget to be positive, we need to help these people that are fighting every single day. That are saying the things that need to be said or doing the things that need to be done. We got to check in and check on them and say, "Hey, are you good?" Because mental health is so happening right now. And in the black community, we tend to shun it or sweep it under the rug. And that's the thing that I want to focus on because I have to walk past them . . . and convince myself and encourage

myself that, “Hey, you got to keep going on because there's some 16-year-old or some 13-year-old out there that's being bullied, that's being talked about, that's being misunderstood that needs to hear your story.” And so for me, it's mental health. It's all about protecting that. It's all about going to counseling, seeing a therapist, finding coping mechanisms to deal with everything that we deal with on a daily basis just being black men. Nothing else but just being black men, we deal with so much that nobody else can understand. And so, making sure that there is an avenue for these young men to go to when it becomes too hard or when it gets too tough.

In a broader sense, many of the participants discussed that it was essential to have a strong mental capacity to be “strong” as a Black gay man. As the focus group participants discussed the importance of mental health in regard to their health goal achievement, many described some of their challenges, trials, or tribulations concerning their mental health. In many ways, focus group participants prioritized their mental health before physical health because they understood the importance of “doing the work” internally and/or with the support of a therapist to begin the process of health goal achievement. Many focus group participants discussed their desires to directly address mental health issues they were dealing with at the time such as depression, anxiety, or stress that impacted their personal development.

### **Theme 2: Motivation to Achieve Health Goals**

The focus group participants described their specific motivations to achieve their health goals based around their goal-oriented pathways and psychological empowerment. Many participants talked about what and who encouraged them to reach their specific health goals. They categorized their motivations to achieve health goals as (1) supportive social networks, (2) hope, (3) self-interest, and (4) sense of achievement.

## **Supportive Social Networks: Family and Friends**

The focus group participants discussed the importance of having a supportive family and social network in their lives to motivate them to be more conscientious about their health goals.

Some focus group participants described how their families were a “source of hope” for them becoming and being healthy men. One participant said, “my source of hope is my family.”

Another participant agreed: “Well for me, my source of hope is more so my family and my friends. I have a dad who thinks very highly of me, I have aunts, uncles who think very highly of me. I don’t think of it as pressure, I just think of it, it’s just I always want to be my best self.”

One participant highlighted the importance of having a strong social support system:

I’ve built such a good system of friends around me, and family, me and my family are close, that I can call any of them up at any moment. They can help, we pray together. Me my mom and my aunt, we have group text. When one of us is down, we’re all praying together. And I think stuff like that for me, it helps me, it keeps me going.

Another participant discussed how his family was a motivator for him to lead a healthier life:

I have nephews, nieces who look up to me and think I’m one of the greatest people in the world. I have close friends who like to . . . just pretty much just like to . . . even though I don’t think I give good advice or anything, but I have friends who like to call and vent to me just because they just know that I can just turn any situation, make a joke out of it, make them laugh, or do something. So that really drives me.

When discussing HIV medication adherence another participant highlighted social support from friends and family as a motivation factor:

Like one of my close friends, and she lives in Las Vegas, she was like, “Hey, you’re my strong friend.” She was like, “Look, I’m going to call you every day to make sure you’re taking that pill every day on your regimen every day.” And ever since then I’ve been undetectable since the first three months after I was diagnosed with it [HIV], so I’ve been undetectable ever since. So, for me personally . . . friends and family . . . [have] always been my backbone to help me out when I needed it.

Many participants also revealed that they go to their families and friends for advice and support when making important decisions about their lives. Furthermore, they described this mode of social support as a motivational driver. Some participants said that calling on their families and/or friends for prayer was vital for them. When discussing health goals from a holistic approach, another participant said,

What structures are we going to put in place to make sure that our health is up to par, right? So, it may be eating, right? And we may have people who are great at teaching us to eat, right? But that's only one part of it, right? Who's going to teach us how to work out, right? And who's going to teach us what things are healthy for our lungs versus what things are not? Because we like smoking. So, who's going to do that? Who's going to do that real intense labor and work? The family barbecues, what do they look like after that point, right? And I think that the revolution is in that escape. It's not just in the language, it's not just in the food we eat, but it's also how we move for an infrastructure that we build.

## **Hope**

When discussing motivations to achieve their health goals, many focus group participants referenced their “source of hope” as their ability to build stronger better relationships with their loved ones in the future. One participant shared, “It’s not just hope for me; it’s hope for others as well, or where I can leave a footprint where others can learn from. That’s my source of hope.”

Another participant noted the importance of taking it day by day:

So, it's not even just about accomplishing this goal, but it's, hey, if I can stay healthy, I can possibly have a better relationship with my mother. If I can stay healthy, I'll get to visit my little brothers. And I have a lot of them, but I'll get to visit them and feel that love and embrace that they show me, right? And if I can do that, that's my thought about it with all that structure. But it really is about the interlacing of that, I think, too. It doesn't have to be so rigid. And I had a great afternoon yesterday. I'm just thinking about that I stayed healthy long enough to see today, right?

They also discussed the importance of love, support, and encouragement from and within their social networks that motivated them to focus on their health to have a brighter future. One

participant shared, “I think the real motivation is when you can achieve a goal and then have a sincere relationship come from it. I think that’s the thing that’s so valuable these days.” Other participants shared their thoughts:

My husband happens to be much younger, and I want to have a healthier life with him because I’m almost at 55. Well, in some ways, away from 55 but I’ll be there soon. But I still want to think about . . . I just want to be physically active. I want to be able to get up and move around. And I don’t want to be sitting down thinking I can’t get up and do this. And hopefully, within the next year, we’ll have kids. If we have kids, I got to have energy. So, I want to think about all of that, too, that I will be able to be . . . I don’t want to be a dad that people may go like, “Oh, is that your grandpa?” I want the people to be like, “Oh, well, you guys do so many different things.” So, I just think for me, it’s just taking care of the whole being.

I don’t have children per se, but I have family that I want to be here for. Of course, your mother wants you to be healthy and happy, so they’re kind of part of it, but it’s really supposed to be for yourself to want to get healthy. So, you got to find that in yourself to be like, “Okay, you know what? I got to do this for myself because not only does my family want me to be around, I want to be around, and I want to enjoy my life.” You don’t want it to sneak up on you and say, “Okay, now I want to take my health serious,” and it’s too late or you wait until something is seriously going on.

You’re fighting to get back to your independence, and that’s a lot of burden to leave on someone when you don’t take care of just the bare minimum let alone something that you can’t even control.

When discussing motivators to live a long life, participants explained:

I want to see my family and I want to be there with my family; that’s my motivation. I think about, basically I think my motivators are avoidance of negative experience. Earlier on, I learned that this is what you’re supposed to do, this is what’s going to keep you healthy so that you don’t have to deal with this later on, you can live as long as possible. At 42, I’m like, “Well, life is wonderful and it’s going to eventually end. I just need to make sure that I’m able to enjoy the time that I’m here as much as possible.”

So, my father is a motivation because he’s been clean from drinking for 29 years or whatever. But what really motivates me, like I said goals.

Similarly, when discussing motivation to live a prosperous life, one participant said, “Five years from now, ten years from now, you just got to look at your shit. You going to do that? You got to



tell yourself, ‘Is that what you’re going to be in five years? Or you’re going to be that?’” Another participant expressed his desire to reach his health goals by saying, “I want other things. I have certain aspirations, and if I just keep sitting here looking crazy, scratching my ass, scratching my butt, and not getting my stuff together, I won’t be able to reach those aspirations.” Describing the challenges that he has gone through and how he is motivated by others who will come after him to lead a healthier life, a third participant said,

Realizing my space in this world. Knowing that these stories that I carry around, the pain that I’ve endured, the overcoming is not my stories more so for the people that’s coming up after me. So having that imagery in my mind, of saying that, I’m willing to go through this just so that I can tell you, so you won’t have to go through that. It’s something that definitely motivates me. I don’t know everything. But I present myself as a blank slate because I’m always ready to learn and I’m always ready to understand. I’m always ready to be advised about anything. So, it’s just the willingness to want to know and the stories I get to share with everybody else that comes after me. It definitely motivates me to keep going and to keep understanding and keep educating myself about issues that I’m not so familiar about.

### **Self-Growth**

Some participants talked about their motivations to achieve their health goals pertaining to self-growth and having the confidence to push themselves to the next level, referencing their mental health strengths. One participant explained, “So, for me it’s being there for myself. I’m my own motivation.” Another participant agreed: “I think my biggest motivation is myself. Just pushing myself to see what I can bring next, what’s going to be the best thing for me.” A third participant emphasized self-growth toward health goal achievement: “So, my motivator would be myself. I do like to push myself as much as I can to be the best me as I can be. Nobody is in control of your own destiny, so if I have to push myself a little harder, then that’s what I do.”

### **Sense of Achievement (Goal-Oriented Pathway)**

Some participants talked about their motivations to achieve health goals as eventually feeling a sense of achievement, being proud of themselves, and satisfaction of reaching their goal:

When I reach those goals, I'd be so happy because I reached those goals honestly because I'm a procrastinator and I'm lazy. But when I set some goals, when I conquer that goal, it motivates me to write down another goal; let's see if I can do that.

Pushing myself to that extra boundary. Like, "I got here, that was fun; let me see if I can get there." Continually making goals for myself, writing stuff down, giving myself accolades just keep myself positive and on the right track, in a healthy mindset so I can get that next level.

In general, many focus group participants discussed how their health goal achievements were associated with their self-worth and self-capability.

### **Theme 3: Strategies to Stay on Track with Black MSM Health**

The focus group participants broadly categorized their health goal success as follows: (1) turning to family and friends, (2) self-care, (3) plan and structure, (4) surrounding oneself with the right people, (5) ordering steps for success, and (6) leveraging technology.

#### **Turning to Friends and Family**

Many focus group participants explained that turning to family and friends for support was essential to reaching their health goals:

Well, my mama is very supportive. My mama going to call me, "Did you take your medicine? Did you do this?" When I first contracted HIV and I found out about it, it wasn't a big thing to me as it would have been back in the day because they didn't have any advances in medicine. So, it was more so like I knew that they had advances in it, so it didn't bother me. When I called my mother I was real nonchalant with it. I told her, "If you cry, I'm going to hang up this damn phone." So, I was like, "I'm going to tell you what's wrong, a little; if you get to crying I'm going to hang up and you don't talk to me." So, I told her. She was like, "Okay. Well just get a second opinion." Blah, blah,

blah, blah. I got a second opinion, turned out I had it. And she was just been on me about taking my medicine: “You been to the doctor? You done this? You did that? You need to go here. Do you need money to do this?” My mother is very supportive financially, and physically, and mentally. Oh yeah. My cousin here, he’s on me about my medication too, but we help each other along the way because he wasn’t comfortable with his status like I was at first.

I have a partner who’s on this journey with me, so we actually work out together, we actually eat well together. How do I put it? He’s my other half that makes me happy, that helps me continue to go on and continue to reach the goals that I want to reach.

I have a good friend that I talk to her about a lot of things; and plus, she’s older than me too. She’s like 46 so she has more life experience. She generally has good advice.

Then I guess financially I haven’t called anybody in a long time, but if I had to I would call my dad and stepmom to help pay a bill, but hey, but that’s who I reach out to. If I had to choose, I’d probably say my sister or somebody because she’s shared some things with me. Not only just me, but she shared with the family. There are times she asked me to stick to stuff even if I didn’t feel too comfortable to let her know or share it with her, I believe that she would listen to me and not just be based on whatever situation.

Some participants pointed to the family members or friends who supported them as, for example, “either my mother or this one right here (referring to a cousin/friend in the focus group with him)” or “my partner.”

To follow up on social supports and positive energy, several participants shared:

And once you know the direction you’re going and the energy you will accept, I think you draw those people to you to support you in the ways that you need to be supported. And we sometimes don’t even know what that really looks like. Sometimes we want someone to pacify us when we really need someone to kick us in the butt.

My family and friends and my small, close circle. Those are the people that when if I set a goal, I’m going to let them know what my goal is. If I’m not drinking and stuff like that. I’m going to let you all know I can’t eat chocolate this week, or whatever is going on. So that way, they can help influence my decision, like, “No, you can’t” or “You’re not eating meat.”

Other participants highlighted how family and friends help them to make better decisions:

So, my health goals are y'all's health goals, and we're family, we're friends, and we're together. I want you to know what I'm doing, so that way, you can help me make a better decision.

You have to develop your support system. How will they know what to give me if I don't know what I need myself, and I don't know what to ask for? So, for me, it was first learning what I needed, learning to be able to ask for it, and then surrounding myself with those persons who can give me what I need.

One participant highlighted how his friends and family push him and give him the motivation to reach his health goals: "Being around people who are like minded, having that same energy, pushing themselves, that gives you that extra energy or that extra motivation whenever you can't motivate yourself. And so that was one of the key factors for me." Another participant explained:

I will say because I have a support group now at this point, like my mom. And I have people that I call if I'm having a bad day or anxiety and things like that. I have close people that's going to give me the sound. They're going to tell me like, "Okay, just relax, whatever, whatever." It helps me to operate in a different space.

Other participants discussed how having friends and family support their health goals played into their own resilience:

I think it's important to get support. A lot of the stuff that we're talking about is around resiliency factors, and we have to find out what our own resiliency factors are and build around those. Getting support from family and friends, second family, whoever you can, when you're in the process of change is good.

You should create that personal positive cycle of people around you. The people that's going to feed you the positivity you need. Because when you do finally falter, you will remember those words, you'll remember that energy, and you'll remember how it feels. But if you're constantly pelted by negativity, you're going to always remember that negativity, and that negativity is what's really going to bring you down and bring your resilience down to be able to do what you need to do for yourself, even in those moments where you're by yourself.

One participant expressed his ability to be vulnerable with this social support system:

But as we all on this call know that sometimes it's hard to give yourself advice. So also making sure that I have a support network outside of that, of my friends that I can call and say, "Hey, I'm not really feeling well today, or I'm not okay." And they know that that means that I need some encouragement, or I need to be lifted up or picked up so yeah.

Another participant talked about his need to have someone to push him to do better:

Well, one of my closest friends stays on me and tells me what I need to do, and what steps I need to take to do it. You know what I'm saying? He knows what I want to accomplish, but like as far as him, if I didn't have him, I would be . . . as far as me, I need somebody to push me, as far as like certain things. If I wanted to do this, but really pushing me, so when I have that I'm good to go.

Talking about how his family and friends hold him accountable for reaching his health goals, one participant said, "I'm lucky that I'm surrounded by the support that I need, family, friends. I know I can appear in a space and get what I need every time. If I'm not eating meat, they will have stuff for me to eat, so I don't have to bring my own meal." Another participant discussed the importance of having an accountability partner:

I have a friend who . . . we're both on the same journey of up and downness with our goals, and health and wellness, as far as weight. And so, we hold each other accountable. The funny thing is, we fall off together and then we get back on together. And so, pretty much, we hold each other to the knife, give each other a swift kick in the ass when it's needed. So, I do have that support when I do get on.

In general, many participants described how their friends and family often gave them tough love with the right amount of positive energy and good vibes to mobilize their health goal efforts. They described this as accountability, which also contributed to their abilities to be resilient and keep moving forward.

### **Self-Care**

Many participants discussed the importance of self-care (i.e., self-love) as a tool that they needed to employ during the process of trying to reach their health goals. For example,

We are the shit, but we look good, our skin glows. And really, that's what motivates me. See, me being in Atlanta, me being in Houston, I spend a whole lot of time here. Me being down south, I get to see the beauty of my people regularly. As I'm walking down the street they remind me, as I'm walking down the street yesterday, all the black people gay straight up was reminding me that I look good. And I was like, "Yeah, I don't get this love in my own city, you're right I do look good. Thank you for reminding me that I'm loved by my own people, so I don't divert and go to the other people because...So being here where I know that I'm loved and know that I'm supported that I can be unapologetically black is so critical for my well-being.

When discussing being grounded to support their mental health, one participant explained:

Also think it is about that internal structure, that grounding internally. Because I think about it as an artist, so there's that concrete space in between, right, right in the middles and stuff, and there's particles everywhere else. And that's kind of what it feels like a lot of times, so always coming back to that grounded space, always coming back to the grounded space. Who do I want myself to be? And that's the grounding of who we are.

Another participant described how self-care was about putting his well-being into his own hands:

For self-health, these are some of the things that I had to realize that the whole thing with the TV and the things that's on TV, and just picking up your phone all the time, because I was one of them people. Even when me and my partner would sit down and maybe even eat dinner, I was the type of person that would be on my phone. Or before I go to bed, I have to check my Instagram and all of that. But those things I had to kind of cut off a little bit. And I noticed that it was a better change for me, actually. Actually, even picking up a book and reading a book, I haven't read a book in so long. So that was actually something that actually felt good for me mentally to actually do that.

A third participant highlighted the importance of staying inspired from a spiritual perspective to reach his health goals:

The other thing is sermons or motivational speakers. I would listen to YouTube videos that whenever I don't feel like doing something, I'll pop that on and it literally gives me the energy, gives me the motivation, and gives me the hope and inspiration to do whatever I didn't feel like doing at that moment.

Many participants talked about the importance of being grounded as a critical step toward achieving their goal as well as having peace of mind to set themselves up for success.

## Plan and Structure

Many participants discussed the importance of developing a plan and structure to help them stay on track during the health goal journey:

What structures are we going to put in place to make sure that our health is up to par, right? So, it may be eating, right? And we may have people who are great at teaching us to eat, right? But that's only one part of it, right? Who's going to teach us how to work out, right? And who's going to teach us what things are healthy for our lungs versus what things are not? Because we like smoking. So who's going to do that? Who's going to do that real intense labor and work? The family barbecues, what do they look like after that point, right? And I think that the revolution is in that escape. It's not just in the language, it's not just in the food we eat, but it's also how we move for an infrastructure that we build.

I travel a lot. So now what I used to do is just eat what I want when I go and travel, drink as much as I want. Now I'm on a whole a little health thing. I'll be going out of town on Thursday, and what I'll do, I'll look at the menus and everything on the restaurants. And before I get there, I actually kind of know what I want, because I looked at it ahead of time. Also, in hotels, a lot of people I've noticed don't really kind of take heed of the exercise room there. So, I'll make sure whatever hotel I booked now that I make sure that I could actually go there and work out as well. So, I'm actually still keeping my goals. Because before, that's what was knocking me off, because I like to travel a lot. So those things I wasn't doing. But now that I'm doing, it's keeping me on track.

Another participant discussed how he sets a goal and then organizes himself and his environment to make that goal achievable:

And like, for the example you used, "Okay, two months from now I want to be 20 pounds lighter." Just as an example. I wish I could be as organized, as to just to sit down and be like, "Okay, here are my goals and here's what I need to do to achieve those goals." Now that you bring it up, that's probably the part that I'm missing.

When discussing elements of having a plan and structure, many participants expressed the importance of "doing the work" and being organized to support their health goal achievement.

## **Surround Myself with the Right People**

Many focus group participants talked about the importance of surrounding themselves with the right people to help them stay motivated and energized to reach their health goals. One participant said, “Considering the energy around me, I think there are certain things that I don’t allow in my space or tolerate in my space as I used to.” Another participant explained, “That’s mental health, being around people that really just love you for you just being you. So, I think, just adding to that, it’s all about acknowledgement of energy. And then whatever energy you’re pulling towards you, they’re going to come up as names, mostly.” A third participant expressed the importance of being self-aware:

So, you have to be aware of your own energy. And once you know the direction you’re going and the energy you will accept, I think you draw those people to you to support you in the ways that you need to be supported. And we sometimes don’t even know what that really looks like. Sometimes we want someone to pacify us when we really need someone to kick us in the butt.

Another participant highlighted the importance of having others alongside him with the same health goals:

To keep myself on track is accountability. I know that if it’s supposed to be as a fitness trainer, I’m not gonna walk into the gym by myself because I get tired of training people all day, and I just want to go in and just have a mindless workout and let someone tell me what to do. So, when I have workout partners, that, for me is my thing that helps to keep me on track because now I go in, and then it comes a little bit competitive. But I’m like, good. I have now something that I can help strive for and towards. So that’s me.

Similarly, other participants described how surrounding themselves with the right people played an important role in their well-being:

So, the energy of it all . . . and that’s how I feel. The energy is first, and then secondly, these forms that we pull towards us based off of that energy. Everything we’re seeking is constantly seeking those. If you’re seeking negative energy, it’s coming directly at you like a shooting bullet. If you’re seeking good vibes and sunlight, it’s coming directly at



you, right? So, I feel like, just to add to that, it's about energy that we carry, and then first acknowledge of that, right? So, I carry either good energy, bad energy, somewhere in the middle. I might wake up with mood swings, whatever it looks like, and then pull certain people that may help my situation health-wise.

Well, you got to fit the mold, and you got to just put up with stuff and everything. And I said, "I don't want to put up with nothing. If somebody disrespects me, I'm going to tell them." And I'm getting better in that and getting better in that communication. So, considering the energy, not just physically but also mentally, when somebody disrespects you, it does something to you. People say, "Well, just let it roll. Let it be like water rolling off a duck's back." And some people can do that. But what I've noticed, the people that say that, when they get disrespected, this is not easy for them. So it's easier said than done. So, I can't give people that advice. So again, you have to consider the energy. When I consider the energy, I notice that my day is better. I'm realizing who is in my presence, and then I have to let them know. I'm getting better with standing up for myself and letting people know respectfully that hey, this is not what I'm going to tolerate. You got to draw a line in the sand. When you draw a line in the sand with people, and not just with people . . . just with anything, situations, even with yourself . . . sometimes you do stuff to yourself that you're like, no, I'm not going to do that. Get it together, consider the energy, and do better. And when you do better with them, then you can start to hold other people accountable.

Another participant emphasized the importance of mental health:

So, I'm more mental health conscious, because I want to live a more free and easy-going life, on the lawn side and I feel the breeze. Nobody gets outside anymore, they're always on their phone, and I'm like, "I don't want to be on the internet. I don't want to be on social media. I don't want to do that; it gives me anxiety."

### **Ordering Steps for Success**

Some focus group participants talked about ordering their steps as an important strategy for reaching their health goals. One participant discussed the importance of self-transparency and inconsistency:

Addressing the inconsistency. That's probably been the biggest portion of the health journey, the inconsistency. Because when I'm consistent, I know I see results. And so, I think that's the hardest part about being truthful with yourself is because you know you're not doing the right thing. And so, kick yourself in the butt and get back on it.

Another participant expressed his need to seek knowledge and take the steps to stay on top of his health status: “You got to become a little bit more selfish about your health care, about staying on top of the latest treatments, staying on top of the understanding how the human body works and how HIV works within your human body. You have to have that knowledge.” This supports previous discussions around having a plan and structure that begins with self-motivation, self-awareness, and transparency.

### **Leveraging Technology**

Some of the focus group participants discussed the importance of using technology to their advantage when tracking the progress of physical health goals. For example,

I was wanting to say one thing that always motivates me outside of what has been said. . . it's my fitness tracker. Immediately once my other one broke, I literally went and invested my time and money into a fitness watch that supports the lifestyle and also helps me get to the goals that I want to get to. And so that has been a very, very high important, shall I say gadget? And factored into my health and mental health, as well. Because I like to see the visual progress of what I'm doing at the gym so that I don't feel I'm putting all this effort in and not seeing the change, or not really . . . when I don't feel like I'm progressing, it helps me see the visual of what I've been doing.

Yeah. I don't track it in the most organized way, as that will be most beneficial, probably, but I do. . . . I'll keep pictures on my phone. If I'm in the mirror and I don't like what I see, I'll take a picture. If I don't like what I see on the scale, I'll take a picture of that, just for documentation purposes. Even though I don't track it or keep up with it like I should, I like knowing that it's there, so if I do happen just to want to look back on, “Okay, where was I at six months ago on this particular day? What was my body looking like then? What was my weight looking like then?” It's always good just to have that, just a reference.

As far as me tracking, the only thing I do, is I take a lot of pictures. That's probably how I track my health.

I have a diary in my phone. I have some type of app that I can't remember. Although he said that the scale was the devil, the numbers . . . kind of control me. That's probably why it is the devil, because once you see those numbers, your life is ran around them.

Some of the focus group participants discussed how digital technologies such as their phones, fitness trackers, and images of before and after helped them to monitor and visualize the progress of their health goal efforts.

#### **Theme 4: Overcoming Intersectional Barriers**

The focus group participants discussed in detail tools and resources that they used to help them overcome setbacks, challenges, and barriers related to their specific health goals. They broadly identified two subthemes: health barriers and overcoming barriers.

##### **Subtheme 1: Health Barriers**

Focus group participants broadly categorized barriers to their health goals as (1) condom use, (2) financial barriers, (3) food and diet, (4) lack of infrastructure, (5) lack of knowledge, (6) information, (7) lack of strong representation, (8) mental health barriers, (9) self-accountability, (10) self-accountability, (11) racism.

**Condom use.** Some focus group participants discussed condom use or lack of condom use as a barrier to achieving their sexual health goals. One participant shared, “I never used a condom. I don't like condoms. I don't like the feel of it. I took that risk. I still don't use it.” Another participant agreed: “I don't like them. Never been a fan of them. Don't want all my dick going to go south.” A third participant said, “Now me, when I do decide to want to partake in bottoming, then it don't matter if you use a condom or if you don't use a condom. I haven't bottomed in a while, so I don't know.” Other participants explained that they saw condom use as a barrier:

More common for me is . . . I hate to say this though, but I've never really inquired for anyone on top of me to wear one. Up until I got to a certain age, it was like, “Okay. It's a requirement for that.” Again, what's really bad for me is that oral, giving or receiving, I

like wearing a condom. I'm not all right for the person to wear a condom either. And then even though when I do go every so often for my check-ups or what not, they always tell me, "Oral too, you have to wear a condom." And it's like, I don't want to suck on no rubber.

Even though to put that into a perspective, even though years ago when I first caught an STI, I got it from giving oral and I still. . . even still after, even once that was all taken care of, even I still didn't even do it with a condom. I was more cautious of, but I still didn't require them to wear a condom.

In general, focus group participants emphasized that they generally do not like using condoms when engaging with sexual partners. Some participants discussed their difficulties with condom use pertaining to their sexual positioning (i.e., top, bottom, oral) and personal requirements for condom use.

**Financial barriers.** Some focus group participants discussed financial barriers to achieving their health goals:

It's more expensive to get healthy food than it is to get unhealthy food, and we all know that study.

By trying to get our organizations and stuff off the ground, we have to spend money into that. So, it doesn't leave enough room for us to eat healthy, per se. It's a major barrier for some. I don't know about the others, but for us it was.

Money is definitely a barrier.

Other participants talked about being unable to join a gym:

I didn't have enough money to join a gym.

When I did start making enough money to join a gym, I had to go to work. I had to go work because I needed money to get back and forth to school.

or to get good medical care after losing a job:

When I went through a period of time where I didn't have a job, I went from making \$46,000 a year to no money at all a year. And that took a year and a quarter for me to even find another job within my field. I couldn't even continue my healthcare with my

regular doctor for my regular HIV care; I had to switch over. Luckily about halfway into that my doctor switched to another health care facility that does take people who don't have insurance. So, I think the money is a factor; whether you have easy access to insurance is another factor. Whether your insurance is good insurance is another factor because all insurance is not equal insurance, and the co-pays and the hidden fees that pop up as you're trying to access medical care when you're already poor...living beneath the poverty line so to speak can really turn you off and be like, "Well, why am I even going in there?" Especially when you're not even going to feel like you see the benefits of therapy for months.

In general focus group participants discussed financial barriers associated with healthier food accessibility, gym costs, and income as well as health care access and insurance that was fair, equitable, and comprehensive.

**Food and diet.** Many focus group participants said that food and diet were barriers to their physical health goals. For example,

You're going to eat what you can when you're hungry. . . . I got some bread and I want to eat some bread, and that's carbs. Add some butter, make some toast, it's unhealthy.

For me personally, being a regular weed smoker, that's a barrier for me because even though I'm 30 now, I've been smoking weed since I was what, 17, I think; it's just I just always get the outrageous munchies and cravings.

Some focus group participants expressed their awareness and understanding of healthy versus unhealthy foods. One participant explained:

I could actually say a little bit of what he just said about the eating. I've noticed that I used to think skipping meals and stuff like that, will just make it better, like eating only one time a day and things like that. But it's not about when a day you eat, basically, it's about what you're eating and what you're putting in your body. So, you can eat three or four times a day. It just depends on what you are putting in your body. So that was a big challenge for me. But now I'm learning a little bit now how to do that. So that was a challenge for me.

Another participant explained that his neighborhood does not have access to healthy foods:

If I'm trying to eat healthy food and I'm not surrounded by like healthy choices. Even at the airport, it's only Popeye's, and Wendy's, and just things like that. So, I'm like, for

me, the access to health goals for me to eat clean, I have to eat maybe a fish sandwich, or I'll I have to figure out or prepare. I will have to be more prepared is what I will say.

In general, many focus group participants expressed a strong understanding about the value of nutrition.

**Lack of infrastructure.** Some focus group participants discussed how the lack of infrastructure was a barrier to their health goal achievement. Problems that they identified included aspects of their mental health status, inability to build a robust social support network, and poor access to mental health services. One participant shared:

If we had the infrastructure . . . we'll be light years ahead. The only time we become in vogue is when someone has a quote unquote civil rights issue that they want to ride off of. And that's the truth. We do not have the infrastructure. If you go to therapy, there is no roadmap or format for two Black gay men adopting a child, raising a child. No book; there's nothing. There is no format for us. We have no infrastructure. We are making this up as we go. And the one thing I would like to see is that we hand that legacy down to each other so that we create our own roadmap. We're the last people on the totem pole. That's why so many of us try to acclimate ourselves and hide ourselves and become invisible so we can survive, and that's ridiculous.

Speaking of accessibility, another participant said:

For me, the barriers right now is not coming from me; it's finding accessibility. We don't have enough program, social programs to help us. We don't have enough health care, easy accessibility, enough groups that we can go to. It would be great if someone who find themselves in a social policy to make a decision at an organization . . . [would] look and say, "Hey, we need more support groups for black men with mental health, black gay men with mental health with HIV. We need more programs like that." You become dependent upon a doctor once you find a decent doctor, but they're human too. So, you're always concerned about, am I going to find the right kind of health care? And it's still a stigmatized thing, so to speak.

**Lack of Information.** Some focus group participants explained how resource access and lack of information regarding the general health and mental health of Black MSM were barriers to achieving their health goals. One participant mentioned "barriers to information like resources

and stuff.” Another agreed: “It wasn’t a whole lot of information available already, . . . [like] if you went to the doctor where they would just freely give you information? Because it’s not necessarily to always know what to ask or . . . and even access to information is a big thing.”

To highlight the importance of knowledge and information, participants explained,

And so it was just, in the Black community, we weren’t getting the education that was necessary for us to know that, hey, you need to do these things in order for you to have a healthier life because again, they would just tell like, “Hey . . . all that stuff . . . some food, and people will just be eating everything, okay?” So, but again, not realizing that it bought on health issues for us.

From my community, all these same things are in my mind because I’m a very good representative if you look at those issues of what the community’s dealing with and the community’s dealing with a lot more. So, I think a lot about our community issues around trying to raise health literacy. To raise, so that people are more literate in general. We ain’t got to know how to read every damn thing. I do think it’s great if everybody knows, is literate, and knows how to read and work numbers and stuff. But we ain’t there yet and people are not going to . . . but people can learn at least to know stuff about our own fucking bodies, excuse me, my bad.

Another participant highlighted the importance of identifying useful health information:

As much as there’s so much information out there, there’s a lot of misinformation out there. And I think people with the knowledge have to be more forthcoming with the knowledge instead of allowing the bad and the misinformation to really cloud the judgment of so many other people. We have to speak up and be more forward, and keep people engaged because there’s a lot of distractions out there. You have to keep people engaged and what’s really best for them. And that’s the knowledge to move their life forward.

Additionally, the lack of information can lead to ignorance:

So, for me, I think, is accepting my own self ignorance, giving light to the fact that I don’t know everything. And that I need to be vulnerable or humble enough to accept help, and to accept teachings from people who know more about a situation than I do.

**Mental health barriers.** Some focus group participants discussed their mental health as a barrier to their health goal achievement:

I guess one barrier is, for me is wanting to do it. Sometimes it's the mental state, the mental line of, "Hey, I'm going to do it." And then I'll be like, "No I don't want to do it. Not at this time." But then I've got a couple of days left, "Okay, I'm going to do it." And then finally I'm like, "Fuck it, let me just do it." And then when I do it, it's just like, okay, I should have then done it a long time ago, but I chose not to do it. Like with the whole exercise thing. I've been talking about the gym for the last . . . I think I saw one of the guys in the group. And I was like, "I'm joining a membership in March. I'm going to get a gym membership." He's like, "Oh, come on . . . when are you going to do it?" I'm like, "Yeah, in a month" and then putting it off. And I'm like you know what? I think when I looked at myself, I was like, "Hey, just get a gym membership. Try it out. See how you want to do it."

Although many of the focus group participants explained that achieving a good mental health status was a goal, they also described how it was a barrier for them. Their perceptions of mental health as a barrier played into their health goal achievement process as it pertained to their self-worth, self-capability, and internal motivation.

**Self-accountability.** Some focus group participants discussed lack of self-accountability as a barrier to obtaining good health in their lives:

Just holding myself accountable. If I say I'm going to work out, I actually go to the gym and not "just say."

And holding myself accountable. It's my goal . . . it's for me. So, self-care if I want to make sure that I'm taking care of myself.

One participant emphasized the importance of execution when holding himself accountable:

I will say execution. Well, I have a dog, so I have to get up every morning and walk and work on stuff. It's execution and then implementation, I will say, because if I have to . . . like what my body wants, what I want my body to look like, but I'm not actually doing push-ups or sit-ups. I'm just saying I want some but I'm not executing it or repairing or even putting myself in the right position for me to do it. Even going to the gym and stuff is good, but if I'm not using the right machines, and I won't ever reach the goal is just like . . . I guess I would say research. I have to research because of my diet, for my health goals and stuff like that. So, access, execution, and implementation.

Another participant shared:



So, you want to please everybody. You got to please everybody. You got to make sure everybody likes you, loves you, all the different stuff. And one thing we have to realize is that for one, society doesn't even like us like that. Society has this stigma about us. The society automatically thinks that we're angry. Society already thinks that . . . they already have the stigma. So as long as we can realize that everybody's not going to like us, everybody's not going to love us, as long as we can hold ourselves accountable in a healthy way and be okay with whatever everybody else has a problem with, it's cool. So that's how I bounce back. That's how I bounce back from not meeting my health goals, just hold myself accountable healthy.

In general, many focus group participants discussed the importance of overcoming health barriers by consistently holding themselves accountable for goals that they set for themselves.

**Racism.** Some focus group participants highlighted racism as a barrier that gets in the way of them achieving their health goals:

Racism. It's this domination, going from being the highest to, like he said, the bottom of the totem pole. It's always trying to keep . . . I mean, moving in this sense of, I have to do more, I have to do more, do more, and do more, but the barriers come just because, literally, you're a Black man.

In this society because it's becoming a dominant presence in society. So going through the stem of it all, into the brain, I think that simply dealing with life, just not only being a Black man, right, and understanding what being a Black heterosexual man means, but then draw another bigger bubble around that to say a Black same-gender-loving man. So not only I'm going to be Black, I'm going to be male, but let me just tell my sexuality, too.

Another participant further explained how racism has impacted them and other Black MSM:

It's the image of everything, and it's always people putting us at the bottom of . . . we're not the bottom of the totem pole. We are the highest level. People put us at the bottom of the totem pole. That's what I like there. Yeah, yeah. And mentally speaking, that's why I think it's very specific to Black men and also dealing with being a Black same-gender-loving, a Black expressive, a Black . . . right, both masculine and feminine energy.

## **Subtheme 2: Overcoming Barriers**

The focus group participants described various tools for overcoming barriers to their health goals. They categorized these tools as follows: (1) embracing failure as part of the process, (2) focusing on mental health as self-care, and (3) resilience.

**Embracing failure as part of the process.** Some focus group participants discussed the importance of overcoming health barriers by embracing failure as part of their process toward reaching their goals:

One of the things that helps me is remembering that whenever people go through change, relapse is a natural part of that process. As a matter of fact, it's actually more likely that you're going to relapse during the process of change than it is likely that you will not relapse. And that's a part of just being, of the human process of change.

But cut yourself some slack. Rome wasn't built in a day, and no, they didn't do it in two. So, you really have to just be gentle with yourself. Be gracious with yourself. And remember this, if you even have goals, you're a step ahead of most people.

And me being a young man in my adulthood and everything, I am allowed to make mistakes.

Participants described how mindfulness and resilience played into how they overcome barriers to their health goals:

I have to be careful on and how I bounce back, how I evaluate my shortcomings and the goals that I missed. So, I'm just being mindful of, hey, hold myself accountable, but don't beat myself up.

You got to stop hating yourself. Society has set you up.

If I fail, I try to tell myself, "It's okay, you can move on."

Other participants highlighted that self-care has supported their health goal achievement:

For me, I know that I'm as hard, or should I say, I'm two times as hard on myself than I am on others. And so, the expectations that I have on others, I do two times more on myself. And so those reflective self-care moments helped me bounce back.

I mean we're human, so I think that a lot of the times we're kind of hard on ourselves. I'll always say that, with something that I try to get out of saying is I'm my worst critic...I try to change that and be like, "I'm my biggest supporter, I'm my biggest cheerleader." So, if I slip, I try to remind myself, "It's okay, it's cool, you're human. Get back to where you want to go." So, I go back to step one, and I restart all over.

In general, many focus group participants discussed the importance of letting things go and allowing life's challenges to inspire them to do better in the future. They also highlighted the importance of learning from past mistakes or simply accepting things that they cannot change to be able to move forward with achieving their health goals.

**Focus on mental health as self-care.** Some focus group participants discussed the importance of overcoming health barriers by focusing on their mental health to have a balanced life. One participant said,

I struggled with it on my own, being in the fitness industry, as aging, everything like that, I get frustrated by this journey because it's never ending. But one of the things that I've learned to talk about . . . is you have to learn how to find a balance in yourself by taking those moments and just having that . . . even if it's 15 minutes, 30 minutes where my phone is put to the side, I'm not trying to be connected with the world, I just have to step away and just listen to my mind and let it rest. And when I can take those moments with that, when everything else is chaos, I can come back going like, okay, now I can help to get myself back to my grounding, with saying like, okay, what was my goal again? My goal was that I want to stay healthy. My goal is that I want to get back into my exercise.

Another participant highlighted the need to focus on your mental health by examining your actions when trying to reach your health goals:

There is a point, though, when that mental health part comes into. When we keep making the same excuses over and over again, we have now to start addressing why do we keep making those same excuses. Why is it then that these are the things that keep tripping us up from getting to our goals? And those things have to come to a place where you have to start adjusting because it's great that you have acknowledgment, and I agree with everything that everyone is saying. But I also know . . . for myself, I have to ask myself. Why is it then that you're allowing these to come up? Why is it then that you're allowing these things to trip you up from hitting that goal or for even why you're doing it? And that becomes something a little bit deeper because, again, we have so many things that

sometimes . . . we might not subconsciously be thinking about it, but then once you start thinking like, oh crap, this is [what] caused me to not hit that goal because I'm tripping up on this here.

Other participants added,

I think it's important to keep a journal as well. Growing up in a black community, you know how it is about. . . it's probably best for us to keep track of what we do and how we do it.

I agree with him with the mental part because a lot of that. . . Because I have a family full of mental, they have bipolar, things like that. I had an aunt that actually killed herself. I never got to meet her, before I was born, but I found out later that she literally killed herself because she was schizophrenic. I have aunties now that are just bipolar, I'm talking about diagnosed bipolar. I have uncles who I don't associate with, it's just the energy, it's just too bad. But let's just say the mental health about it. . . Even our friends, and even sometimes ourselves are going through depression, and it's like, "Who do we turn to?" Some people have faith; some people don't have faith. But even when they feel like the faith has failed, what else do you turn to? And you guys also said your resilience.

Other participants described how they have the internal strength to overcome health barriers in their life:

The answer is the way I bounce back, is I realized, I have the power to make the decision all over my body and my mind at that time, I know that now. That's how I bounce back. I bother everybody who will listen to get myself back together again. I don't care about getting on your damn nerves, I'm trying to survive.

The mental health process or the mental health factors really make a difference in our ability to access our ability to push ourselves, or our abilities to be resilient.

When discussing the importance of mental health to reach health goals, one participant explained, "You definitely need your mind right in order to get your physical right. And you definitely should get your soul right too." Another participant talked about the importance of incorporating self-love into his health and well-being:

For me yeah, I guess I'm taking this self-love, in a stage now. I'm taking care of myself. You know that I've been working a lot. But I tend to like now once a week I keep my off days, at least keep one off day, just to stay in here and just relax, watch TV, just for

myself, I don't answer phone calls. My mother would call, she'd want me to do something, and I'm like, "Hey, today is my day. During the whole week, I'll do anything you want me to do except [today]."

Another participant discussed the importance of staying on track with his mental health to reach his health goals:

I think a journal is definitely a good idea although I've kept a journal on and off since my teens. I'm very, very inconsistent with it, but if you can't keep a journal then a video log, something like that. Anything that helps you keep track and look back at patterns is always good.

Other participants described the need to focus on their state of mind:

The mental state of mind is so important. When I was diagnosed (with HIV), I said, "This is a disease of the mind" because we had nothing else. It's the will, it's what's in your head. If you get your head straight, everything else will fall into place, trust me. But you got to stop hating yourself, no matter what you're doing. It's like, "Well, I like to have sex all the time . . . so does the straight man, so does the straight woman." Look, that's a human thing, they're just making you feel bad about it because they're not talking about what they're doing. No matter what, don't let anyone and don't even listen to it.

When I find myself slipping, the first thing I do is I say, "Now, what kind of frame of mind am I in? Am I depressed? Am I lonely? Am I upset?" Because a lot of time we can match those things. As black gay males, we live in a climate now where we're becoming invisible. No, we really are. If you are not a woman, a black woman fighting for rights . . . if you're not trans, if you're none of those things, we're now in the background. Your mind can't deal with that stress. You can't deal with that...it's not a matter of running a flag around. It's not a matter of that at all. This is a part of our health because your mental health dictates your physical health.

So, if it's from two to three, I'm taking that break, and I'm having my meditation and I'm trying to get in touch with myself spiritually, and understand that I need to calm the mind, because what I'm going out to do is so much more important than me right now. And so that's what I do every month, I try something new as far as mental health, whether it's a training that I go to, whether it's meditation, whether it's just being at home, and being one with myself, understanding that sometimes I just don't want to be around people, I want to watch TV and eat popcorn, and drink wine on my couch. And . . . that's fine.

Many focus group participants discussed how they challenged themselves on a mental and spiritual level while taking the time to engage in self-care by disconnecting from the world to support their health goal achievement.

**Resilience.** Some focus group participants discussed the importance of overcoming health barriers by never giving up:

When I don't meet those goals or even maybe read a scripture a day or something, I just have to keep reminding myself, hey, you made a mistake, just keep going. Make the conscious effort because my downfall is I beat myself up constantly. And I'm getting better with that because it also goes back to the energy piece we were talking about. I think that it's nothing to it but to do it. Like Aaliyah said, "If at first you don't succeed dust yourself off and try again."

You get up and you press forward. And you may not hit it on the nail every time, but as long as you come a step closer you celebrate the victory.

So, you got to push yourself.

When I don't like the situation, I always go ahead and just work it out, do it again. Because if you don't push yourself, you won't get anywhere. That's the same thing with work, you don't push yourself at work, you are going to stay in that same minimum wage position until you push yourself. Same thing with your health.

In general, many focus group participants expressed that conscious efforts toward achieving their health goals will be accompanied by hardships that cannot be ignored but can be embraced as a part of the process.

### **Summary of Findings**

To better understand how Black MSM reach their health goals, an emerging theoretical model for health goal process was designed to explicate the pathway to health goal achievement. The men who participated in this study exhibited high levels of health awareness when describing their health goals and the importance of health in their lives. As they described their

health goals and achievement factors, they described barriers that inhibited their health goal success such as infrastructure, accessibility, mental health, and racism.

Many participants were able to talk about how they combat these barriers by being resilient. Participants described how they were able to combat their barriers not only through being resilient but also by having a positive mindset that allowed them to embrace their barriers. This was described as accepting failure or loss, cutting themselves slack, focusing on mental health and never giving up as principles toward health goal achievement for Black MSM in Chicago. It was evident that many of the participants in this study exhibited high levels of resilience and PSS when it came to addressing and/or overcoming their health goal barriers.

As participants described multiple strategies and tools that they use to reach their health goals, they explicated how they were able to transform their barriers into positive and hopeful steps toward health goal achievement through attributes of motivation and psychological empowerment. Although the process of health goal achievement for Black MSM can be conceptualized by elements of resilience and PSS, the health goal process for Black MSM in this study can better be described as a journey with many challenges and obstacles. Nevertheless, Black MSM can reach their health goals if they are able to find their motivation, stay on course, and keep a positive mindset. Figure 3 describes the process of health goal achievement for Black MSM as a theoretical model.

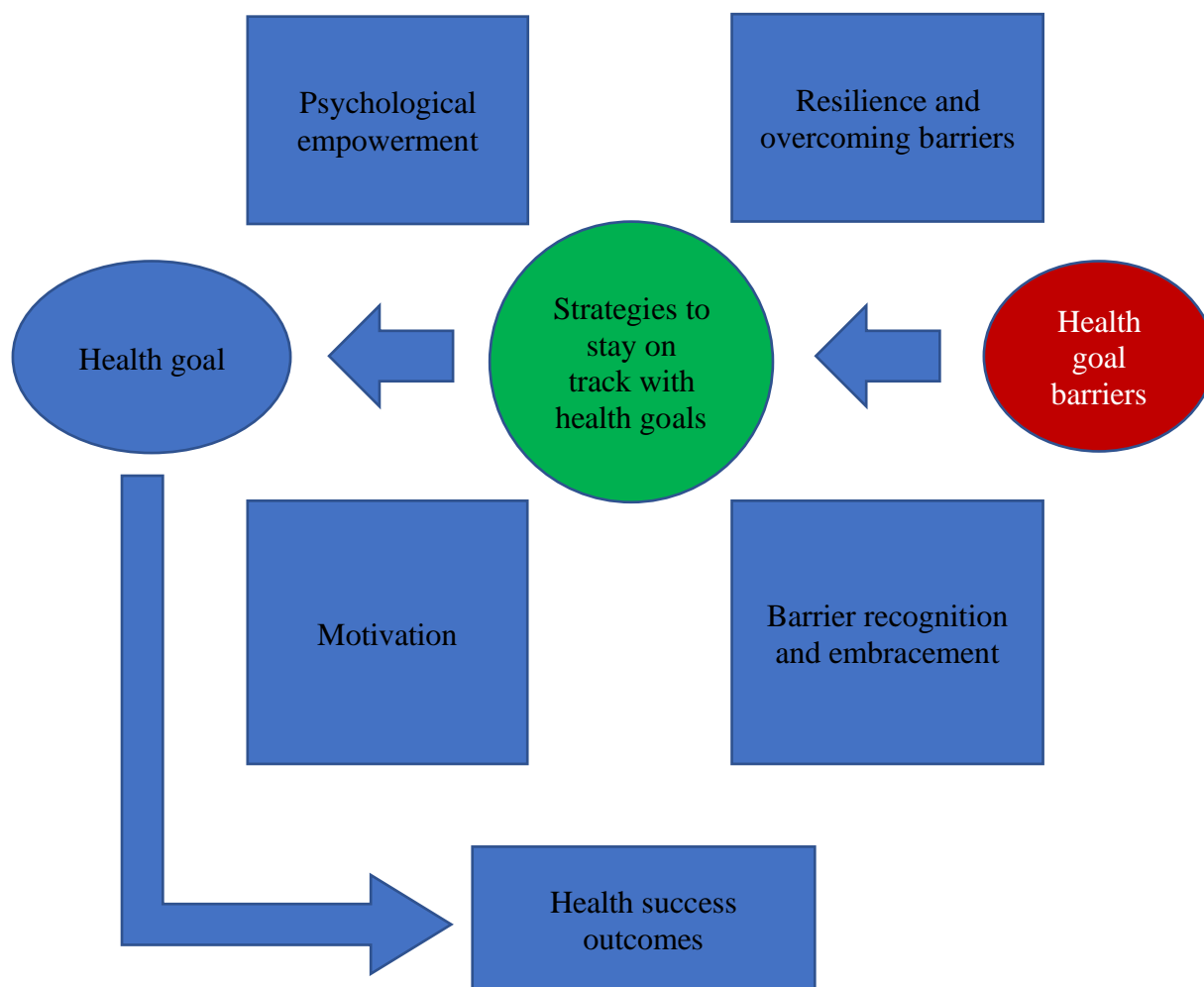


Figure 3. Emerging Theoretical Model for Health Goal Process among Black MSM



## CHAPTER FIVE

### DISCUSSION

#### **Understanding Health Goals and Concerns for Black MSM**

Through this study, designed to understand how Black MSM define their health and conceptualize their health goals, we were able to explicate the process by which Black MSM interpret their health and reach their health goals. Further, this study took a critical step toward eliciting and interpreting how Black MSM exhibit strengths and motivations toward their health goals despite their varying health-related concerns and/or barriers. The focus group participants in this study described health in terms of their motivations and aspirations to live long and healthy lives. The health-defining factors described by participants in this study were individualistic and resulted in new ways of understanding and meaning making for health and health goal achievement. Among Black MSM who participated in this study, their collective definition of health was broad in nature, implying that Black MSM living in Chicago are not a monolithic group but diverse in their ways of thinking about health and how they reach optimal health.

More specifically, many participants highlighted the importance of avoiding harmful substances to support their overall health goals as they related to their physical wellness. They indicated that substances such as alcohol, marijuana, and tobacco were specific to their health issues and concerns that they needed to address within their health goal schema. Moreover,

most of the men in this study stressed the importance of prioritizing their mental health as a prerequisite to reach their broader health goals.

### **Implications for Future Research: Application of Health PSS for Assessing Health Hope and Health Barriers for Black MSM**

Although this study was exclusively qualitative, the researcher used the focus group findings to design and reconstruct the perceived health barrier scale (PHBS; P. Y. P. Hong, 2021) and health hope Scale (HHS) to measure health PSS specifically for Black MSM. The PHBS derived from the originally validated perceived employment barrier scale (PEBS) by using a community-based participatory action research (P. Y. P. Hong, Polanin, et al., 2014; P. Y. P. Hong, Song, et al., 2018). The HHS was developed from a similar process by applying the scale structure and content of the previously validated Employment Hope Scale (EHS; P. Y. P. Hong et al., 2012; P. Y. P. Hong, Choi, et al., 2014; P. Y. P. Hong et al., 2016). The researcher revised the PHBS and HHS to further analyze dimensions of health goal achievement for Black MSM by using PSS as a theoretical framework (P. Y. P. Hong, 2013; P. Y. P. Hong, Choi, et al., 2018).

He revised these two psychometric scales by translating thematic domains and key statements from the focus group findings (Creswell & Clark, 2018). These psychometric scales were revised with the intent to measure key statements and quotes that represent elements of health goal achievement as described by the qualitative findings in this study. In addition to this revising the two scales (i.e., PHBS and HHS) mentioned above to measure health PSS for Black MSM, the researcher developed a new health behavioral goal scale (HBGS) to examine the extent to which Black MSM endorse specific health goals. This scale was developed to reflect focus group findings based on subtheme 2, which focused on health-related goals that were

coded by: (1) navigating substance use, (2) consistent overall habits, (3) energy, (4) eating well, (5) HIV and STI prevention, (6) longevity, (7) lose weight, (8) physical appearance, and (9) prioritizing mental health.

The revised measures were designed with the intent to deductively explore and examine health goal achievement through the application of PSS, the process of switching barriers to hope vis-à-vis goal pursuit in the context of good health (P. Y. P. Hong, 2021). As there are no existing health survey instruments to assess health goal achievement among Black MSM, a future study can focus on the development of a culturally sensitive survey tool to measure health goal achievement for Black MSM using a PSS framework. This can be piloted to examine the extent to which Black MSM endorse dimensions of PSS to achieve their health goals. Refer to Tables 2 through 6 to review all scales.

Table 2. P. Y. P. Hong's (2021) Perceived Health Barrier Scale

Perceived Health Barriers (PHB). After reading some statements, please rank the following by circling a number on a scale of 1 to 5 according to how each item affects your maintaining good health. 1 = *not a barrier* and 5 = *strong barrier*.

	Not a barrier				Strong barrier
1. Not understanding what being healthy really means	1	2	3	4	5
2. Not knowing how to take care of myself	1	2	3	4	5
3. Not trusting doctors	1	2	3	4	5
4. Not having health insurance	1	2	3	4	5
5. Lack of transportation to health care facilities	1	2	3	4	5
6. Lack of child care to go see a doctor	1	2	3	4	5
7. Racial discrimination in health care	1	2	3	4	5
8. Lack of information about accessing health care	1	2	3	4	5
9. Lack of clean living environment	1	2	3	4	5
10. Drug / alcohol addiction	1	2	3	4	5
11. Not trusting medicines	1	2	3	4	5
12. Not having enough money for medical treatment	1	2	3	4	5
13. Feeling depressed about life	1	2	3	4	5
14. Being around sick people	1	2	3	4	5
15. Having a weak body system to fight illness	1	2	3	4	5
16. No doctors/hospitals in the community	1	2	3	4	5
17. No health care facility that will take my appointments	1	2	3	4	5
18. Not knowing who to go to when I am sick	1	2	3	4	5
19. Not having the time to go to the doctors	1	2	3	4	5
20. Cannot speak English very well	1	2	3	4	5
21. Cannot read or write very well	1	2	3	4	5
22. Problems with keeping appointments	1	2	3	4	5
23. Loneliness	1	2	3	4	5
24. Poor eating habits and diet	1	2	3	4	5
25. Lack of coping skills for daily struggles	1	2	3	4	5
26. High stress level	1	2	3	4	5
27. Lack of exercise	1	2	3	4	5

(Source: P. Y. P. Hong, 2021, p. 69)

Table 3. Perceived Health Barrier Scale for Black MSM

Perceived Health Barriers for BMSM (PHB-BMSM). On a scale of 1 to 5, please answer the following questions regarding barriers to your personal health.  
1 = *not a barrier* to 5 = *strong barrier*

	Not a barrier				Strong barrier
1. Not having transportation	1	2	3	4	5
2. Not having money to pay for your basic needs (food and/or shelter)	1	2	3	4	5
3. Not having a livable wage to pay for health needs (i.e., medication, doctor visits)	1	2	3	4	5
4. Not having a higher level of education	1	2	3	4	5
5. Being stressed out	1	2	3	4	5
6. Not having time to exercise	1	2	3	4	5
7. Not having a doctor that I trust	1	2	3	4	5
8. Living in a unsafe neighborhood	1	2	3	4	5
9. Not having health insurance	1	2	3	4	5
10. Having to deal with stressful situations	1	2	3	4	5
11. Dealing with discrimination or being stereotyped	1	2	3	4	5
12. Having to deal with a drug or alcohol addiction	1	2	3	4	5
13. Mentally getting in my own way	1	2	3	4	5
14. Having to deal with depression	1	2	3	4	5
15. Being lonely	1	2	3	4	5

Table 4. P. Y. P. Hong's (2021) Health Hope Scale

Health Hope (HH). After reading some statements about access to health care, please rank the following by circling a number on a scale of 0 to 10, where 0 indicates *strong disagreement to the statement*, 10 indicates *strong agreement*, and 5 indicates *neutral*.

	Strongly disagree										Strongly agree											
1. Thinking about maintaining good health, I feel confident about myself.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
2. I feel good about myself as someone who deserves to have a healthy life.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
3. When trying to stay healthy, I am respectful towards who I am.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
4. I am worthy of enjoying good health.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
5. I am capable of taking care of myself to be healthy.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

Table 4. P. Y. P. Hong's (2021) Health Hope Scale (continued)

	Strongly disagree										Strongly agree									
6.	I have the strength to overcome any obstacles that may limit my health.																			
7.	I am able to maintain good health in whatever circumstances.																			
8.	I am good at maintaining good health status if I set my mind to it.																			
9.	I feel positive about staying healthy in the future.																			
10.	I don't worry about struggling due to poor health in the future.																			
11.	I am going to maintain good health for a long time.																			
12.	I will be healthier in the future than my current health situation.																			
13.	I am able to tell myself to take steps toward improving my health.																			
14.	I am committed to reaching my health related goals.																			
15.	I feel energized when I think about future improved health status.																			
16.	I am willing to give my best effort to reach my health related goals.																			
17.	I am <i>knowledgeable</i> about how to improve my health.																			
18.	I am aware of my <i>resources</i> to help me become healthier.																			
19.	I am able to utilize my <i>knowledge</i> to move toward health related goals.																			
20.	I am able to utilize my <i>resources</i> to move toward health related goals.																			
21.	I am on the road toward my health related goals.																			
22.	I am in the process of moving forward toward becoming healthier.																			
23.	Even if I am not able to be healthy right away, I will find a way to get there.																			
24.	My current path will take me where I need to be in my health.																			

(Source: P. Y. P. Hong, 2021, p. 70)

Table 5. Health Hope Scale for Black MSM

Health Hope for BMSM (HH-BMSM). On a scale of 1 to 5, please answer the following questions regarding hopes to your personal health. 1 = <i>strongly disagree</i> to 5 = <i>strongly agree</i>						
		Strongly disagree			Strongly agree	
1.	I am confident that I am able to maintain good health	1	2	3	4	5
2.	I am someone who deserves a healthy life	1	2	3	4	5
3.	I am respectful towards who I am along my health journey	1	2	3	4	5
4.	I am worthy of enjoying good health	1	2	3	4	5
5.	I am capable of taking care of myself to be healthy	1	2	3	4	5
6.	I have strength to overcome any obstacles that limit my health	1	2	3	4	5
7.	I am able to maintain good health in whatever circumstances	1	2	3	4	5
8.	I am good at maintaining good health status if I set my mind to it	1	2	3	4	5
9.	I feel positive about staying healthy in the future	1	2	3	4	5
10.	I don't worry about struggling due to poor health in the future	1	2	3	4	5
11.	I am going to maintain good health for a long time	1	2	3	4	5
12.	I will be healthier in the future than my current health status	1	2	3	4	5
13.	I am able to tell myself to take steps towards improving my health	1	2	3	4	5
14.	I am committed to reaching my health goals	1	2	3	4	5
15.	I feel energized when I think about my future health status	1	2	3	4	5
16.	I am willing to give my best effort to reach my health goals	1	2	3	4	5
17.	I am knowledgeable about how to improve my health	1	2	3	4	5
18.	I am aware of my resources to help me become healthier	1	2	3	4	5
19.	I am able to utilize my knowledge to move towards my health goals	1	2	3	4	5
20.	I am able to utilize my resources to move towards my health goals	1	2	3	4	5
21.	I am on the road towards accomplishing my health goals	1	2	3	4	5
22.	I am in the process of moving forward towards becoming healthier	1	2	3	4	5
23.	Even if I am not able to reach my health goals right now, I will get there	1	2	3	4	5
24.	My current actions will take me to where I need to be with my health	1	2	3	4	5

Table 6. Health Behavioral Goals for Black MSM

Health Behavioral Goals for BMSM (HBG-BMSM). On a scale of 1 to 5, please answer the following questions regarding your health goals.  
1 = *not a goal* to 5 = *high goal*

	Not a goal					High goal					
1.	To be more physically active	1	2	3	4	5					
2.	To eat better foods	1	2	3	4	5					
3.	To stop smoking	1	2	3	4	5					
4.	To take my medications consistently	1	2	3	4	5					
5.	To visit doctor more regularly	1	2	3	4	5					
6.	To cut down drinking alcohol	1	2	3	4	5					
7.	To take my medication regularly	1	2	3	4	5					
8.	To gain more information to help me make better decisions about my own health	1	2	3	4	5					
9.	To build a strong immune system	1	2	3	4	5					
10.	To be in tune with my body	1	2	3	4	5					
11.	To be better engaged with my community around issues of health	1	2	3	4	5					
12.	To lower my anxiety level	1	2	3	4	5					
13.	To improve my physical appearance	1	2	3	4	5					
14.	To drink more water on a regular basis	1	2	3	4	5					
15.	To better tend to my emergent medical needs	1	2	3	4	5					
16.	To improve my overall living habits to improve my healthy functioning	1	2	3	4	5					

### Implications for Black MSM Social Work Interventions in Public Health

The research findings call attention to the importance of developing social work interventions that support the mental health strengths and motivations for health goal achievement among Black MSM. The data indicate that social work interventions within the realm of public health should consider ways to incorporate the development of Black MSM by focusing on ways to improve their mental health status, social capital, and access opportunities to enhance their quality of life. Public health and social service agencies that are providing targeted services to Black MSM should consider multiple strategies to help them stay on track with their



health and conceptualize health multidimensionally as described in this research. For example, one of the findings from this study suggest that motivations for Black MSM to reach their health goals include the support and involvement of their friends and family. Interventions with this population should consider ways to motivate Black MSM to lead their lives in a way that inspires them to reach their health goals by enhancing their self-worth and self-motivation.

The focus on developing practical ways to improve the mental health and social capital of Black MSM can play an important role in how they navigate the health care system as well as engage in health-promoting behaviors to enhance longevity, mental health, and physical health, especially as they age throughout the life course. Further, it was evident that for Black MSM having strong support systems and networks that motivate them to reach their health goals was a key indicator of success. That is, many participants emphasized the importance of having supportive family and friends as a leading motivator for them to achieve their health goals. When discussing systems of support, many focus group participants discussed having the *right energy* and *right people* around them to help them reach their health goals as well as having the motivation to invest in themselves to elevate their self-worth when trying to achieve a specific health goal. In the same way, this points to the high level of resilience that Black MSM possess. More specifically, many men discussed health goal achievement and motivation as a spiritual catalyst to power them through their challenges and obstacles.

As previously discussed, too few interventions provide comprehensive and mental health services that consider cultural aspects of Black MSM communities that go beyond HIV infection. Moreover, the wealth of knowledge gained from this study implicitly suggests that Black MSM leaders and advocates should play a role as informants to support the development of

interventions that are targeted toward their own communities. The data from this study suggest that it will be important to focus on mental health programming and activities that contribute to healthy self-image, constructive decision making, and critical consciousness among Black MSM aligned with elements of psychological empowerment and goal-oriented pathways toward health goal achievement and success.

Future interventions should be focused on increasing access to mental health services for Black MSM. That is, mental health services should be embedded into the health programs and interventions developed for Black MSM communities. This is particularly important given that Black MSM are disproportionately impacted by depression and anxiety as compared to other MSM and Black males (Graham et al., 2009). By identifying and training social work professionals who have skills in providing mental health and/or social care services such as case management, patient navigation, counseling (individual or group), linkage-to-care, and/or wraparound services these services can be woven into public health social work interventions and research. Hence, the next wave of intervention development pertaining to Black MSM can address psychosocial determinants of health among Black MSM to enhance their future success and longevity. It is critical for social workers to properly identify innovative strategies to develop culturally appropriate interventions that genuinely support the overall health and social status of Black MSM. One possible intervention to consider is transforming impossible into possible (TIP) that is designed to strengthen the PSS process—by switching perceived barriers to goal-directed hope actions—so that participants can self-empower to reach their success outcomes (P. Y. P. Hong, 2016). This evidence-based intervention has been found to include neurobiological core content (R. Hong & P. Y. P. Hong, 2019) that helps to increase goal achievement outcomes

in workforce development (Hong, Hong, Lewis, et al., 2020), fatherhood (Hong, Lewis, et al., 2021), and substance use disorder recovery (Hong, Kim, et al., 2021).

Social workers who work in public health can serve as frontline staff to lead mental health interventions for Black MSM to support their health goal achievement and enhance their social capital, thereby motivating them to reach their health goals. According to this specific study, mental health is a leading indicator for health success and goal achievement. There is a clear opportunity to develop intense mental health interventions that are led and supported by Black MSM who understand the experience at the intersection of being “Black and gay.” That is, there is an opportunity to support the cultivation of their mental health status to address their overall health goals in positive ways while also providing them with a solid support system outside of the public health system. Hence, social workers working with Black MSM must build community-based networks and supports within and outside of the public health system to serve as protective mechanisms that enhance the social development of Black MSM. This study calls for social work and public health practitioners to pay close attention to varying dimensions of mental and spiritual health among Black MSM when exploring elements of health goal achievement.

### **Implications for Social Justice and Advocacy for Black MSM Health**

As Black MSM experience multiple forms of injustice embedded within systems of public health at the intersection of racism, sexualism, and social marginalization, they can benefit from research and services that seek to recognize their strengths and resiliencies as they pertain to their health goal achievement. This study implicates that a strong commitment towards investing meaningful resources to organizations and leaders dedicated to the advancement of

Black MSM could enhance the trajectory of the overall health and social development of Black MSM.

While it is increasingly important for health and human-serving institutions to provide culturally relevant services to Black MSM, pathways that incorporate Black MSM leaders and advocates who commit to uplifting their communities are critically important for the next wave of Black MSM health. Wheeler (2018) stated that Black MSM who build genuine and authentic partnerships with organizations who serve the Black MSM can create opportunities for their community to thrive and become healthier. The uptake and involvement of Black MSM within leadership and advocacy roles to help inform policies that help to address the complex and cultural needs of Black MSM is warranted. That is, we must work together (with Black MSM) in the revision of services, interventions, and policies that foster engagement in leadership, administration, and academia. The importance of advocating for programs that empower Black MSM to have access to livable wages, education, and social advancement has direct implications for addressing and improving the health and social status of Black MSM. As advocacy moves to the forefront for addressing health among Black MSM, a push to understand their lived experiences becomes even more important and their voices should take the lead when developing further research agendas toward intervention development. Furthermore, to effectively address the complexities of health goal achievement among Black MSM, social workers in public health may take the lead in providing suitable platforms for Black MSM leaders who understand the complex cultural needs of black MSM to be involved in the development of health interventions in the United States.

### **Strengths**

In this study, many focus group participants reported the need to continue conversations in the future with other Black MSM around the various dimensions of health not exclusive to HIV. Another strength of this study is that the findings that emerged from focus group narratives were from Black MSM living in Chicago, which is the third largest metropolitan city in the United States. In addition, this study was conducted with a diverse group of Black MSM ranging from 25 to 60 years of age. Most of the men in this study critically thought about their health and how their past experiences have played a significant role in achieving their more recent health goals. The themes that emerged from the focus group findings can be used to develop future interventions and research geared toward Black MSM towards health and social advancement. In addition to this, the researcher increased credibility and trustworthiness of focus group findings through triangulation of member checking, memoing and by incorporating the use of theory to explicate and analyze data. Finally, this study explicated how health disparities among MSM communities of color might be improved by public health and social work jointly adopting a strengths-based approach to responding to the overall health needs of Black MSM and supporting them to reach their individual and collective health goals.

### **Limitations**

There were some limitations associated with recruiting a diverse sample of Black MSM during the COVID-19 pandemic. The COVID-19 pandemic posed an incredible challenge for recruitment and data collection. In addition to this, the study sample did not include Black MSM younger than 18. Also, given that a large proportion of Black men are incarcerated or involved with the criminal justice system, this study did not include Black MSM who are in jail or prison.

In addition to limitations around recruiting a diverse sample of diverse Black MSM, there was a potential for researcher bias in the interpretation of findings due to the researcher's work and personal experiences with Black MSM populations. The researcher has served in several leadership and research service roles within the city of Chicago relating to the health and well-being of Black MSM. He is also a part of the Black MSM community, which may pose some challenges in interpreting the findings derived from this study as it pertains to health goal achievement.

## CHAPTER SIX

### CONCLUSION

The aim of this study was to explore and understand factors related to health and health goal achievement among Black MSM in Chicago. The findings indicate that Black MSM have a very broad definition of health that emphasized living a holistic lifestyle centered around their mental health and well-being, which contributed to their health goal achievement. In general, most of the research participants defined health around their various specific goals, but mental health was prioritized as a main indicator of health goal achievement among all focus group participants.

Through this study, it was found that Black MSM use a variety of strategies and tools to motivate them and help them reach their health goals. Further, Black MSM who held themselves accountable for reaching their health goals and took their mental health seriously were more likely to be successful in their efforts to reach their health goals. Findings from this study also suggest that Black MSM health goal achievement was associated with high levels of social support, embracing failures, and self-transparency.

The findings suggested that many Black MSM utilize tools and strategies to help them achieve their health goals, tapping into their internal strengths and resiliencies. They also suggested that mental health and social capital can support Black MSM in transforming their barriers into tangible actions to reach their health goals. Moreover, many men in this study indicated that having a sense of achievement and being able to celebrate their successes

increased their motivation to continue to reach their broader health goals. That is, having a way to track and keep progress of their successes was important to maintaining their momentum when they faced challenges along their health goal journey.

It was evident when discussing aspects of motivation that mental strength and the perceived ability to achieve their health goals helped many participants power through their personal trials and tribulations. When discussing barriers and setbacks, the focus group participants emphasized the importance of mental health strengths and capacities, often referring to their hopeful futures. When discussing barriers, setbacks, and failures regarding health goal achievement, many men in the focus group indicated that they employed some level of spirituality and hope to help them overcome their challenges.

The participants in the study supported the notion that their health goal barriers could be addressed by internal and external motivational factors that would help them transform their barriers into hope that helps to make their health goals more attainable. More specifically, the way in which study participants described their goal-oriented pathways toward their health goals is based on their resilience profiles and ability to change their mindsets about the barriers and challenges that they face.

Social workers who have a particular interest in working with Black MSM men can use mental health strategies derived from resilience and PSS as a pathway to better facilitate the development and trajectory of health success for Black MSM. The framework of PSS, transforming health-related barriers into hopeful actions and motivation, can serve as a core theory of change to empower Black MSM to critically assess and address their health needs. The more empowered Black MSM are and become, the more likely they are to reach and maintain



their health goals with or without the direct support of the public health system or other systems of social service provision. Altogether, the voices and stories of study participants revealed truth about how they understand their own health and extended beyond the use of theory.

More specifically, those social workers who are working with Black MSM may use this research to help them incorporate resilience and PSS practice-based strategies into their care interventions for Black MSM, especially for those Black MSM who may be experiencing mental and/or emotional challenges. Social workers who are focused on developing community programs for Black MSM may use this research to inform health empowerment initiatives that address the concerns and challenges of the Black MSM community. In addition, this study suggests that community building is vital for Black MSM in that it may afford them the opportunity to build positive and meaningful networks and relationships with other Black MSM who have similar lived experiences.

These initial findings support that Black MSM have a strong sense of resilience, self-empowerment, and PSS that contributes to their health-promoting behaviors. The findings also suggest that Black MSM have the ability to protect themselves from social vulnerabilities (i.e., stigma, discrimination, and violence); this should be further studied. This research study calls attention to the importance of focusing on psychosocial determinants as well as minority stressors impacting the lives of Black MSM. It also highlights the need for mental health interventions to meet the diverse needs and concerns of Black MSM through effective strategies that enhance elements of self-compassion, self-worth, self-perception, and self-motivation. In addition, this study has shown that motivations for Black MSM to reach their health goals are enhanced by their social support networks as well as their aspirations to achieve longevity.

Overall, this study has helped to highlight the importance of using empowerment theories (i.e., resilience and PSS) to help address health-promoting behaviors and health care utilization among Black MSM. More importantly, this study highlights the importance of incorporating voices of Black MSM to guide and enhance research initiatives.

This study was exploratory. The findings support the notion that barriers to health goal achievement among Black MSM can be addressed through attributes of resilience and PSS that give them the momentum and mental capacity to employ strategies and actions to stay on track with their health. To further understand the extent to which resilience and PSS contribute to health goal achievement among Black MSM, more research must be conducted. Nevertheless, this study does provide a foundational framework toward understanding the strengths, barriers, and challenges that Black MSM face in striving for health goal achievement.

Service providers should be paying close attention to the mental health status of their Black MSM clients in order to support them in achieving their health goals and/or needs. This finding regarding mental health is incredibly important given that we live in a society in which mental health is often not discussed relative to the health and well-being of Black people in the United States. A better understanding of how Black MSM define and navigate factors impacting their health and well-being is an important step toward changing how practitioners support Black MSM toward optimal health and well-being.

APPENDIX A  
RECRUITMENT FLYER



## ARE YOU:

- A MAN WHO HAS SEX WITH MEN
- AGE 18 OR OLDER
- INTERESTED IN THE WELL-BEING OF YOUR COMMUNITY

You may be eligible for a focus group on health and self sufficiency for Black Men

- Food and incentives will be provided for your time

To determine if you qualify for the focus group please call Tony Johnson at:

(317) 833-2191 or [ajohnson34@luc.edu](mailto:ajohnson34@luc.edu)





APPENDIX B  
LETTERS OF COMMUNITY SUPPORT

**Letter of Support for Dr. Philip Hong at the Center for Research on Self-Sufficiency  
(CROSS) of Loyola University Chicago  
Health-EQ Collaborative**

April 16, 2018

**Men & Women In Prison Ministries (MWIPM)** Our mission: To provide comprehensive services to the incarcerated, the formerly incarcerated, their families, and the community at large. Our Vision: To implement sustainable services to achieve Health & Wellness, Social Economic Recovery & Prison Advocacy. It is with enthusiasm that we participate in this community capacity building effort with the help of the Center for Research on Self-Sufficiency (CROSS) at Loyola University Chicago through its community-based participatory research as an empowerment strategy focusing on psychological self-sufficiency (PSS).

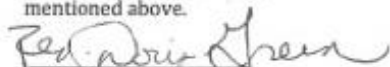
This letter of support confirms that **Dr. Philip Hong** and [agency] will work together on the "Understanding and Promoting Health Well-Being through a Bottom-Up Patient-Centered Process" grant funding from the Health-EQ of the Health Sciences Division Administration of Loyola University Chicago. The main purpose of the study is to explore the patient-centered definition of health & well-being using Dr. Hong's PSS theory. It posits that moving from barrier-filled mindset to hope developing behaviors helps individuals develop self-regulation, grit, and resilience to keep striving toward the goal of having health access, actively managing the illness, and being empowered to seek health well-being.

Through asking our patients about their understanding of the PSS process through a series of focus groups, we believe the proposed project will promote public health, increase help-seeking behaviors, medication adherence, and reduce avoidable re-hospitalizations, and emergency department visits.

**Dr. Philip Hong** and **Men & Women In Prison Ministries** will work together on the following:

- **Dr. Philip Hong** will be the Principal Investigator overseeing the entire community-based participatory research as proposed in the research strategy with the support of his staff of Project Coordinator and doctoral student (qualitative and quantitative data analyst). Data collection approach will involve a series of focus groups and surveys to collect participant-centered data. Analyses will assess how individuals define health well-being from the standpoint of being patients who are at risk or being treated for major illness (i.e., HIV).
- **Men & Women In Prison Ministries (MWIPM)** will support recruitment efforts of our patients as part of our health promotion/outreach effort in the schools, local Federations, faith-based organizations, social service agencies, and youth-based agencies in the targeted communities for participation in Dr. Hong's focus groups that will engage them in the areas psychological self-sufficiency in relation to health literacy, health care access, and health outcomes.
- **Men & Women In Prison Ministries (MWIPM)** will work closely with Dr. Hong to develop and create a new community coalition dedicated to supporting health well-being and promotion in the targeted communities.

We, the undersigned, as authorized representatives of **Men & Women In Prison Ministries** and **Loyola University Chicago** hereby confirm this Understanding and agree to collaborate toward the efforts mentioned above.

  
Chief Executive Officer

April 19, 2018



**Letter of Support for Dr. Philip Hong at the Center for Research on Self-Sufficiency (CROSS) of Loyola University Chicago Health-EQ Collaborative**

**Brothers Health Collective** mission and description. It is with enthusiasm that we participate in this community capacity building effort with the help of the Center for Research on Self-Sufficiency (CROSS) at Loyola University Chicago through its community-based participatory research as an empowerment strategy focusing on psychological self-sufficiency (PSS).

This letter of support confirms that **Dr. Philip Hong** and **Brothers Health Collective** will work together on the "Understanding and Promoting Health Well-Being through a Bottom-Up Patient-Centered Process" grant funding from the Health-EQ of the Health Sciences Division Administration of Loyola University Chicago. The main purpose of the study is to explore the patient-centered definition of health & well-being using Dr. Hong's PSS theory. It posits that moving from barrier-filled mindset to hope developing behaviors helps individuals develop self-regulation, grit, and resilience to keep striving toward the goal of having health access, actively managing the illness, and being empowered to seek health well-being.

Through asking our patients about their understanding of the PSS process through a series of focus groups, we believe the proposed project will promote public health, increase help-seeking behaviors, medication adherence, and reduce avoidable re-hospitalizations, and emergency department visits.

Particularly, **Dr. Philip Hong** and **Brothers Health Collective** will work together on the following:

- **Dr. Philip Hong** will be the Principal Investigator overseeing the entire community-based participatory research as proposed in the research strategy with the support of his staff of Project Coordinator and doctoral student (qualitative and quantitative data analyst). Data collection approach will involve a series of focus groups and surveys to collect participant-centered data. Analyses will assess how individuals define health well-being from the standpoint of being patients who are at risk or being treated for major illness (i.e., HIV).
- **Brothers Health Collective** will support recruitment efforts of our patients as part of our health promotion/outreach effort in the schools, local Federations, faith-based organizations, social service agencies, and youth-based agencies in the targeted communities for participation in Dr. Hong's focus groups that will engage them in the areas psychological self-sufficiency in relation to health literacy, health care access, and health outcomes.
- **Brothers Health Collective** will work closely with Dr. Hong to develop and create a new community coalition dedicated to supporting health well-being and promotion in the targeted communities.

We, the undersigned, as authorized representatives of **Brothers Health Collective** and **Loyola University Chicago** hereby confirm this Understanding and agree to collaborate toward the efforts mentioned above.

Sincerely,

Ariq Cabbler  
Executive Director

Damon Wardlow, MBA, MHR Chair  
Charles McPherson, PharmD  
Vice Chair

KEITH MAGEE, PhD  
Member at Large

Allan Valdeleon, MD  
Medical Advisor

Greg Winstead, MD  
Medical Advisor

Rodney Perkins, NP  
Volunteer Medical Advisor

Ariq M. Cabbler MPH  
Executive Director

2517 S Archer Avenue  
Chicago, IL 60608  
(312) 808-1044 (O)  
(312) 8081055 (F)





Where Hope Begins

**Main Office**  
5490 Broadway, Suite L-3  
Merrillville, IN 46410  
Phone: 219.985.6170  
Fax: 219.985.6097  
Toll Free: 800.293.7312



**Michigan City**  
301 East 8th Street  
Michigan City, IN 46360  
Phone: 219.873.1250  
Fax: 219.873.2290  
Toll Free: 800.290.2293



**Correspondence**  
PO Box 64568  
Gary, IN 46401

**Letter of Support for Dr. Philip Hong at the Center for  
Research on Self-Sufficiency (CROSS) of Loyola University  
Chicago  
Health-EQ Collaborative**

April 16, 2018

The AIDS Taskforce of Laporte and Porter Counties Inc., d/b/a as The Aliveness Project of Northwest Indiana (APNWI), mission is to assist, support and empower individuals infected and affected by HIV; promote public awareness of the disease through education and prevention programs; to work for, with and on behalf of the HIV infected population to confront discrimination; promote compassion through advocacy to accomplish our mission in a culturally competent manner serving Region I.

Since 1995, APNWI has been the primary provider of comprehensive, HIV/STI testing, disease prevention, case management, medical psychosocial service linkages, and housing assistance for individuals infected with or affected by HIV. Currently the diverse agency staff serves 432 HIV infected intergenerational men and women. The agency has developed a solid record of providing at-risk and underserved individuals quality HIV/STI PCIS in Region 1A. Over the past twelve- three years, APNWI has provided coordinated care for more than 1,200 HIV positive clients and risk reduction services to over 12,000 residents in Region 1A.

The agency has successfully partnered with community members, working with over 50 community-based organizations -in Indiana and Illinois, government agencies, churches, and academic institutions, providing HIV/STI PCIS to members of the LGBTQIA community, incarcerated or reentry community, sex workers, IDUs, individuals with mental health challenges, and other marginalized citizens in Lake, LaPorte, and Porter counties in Northwest Indiana

It is with enthusiasm that we participate in this community capacity building effort with the help of the Center for Research on Self-Sufficiency (CROSS) at Loyola University Chicago through its community-based participatory research as an empowerment strategy focusing on psychological self-sufficiency (PSS).

This letter of support confirms that **Dr. Philip Hong** and **The Aliveness Project of NWI** will work together on the "Understanding and Promoting Health Well-Being through a Bottom-Up Patient-Centered Process" grant funding from the Health-EQ of the Health Sciences Division Administration of Loyola University Chicago. The main purpose of the study is to explore the patient-centered definition of health & well-being using Dr. Hong's PSS theory. It posits that moving from barrier-filled mindset to hope developing behaviors helps individuals develop

Letter of Support for Center for Research on Self-Sufficiency (CROSS) at  
Loyola University Chicago Health PSS Research Project



It is with great enthusiasm that UIC – Project WISH will participate in a community capacity building effort by collaborating with the **Center for Research on Self-Sufficiency (CROSS) at Loyola University Chicago** through its community-based participatory research as an empowerment strategy focusing on psychological self-sufficiency (PSS).

This letter of support confirms that the **Center for Research on Self-Sufficiency (CROSS) and UIC - Project WISH** will work together to understand a patient-centered definition of health and well-being using PSS theory. **CROSS** posits that moving patients from a barrier-filled mindset to a mindset of empowerment will facilitate the development of individuals' behaviors to utilize self-regulation, grit, and resilience to persist in their efforts toward the goal of acquiring access to healthcare, actively managing chronic illness(es), and being empowered to improve their medical health and social well-being.

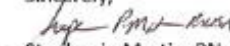
Asking patients about their understanding of the PSS process during a series of focus groups will promote their understanding of the medical services available at public health agencies, increase help-seeking behaviors, improve medication adherence, and reduce or prevent avoidable complications/re-hospitalizations, and emergency department visits.

Specifically, **CROSS** and **UIC – Project WISH** will work together on the following:

- **CROSS** will oversee the health PSS project as proposed in the research strategy with the support of staff and doctoral students. The data collection approach will involve the collection of participant-centered data through surveys as well as during a series of focus groups. Analyses will assess how individuals define well-being from the standpoint of being patients who are at risk of, or are being treated for, major illness (i.e., HIV).
- **UIC – Project WISH** will work closely with Dr. Hong and **CROSS** at Loyola University Chicago to develop and create a new community coalition dedicated to supporting the health and social well-being of targeted communities.

I, the undersigned, as authorized representatives of **University of Illinois at Chicago- Project WISH** and **Loyola University Chicago – CROSS** hereby confirm this Understanding and agree to collaborate toward the efforts mentioned above.

Sincerely,

  
Stephanie Martin, RN, BA  
Research Nurse Administrator  
UIC - Project WISH

APPENDIX C  
PRESCREEN TOOL

: HEALTH GOAL ACHIEVEMENT FOR BLACK MSM

**Please answer the following questions:**

Age: \_\_\_\_\_

Race: \_\_\_\_\_

Gender:  Male  Female\*  Trans male (FtM)  Trans female (MtF\*)  Other\*

Sex at birth:  Male  Female\*

Income Status:  \$0-\$30,000  \$31,000-\$50,000  \$51,000-\$70,000  \$71,000 or more

Preferred pronouns: \_\_\_\_\_

(Ex. he/him/his, she/her/hers, they/them, theirs)

How did you hear about the study?

Outreach Who: \_\_\_\_\_

Ad/Flyer Where: \_\_\_\_\_

Event Where / date: \_\_\_\_\_

Testing Where/ date: \_\_\_\_\_

Friend Who: \_\_\_\_\_

Other \_\_\_\_\_

What is your current HIV status?  HIV+  HIV-  Unsure

If HIV -, are you currently taking Pre-exposure Prophylaxis (PrEP)?  Yes  No

Do you have sex with men, women or both?  Men  Women  Both

What is your sexual orientation?  Gay  Bisexual  Straight

Are you willing to participate in a focus group?  Yes  No

Are you willing to participate in a survey study?  Yes  No

Staff use only-

Eligible for research project?  Yes  No

Contact Information (circle preferred contact method)			
Address			
Best Phone		Email	
Second Phone		Social Media	

Prescreen completed by: \_\_\_\_\_ Initials \_\_\_\_\_

\* items are ineligible per Study Inclusion / Exclusion criteria

APPENDIX D  
INFORMED CONSENT

**Loyola University in Chicago**  
820 N. Michigan Ave. Maguire Hall 4<sup>th</sup> Floor, Chicago, IL 60611  
(Tel): 312-915-7447 / (Fax): 312-915-7645

### **INFORMED CONSENT FORM**

**Project Title:** Psychological Self-Sufficiency-Health (PSS-H) Study

**Principal Investigator:** Dr. Philip Hong, Professor, School of Social Work  
(312)915-7447; [phong@luc.edu](mailto:phong@luc.edu)

#### **INTRODUCTION**

You are invited to participate in a focus group to learn about your perception of health, wellness, chronic illness prevention and management, and health care and information access.

Research studies are designed to learn new things. This information may help the agency you are working with improving their health prevention and promotion programs. Research studies involve benefits and risks. Details of this study are discussed below. Please take your time reading carefully the information below before making your decision on whether or not to participate. Please feel free to ask any questions to the study researcher or the study staff if there are any concerns or words that you do not clearly understand. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

#### **PURPOSE OF THE STUDY**

The purpose of this focus group is to understand individuals' perception of general health and wellness and how they manage to stay motivated to stay connected to health care resources and participate in prevention and management of chronic illness. This study is being conducted by the Principal Investigator, Dr. Philip Hong, Professor, School of Social Work at Loyola University in Chicago. Approximately 8-10 people are expected to participate in each focus group.

**PROCEDURE**

If you decide to participate, you will be asked to talk about your perception about health and wellness. It will take approximately an hour of your time and will be audio recorded.

**DISCOMFORTS AND RISKS**

There are no foreseeable risks involved in participating in this focus group beyond those experienced in everyday life. If at any point the discussion makes you feel uncomfortable, you do not have to participate, and you may withdraw from the focus group at any time. Withdrawing will involve no penalty or loss of benefits you would receive otherwise. If you feel that the discomfort experienced by the focus group has caused any emotional trauma, your healthcare organization can provide you with information regarding support services.

**BENEFITS**

There will be no direct benefit to you for by participating in this focus group, but your participation would help us in understanding the experience in a health and wellness group. In the long run, information collected may help shape future health promotion strategies to help the community.

**COST OF PARTICIPATING:**

Your participation in this study will involve no cost to you.

**CONFIDENTIALITY:**

If you agree to participate in the study, we will keep all information private and confidential to the extent allowed by law. We will protect your confidentiality by removing all names in the transcription of the focus group. Also we will keep the recording and transcription on a password-protected computer in Principle Investigator's office located at Loyola University Chicago Water Tower Campus. Only the project coordinator will be allowed to access the collected data. In any written

reports or publications, no one will be identified or identifiable and only themes will be presented. At the end of the study, all original reports and identifying information will be destroyed. However, we cannot guarantee that information discussed in focus groups will remain confidential because participants may repeat what is discussed with others.

**VOLUNTARY NATURE OF THE STUDY:**

Your decision to participate is completely voluntary and will have no effect on the benefits or services you are currently receiving from your provider or agency. At any time, you may decide to withdraw from the focus group.

**CONTACTS AND QUESTIONS:**

If you have any questions, please feel free to contact the primary investigator of the study, Dr. Philip Hong, at (312) 915-7645 or email [phong@luc.edu](mailto:phong@luc.edu) or the project coordinator, Anthony Johnson, at (312) 915-7337 or email [ajohnson34@luc.edu](mailto:ajohnson34@luc.edu).

If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact The Office of Research Services at Loyola University in Chicago at 773.508.2689 or send e-mail to [ors@luc.edu](mailto:ors@luc.edu).

You may keep a copy of this form for your records.

**STATEMENT OF CONSENT:**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. By signing this form, I agree to participate in the focus group. I will receive a copy of this consent form after I sign it.

\_\_\_\_\_  
Participant's Name (printed) and Signature

\_\_\_\_\_  
Date

Loyola University Chicago: Lakeside Campuses  
Institutional Review Board for  
The Protection of Human Subjects

Date of Approval: 7/30/2021

Approval Expires: 7/30/2022



APPENDIX E  
FOCUS GROUP INTERVIEW GUIDE FOR UNDERSTANDING  
HEALTH GOAL ACHIEVEMENT

**Introduction/Ice Breaker:** Tell me a little bit about yourself and what's going on?

**Health Goals:** In general, what are some of your health goals?

*Probing Questions:*

- What health goals are specific to you?
- What health goals would make you feel your best right now?
- What health goals challenge you the most?
- What goals do you need to achieve to take care of yourself or remain healthy?

**Health Strengths/Motivators:** What are some things that motivate you to reach your health goals?

*Probing Questions:*

- What things motivate or help you to achieve your health goals?
- What specific things encourage you to achieve your health goals?
- How do your family, friends, and peers support you in achieving your health goals?

**Health Strengths/Resilience:** How do you “bounce back” even if you do not initially reach your health goals?

*Probing Questions:*

- How do you overcome your health goal barriers?
- How do you avoid potential health threats?
- What do you prevent negative things from occurring in your life?

**Health Barriers:** What are some of the barriers in your life to achieving your health goals?

*Probing Questions:*

- What specific barriers do you think are unique to you based on your identity?
- How do these barriers impact your life or prevent you from reaching your health goals?
- What things get in the way of you reaching your goals?

APPENDIX F  
THEMES, SUBTHEMES, AND CODES

**Theme 1: Health Goals & Concerns***Subtheme 1: Health-defining factors**Subtheme 2: Health-related goals***Codes:**

- Navigating Substance Use
- Consistent Overall Habits
- Energy
- Eating Well
- HIV & STI prevention
- Longevity
- Lose Weight
- Physical Appearance
- Prioritizing Mental Health

**Theme 2: Motivation to Achieve Health Goals****Codes:**

- Supportive Social Networks
- Hope
- Self-Growth
- Sense of Achievement

**Theme 3: Strategies to Stay on Track with Black MSM health****Codes:**

- Turning to Friends and Family
- Self-Care
- Plan and Structure
- Surrounding Self with Right People
- Ordering your Steps for Success
- Leveraging Technology

## **Theme 4: Overcoming Intersectional Barriers**

### ***Subtheme 1: Health Barriers***

#### **Codes:**

- Condom Use
- Financial Barriers
- Food and Diet
- Lack of Infrastructure
- Lack of Information
- Mental Health Barriers
- Self-Accountability
- Racism

### ***Subtheme 2: Overcoming Barriers***

#### **Codes:**

- Embrace Failure as a Part of the Process
- Focusing on Mental Health as Self-Care
- Resilience

APPENDIX G  
DATA USE AGREEMENT



Loyola University Chicago School of Social Work  
 Center for Research on Self-Sufficiency (CROSS)  
 Maguire Hall 4<sup>th</sup> Floor • Water Tower Campus • 820 N. Michigan Ave. • Chicago, IL 60611 USA

## Data Use Agreement

Center for Research on Self-Sufficiency (the "CROSS" or "Data Provider") agrees to provide Mr. Anthony Johnson (the "Student" or "Data User") with the following data:

- (1) Psychological self-sufficiency-Health (PSS-H) study's qualitative focus group data: CROSS allows Student to use the PSS-H framework and qualitative focus group data as part of his dissertation work. All de-identified focus group data collected on study participants will be shared with Student for data analysis and reporting of subsequent findings on his dissertation.

These data will be used for the dissertation entitled "Understanding the Process of Health Goal Achievement among Black MSM (Men Who Have Sex with Men) in Chicago: An Exploratory Qualitative Study" at Loyola University Chicago (the "Study").

The project is a secondary analysis of CROSS PSS-H qualitative data that includes information on health goal achievement among Black MSM (Men having sex with men) and other demographic data.

Data under (1) above will be analyzed to explore the process by which Black MSM follows a resilient and transformative path to health goal outcome.

Both parties (CROSS and Student) will analyze the data as part of the Study to determine the impact of Black MSM PSS-H on health goal outcome.

CROSS • Data Provider

By

Philip Hong, Ph.D.

(Typed Name)

Director, CROSS

Professor

(Title)

November 8, 2021

(Date)

Student • Data User

By

Anthony Johnson, MPH

(Typed Name)

Doctoral Student

(Title)

November 11, 2021

(Date)

## REFERENCE LIST

- Andrasik, M., Chandler, C., Powell, B., Humes, D., Wakefield, S., Kripke, K., & Eckstein, D. (2014). Bridging the divide: HIV prevention research and Black men who have sex with men. *American Journal of Public Health, 104*(4), 708–714.
- Ayala, G., Bingham, T., Kim, J., Wheeler, D., & Millett, G. (2012). Modeling the impact of social discrimination and financial hardship on the sexual risk of HIV among Latino and Black men who have sex with men. *American Journal of Public Health, 102*(Suppl. 2), S242–S249. <https://doi.org/10.2105/AJPH.2011.300641>
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality & Quantity, 36*, 291–409.
- Bowleg, L. (2012). The problem with the phrase “women and minorities”: Intersectionality, an important theoretical framework for public health. *American Journal of Public Health, 102*, 1267–1273.
- Bowleg, L. (2013). “Once you’ve blended the cake, you can’t take the parts back to the main ingredients”: Black gay and bisexual men’s descriptions and experiences of intersectionality. *Sex Roles, 68*(11–12), 754–767. <https://doi.org/10.1007/s11199-012-0152-4>
- Boylorn, R & Orbe, M. (2014). *Critical autoethnography: Intersecting cultural identities in everyday life*. Routledge.
- Brewer, R., Hood, K., Moore, M., Spieldenner, A., Daunis, C., Mukherjee, S., Smith-Davis, M., Brown, G., Bowen, B. & Schneider, J. (2020). An exploratory study of resilience, HIV-related stigma, and HIV care outcomes among men who have sex with men (MSM) living with HIV in Louisiana. *AIDS and Behavior, 24*(7), 2119–2129.
- Bryman, A. (2004). *Triangulation and measurement*. Loughborough University, Department of Social Sciences, United Kingdom.
- Buttram, M. (2015). The social environmental elements of resilience among vulnerable African American/black men who have sex with men. *Journal of Human Behavior in the Social Environment, 25*(8), 923–933.



- Calabrese, S., Earnshaw, V., Magnus, M., Hansen, N., Krakowiak, D., Underhill, K., Mayer, K., Kershaw, T., Betancourt, J., & Dovidio, J. (2018). Sexual stereotypes ascribed to Black men who have sex with men: An intersectional analysis. *Archives of Sexual Behavior*, 47(1), 143–156. <https://doi.org/10.1007/s10508-016-0911-3>
- Cargill V., & Stone, V. (2005). HIV/AIDS: A minority health issue. *Medical Clinics of North America*, 89(4), 895–912.
- Carson, V., Soeken, K., Shanty, J. & Terry L. (1990). Hope and spiritual well-being: Essentials for living with AIDS. *Psychiatric Care*, 26, 28–34.
- Carter, J., & Flores, S. (2019). Improving the HIV prevention landscape to reduce disparities for Black MSM in the South. *AIDS and Behavior*, 23(Suppl. 3), 331–339. <https://doi.org/10.1007/s10461-019-02671-w>
- Centers for Disease Control and Prevention. (n.d.). *30 years of HIV in African American communities: A timeline*. <https://www.cdc.gov/nchhstp/newsroom/docs/timeline-30years-hiv-african-american-community-508.pdf>
- Centers for Disease Control and Prevention. (2017a). *CDC Fact Sheet: HIV among African Americans (Morbidity and Mortality Weekly Report)*. <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-aa-508.pdf>
- Centers for Disease Control and Prevention. (2017b). HIV among men in the United States. <https://www.cdc.gov/hiv/group/gender/men/index.html>
- Centers for Disease Control and Prevention. (2018). *HIV and African-African gay and bisexual men*. <https://www.cdc.gov/hiv/pdf/group/msm/cdc-hiv-bmsm.pdf>
- Centers for Disease Control and Prevention. (2019a). *CDC Fact Sheet: HIV 101*. <https://www.cdc.gov/hiv/pdf/library/factsheets/hiv101-consumer-info.pdf>
- Centers for Disease Control and Prevention. (2019b). *HIV among gay and bisexual men*. <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf>
- Centers for Disease Control and Prevention. (2020). *HIV and African American gay and bisexual men*. <https://www.cdc.gov/hiv/pdf/group/msm/cdc-hiv-bmsm.pdf>
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE.
- Charmaz, K. (2014). Grounded theory in global perspective: Reviews by international researchers. *Qualitative Inquiry*, 20(9), 1074–1084.

- Cole, E. (2009). Intersectionality and research in psychology. *American Psychologist*, *64*, 170–180. <https://doi.org/0.1037/a0014564>
- Collins, P. (1991). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.
- Collins, P. & Bilge, S. (2016). *Intersectionality*. Polity Press.
- Comer, S. (2017). *Factors that contribute to the disproportionate rates of HIV among Black men who have sex with men (MSM): A systematic review*. School of Public Health, Georgia State University. <https://doi.org/10.57709/10091911>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, *139*, 139–167.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299.
- Creswell, J., & Clark, V. (2018). *Designing and conducting: Mixed methods research*. SAGE.
- Dacus, J. (2018). *Strengths and resiliencies of Black MSM in New York City maintain HIV-seronegativity* [Doctoral dissertation]. [https://academicworks.cuny.edu/gc\\_etds/2614](https://academicworks.cuny.edu/gc_etds/2614)
- Dacus, J., & Sandfort, T. (2020). Perceived HIV risk among black MSM who maintain HIV-negativity in New York City. *AIDS and Behavior*, *24*(11), 3044–3055.
- Dacus, J., Voisin, D., & Barker, J. (2018). “Proud I am negative”: Maintaining HIV-seronegativity among Black MSM in New York City. *Men and Masculinities*, *21*(2), 276–290.
- Dean, H., & Fenton, K. (2010). Addressing social determinants of health in the prevention and control of HIV/AIDS, viral hepatitis, sexually transmitted infections, and tuberculosis. *Public Health Reports*, *125*(4), 1–5. <https://doi.org/10.1177/00333549101250S401>
- Denzin, N., & Lincoln, Y. (2005). The discipline and practice of qualitative research. In N. Denzin & Y. Lincoln (Eds.), *SAGE handbook of qualitative research* (3rd ed., pp. 1–32). SAGE.
- Duckworth, A., Grant, H., Loew, B., Oettingen, G., & Gollwitzer, P. (2011). Self-regulation strategies improve self-discipline in adolescents: Benefits of mental contrasting and implementation intentions. *Educational Psychology*, *31*, 17–26.

- Dyer, P., Shoptaw, S., Guadamuz, T., Plankey, M., Kao, U., Ostrow, D., Chmiel, J. S., Herrick, A., & Stall, R. (2012). Application of syndemic theory to Black men who have sex with men in the Multicenter AIDS Cohort Study. *Journal of Urban Health, 89*(4), 697–708. <https://doi.org/10.1007/s11524-012-9674-x>
- Estivill, J. (2003). Concepts and strategies for combating social exclusion: An overview. Portugal International Labor Office. *Journal of Social Policy, 35*, 521–523.
- Fergus, S., & Zimmerman, M. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399–419.
- Fields, E., Bogart, L., Smith, K., Malebranche, D., Ellen, J., & Schuster, M. (2015). “I always felt I had to prove my manhood”: Homosexuality, masculinity, gender role strain, and HIV risk among young black men who have sex with men. *American Journal of Public Health, 105*(1), 122–131.
- Fields, E., Morgan, A., & Sanders, R. A. (2016). The intersection of sociocultural factors and health-related behavior in lesbian, gay, bisexual, and transgender youth. *Pediatric Clinics of North America, 63*(6), 1091–1106. <https://doi.org/10.1016/j.pcl.2016.07.009>
- Garcia, J., Parker, C., Parker, R. G., Wilson, P. A., Philbin, M., & Hirsch, J. S. (2016). Psychosocial implications of homophobia and HIV stigma in social support networks: Insights for high-impact HIV prevention among Black men who have sex with men. *Health Education & Behavior, 43*(2), 217–225.
- Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*(3), 266–275.
- Gilbert, K., Ray, R., & Siddiqi, A. Visible and invisible trends in black men’s health: Pitfalls and promises for addressing racial, ethnic, and gender inequities in health. (2016). *Annual Review of Public Health, 37*(1), 295–311.
- Graham, L. F., Braithwaite, K., Spikes, P., Stephens, C. F., & Edu, U. F. (2009). Exploring the mental health of Black men who have sex with men. *Community Mental Health Journal, 45*(4), 272–284. <https://doi.org/10.1007/s10597-009-9186-7>
- Harvey, V., Hong, P. Y. P., & Kwaza, K. (2010). Shared reflections: The challenges of client empowerment in workforce development. *Reflections: Narratives of Professional Helping, 16*, 70–78.
- Hawkins, R. L. (2005). From self-sufficiency to personal and family sustainability: A new paradigm for social policy. *Journal of Sociology & Social Welfare, 32*(4), 76–92.

- Herrick, A., Stall, R., Goldhammer, H., Egan, J., & Mayer, K. (2014). Resilience as research framework and as a cornerstone of prevention research for gay and bisexual men: Theory and evidence. *AIDS and Behavior*, 18, 1–9.
- Hickson D., Truong, N., Smith-Bankhead, N., Sturdevant, N., Duncan, D., Schnorr, J., Gibson, J., & Mena, L. (2015). Rationale, design and methods of the ecological study of sexual behaviors and HIV/STI among African American men who have sex with men in the Southeastern United States: The MARI study. *PLoS ONE*, 10(12).
- Hodge, D., Hong, P. Y. P., & Choi, S. (2019). Spirituality, employment hope, and grit: modeling the relationship among underemployed urban African Americans. *Social Work Research*, 43, 43–52.
- Hong, P. Y. P. (2008). Glocalizing structural poverty: Reclaiming hope for children and families. *Illinois Child Welfare*, 4, 23–38.
- Hong, P. Y. P. (2013). Toward a client-centered benchmark for self-sufficiency: Evaluating the ‘process’ of becoming job ready. *Journal of Community Practice*, 21, 356–378.
- Hong, P. Y. P. (2016). Transforming impossible into possible (TIP): A bottom-up practice in workforce development for low-income jobseekers. *Environment and Social Psychology*, 1(2), 93–104. <https://doi.org/10.18063/ESP.2016.02.008>
- Hong, P. Y. P. (2021). Health psychological self-sufficiency (Health-PSS): A bottom-up human-social development approach to health equity. *Social Development Issues*, 43(3), 57–85.
- Hong, P. Y. P., Choi, S., & Hong, R. (2020). A randomized controlled trial study of transforming impossible into possible (TIP) policy experiment in South Korea. *Research on Social Work Practice*, 30, 587–596.
- Hong, P. Y. P., Choi, S., & Key, W. (2018). Psychological self-sufficiency: A bottom-up theory of change in workforce development. *Social Work Research*, 21, 22–32.
- Hong, P. Y. P., Choi, S., & Polanin, J. R. (2014). A multi-sample confirmatory factor analysis of the Short Employment Hope Scale (EHS-14). *Journal of Social Service Research*, 40, 339–352.
- Hong, P. Y. P., Gumz, E., Choi, S., Crawley, S., & Cho, J. (2021). Centering on structural and individual employment barriers for human-social development. *Social Development Issues*, 43, 29–54.
- Hong, P. Y. P., Hodge, D. R., & Choi, S. (2015). Spirituality, hope, and self-sufficiency among low-income job seekers. *Social Work*, 60, 155–164.

- Hong, P. Y. P., Hong, R. & Choi, S. (2020). Validation of the Employment Hope Scale among summer youth employment program participants. *Children and Youth Services Review, 111*. <https://doi.org/10.1016/j.childyouth.2020.104811>
- Hong, P. Y. P., Hong, R., Choi, S., & Hodge, D. R. (2020). Examining psychological self-sufficiency among low-income jobseekers with mental health barriers. *Community Mental Health Journal, 57*, 178–188.
- Hong, P. Y. P., Hong, R., Lewis, D., Swanson, M.V., & Smith, M.A. (2021). Hope is greater than barriers: Creating a pathway of hope for low-income families in moving out of poverty. *Journal of Poverty, 25*, 409–425.
- Hong, P. Y. P., Hong, R., Lewis, D., & Williams, D. (2020). Pathway of employment from uncovering barriers to discovering hope: Nontraditional, student-centered, relationship-based approach. *Families in Society, 101*, 395–408.
- Hong, P. Y. P., Kim, C., Hong, R., Lewis, D., & Park, J. H. (2020). Examining psychological self-sufficiency among African American low-income jobseekers in a health profession career pathways program. *Social Work in Health Care, 59*, 139–160.
- Hong, P. Y. P., Kim, S. H., Marley, J., & Park, J. H. (2021). Transforming Impossible into Possible (TIP) for SUD recovery: A promising practice innovation to combat the opioid crisis. *Social Work in Health Care, 60*, 509–528.
- Hong, P. Y. P., Kim, S., Park, J. H., & Johnson, A. (in press). Effects of psychological self-sufficiency (PSS) and executive functioning on health among low-income health profession jobseekers. *Social Development Issues*.
- Hong, P. Y. P., Lewis, D., & Choi, S. (2014). Employment hope as an empowerment pathway to self-sufficiency among ex-offenders. *Journal of Offender Rehabilitation, 53*, 317-333.
- Hong, P. Y. P., Lewis, D., Park, J. H., Hong, R., & Davies, E. (2021). Transforming impossible into possible (TIP) for fatherhood: An empowerment-based social work intervention. *Research on Social Work Practice, 31*(8), <https://doi.org/10.1177/10497315211004743>
- Hong, P. Y. P., O'Brien, T., Park, J. H., Hong, R., Pigott, T., & Holland, B. (2019). Psychological self-sufficiency—An empowerment-based theory for workforce training and adult education. In C. King & P.Y.P. Hong (Eds.), *Pathways to careers in health care* (pp.303-349). Upjohn Institute for Employment Research.
- Hong, P. Y. P., Polanin, J., Key, W., & Choi, S. (2014). Development of the perceived employment barrier scale (PEBS): Measuring psychological self-sufficiency. *Journal of Community Psychology, 42*(6), 689–706. <https://doi.org/10.1002/jcop.21646>

- Hong, P. Y. P., Polanin, J. R., & Pigott, T. D. (2012). Validation of the Employment Hope Scale: Measuring psychological self-sufficiency among low-income jobseekers. *Research on Social Work Practice, 22*(3), 323–332.
- Hong, P. Y. P., Sheriff, V. A., & Naeger, S. R. (2009). A bottom-up definition of self-sufficiency: Voices from low-income jobseekers. *Qualitative Social Work, 8*(3), 357–376.
- Hong, P. Y. P., Shin, A.J., & Park, J. H. (2018). Positive psychological capital and economic self-sufficiency in workforce development practice. Poster presented at the Annual Conference of the Society for Social Work Research, Washington, D.C., January 10–14.
- Hong, P. Y. P., & Song, I. (2010). Glocalization of social work practice: Global and local responses to globalization. *International Social Work, 53*, 656–670.  
<https://doi.org/10.1177/0020872810371206>
- Hong, P. Y. P., Song, I. H., Choi, S., & Park, J. H. (2016). A cross-national validation of the short Employment Hope Scale (EHS-14) in the United States and South Korea. *Social Work Research 40*, 41–51.
- Hong, P. Y. P., Song, I. H., Choi, S., & Park, J. H. (2018). Comparison of perceived employment barriers among low-income jobseekers in the United States and South Korea. *International Social Work, 61*, 23–39.
- Hong, P. Y. P., Wathen, M.V., Shin, A. J., Yoon, I., & Park, J. H. (in press). Psychological self-sufficiency and financial literacy among low-income participants: An empowerment-based approach to financial capability. *Journal of Family and Economic Issues*.
- Hong, R., & Hong, P. Y. P. (2019). Neurobiological core content in the research-supported Transforming Impossible into Possible (TIP) program model. *Journal of Evidence-Based Social Work, 16*(5), 497–510.
- Hong, R., Northcut, T., Spira, M., & Hong, P. Y. P. (2019). Facilitating transformation in workforce training: Using clinical theory to understand psychological self-sufficiency. *Smith College Studies in Social Work, 89*(1), 66–82.  
<https://doi.org/10.1080/00377317.2019.1577046>
- Jeffries, W. L., Marks, G., Lauby, J., Murrill, C. S., & Millett, G. A. (2013). Homophobia is associated with sexual behavior that increases risk of acquiring and transmitting HIV infection among black men who have sex with men. *AIDS Behavior, 17*(4), 1442–1453.
- Johnson, W. (2010). *Social work with African American males: Health, mental health, and social policy*. Oxford University Press.

- Johnson, A. (2020). Understanding resilience in the context of HIV prevention among Black [Unpublished manuscript]. Loyola University Chicago.
- Kim, Y. K., Jun, J. Y., Song, I. H., & Hong, P. Y. P. (2021). Factors associated with employment hope among North Korean defectors in South Korea. *International Migration*, *59*, 180–196. <https://doi.org/10.1111/imig.12812>
- Kitzinger, J. (1994). The methodology of focus groups: The importance of interaction between research participants. *Sociology of Health and Illness*, *16*, 103–121.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, *45*(3), 214–222.
- Kumar, R., Karabenick, S., Warnke, J., Hany, S., & Seay, N. (2019). Culturally inclusive and responsive curricular learning environments (CIRCLES): An exploratory sequential mixed-methods approach. *Contemporary Educational Psychology*, *57*, 87–105. <https://doi.org/10.1016/j.cedpsych.2018.10.005>
- Levy, M., Wilton, L., Phillips, G., Glick, S. N., Kuo, I., Brewer, R., Elliott, A., Watson, C., & Magnus, M. (2014). Understanding structural barriers to accessing HIV testing and prevention services among Black men who have sex with men (BMSM) in the United States. *AIDS and Behavior*, *18*(5), 972–996.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.
- Luthans, F., Luthans, W., & Luthans, C. (2004). Positive psychological capital: Beyond human and social capital. *Business Horizons*, *47*(1), 45–50. <https://doi.org/10.1016/j.bushor.2003.11.007>
- Malterud, K., Siersma, V., & Guassora, A. (2016). Sample size in qualitative interview: Guided by information power. *Qualitative Health Research*, *26*(13), 1753–1760.
- Masten, A. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. Wang & E. Gordon (Eds), *Educational resilience in inner-city American: Challenges and prospects* (pp. 3–25). Lawrence Erlbaum.
- Maulsby, C., Millett, G., Lindsey, K., Kelley, R., Johnson, K., Montoya, D., & Holtgrave, D. (2014). HIV among Black men who have sex with men (MSM) in the United States: A review of the literature. *AIDS and Behavior*, *18*(1), 10–25.
- May, V. (2014). “Speaking into the void”? Intersectionality critiques and epistemic backlash, *Hypatia*, *29*(1), 94–112.

- Mays, V. M., Cochran, S. D., & Zamudio, A. (2004). HIV prevention research: Are we meeting the needs of African-American men who have sex with men? *Journal of Black Psychology, 30*(1), 78–105.
- McNair, O., Gipson, A., Denson, D., Thompson, D., Sutton, M., & Hickson, D. (2018). The associations of resilience and HIV risk behaviors among Black gay, bisexual, other men who have sex with men (MSM) in the Deep South: The MARI Study. *AIDS and Behavior, 22*(5), 1679–1687. <https://doi.org/10.1007/s10461-017-1881-8>
- Mertens, D. (2009). *Transformative research and evaluation*. Guilford Press.
- Meyer, I. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 209–213.
- Millett, G. (2015, April). “*Stuck*”: *Contextualizing the US HIV epidemic among Black MSM*. Webinar [PowerPoint slides]. <https://www.facebook.com/watch/?v=1157854981014615>
- Millett, G., Malebranche, D., Peterson, J., & Bakeman, R. (2007). Explaining disparities in HIV infection among black and white men who have sex with men: A meta-analysis of HIV risk behaviors. *AIDS, 21*(15), 2083–2091.
- Millett, G., & Peterson, J. (2007). The known hidden epidemic: HIV/AIDS among Black men who have sex with men in the United States. *American Journal of Preventive Medicine, 32*(4), 31–33. <https://doi.org/10.1016/j.amepre.2006.12.028>
- Millett, G., Peterson, J., Flores, S., Hart, T., Jeffries, W., Wilson, P. & Remis, R. (2012). Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: a meta-analysis. *Lancet, 380* (9839), 341–348. [https://doi.org/10.1016/S0140-6736\(12\)60899-X](https://doi.org/10.1016/S0140-6736(12)60899-X)
- Millett, G., Peterson, J., Wolitski, R., & Stall, R. (2006). Greater risk for HIV infection of Black men who have sex with men: A critical literature review. *American Journal of Public Health, 96*(6), 1007–1019.
- Mizio, E., & Delaney, A. (1981). *Training for service delivery to minority clients: Project on Ethnicity*. Family Service Association of American New York.
- O’Donnell, M. P. (2009). Definition of health promotion 2.0: Embracing passion, enhancing motivation, recognizing dynamic balance and creating opportunities. *American Journal of Health Promotion, 24*(1), iv–iv.
- Oettingen, G. (2000). Expectancy effects on behavior depend on self-regulatory thought. *Social Cognition, 18*, 101–129.



- Oettingen, G., Pak, H. J., & Schnetter, K. (2001). Self-regulation of goal-setting: Turning free fantasies about the future into binding goals. *Journal of Personality and Social Psychology, 80*, 736–753.
- Office of Disease Prevention and Health Promotion. (2020). *HIV*. U.S. Department of Health and Human Services. <https://www.healthypeople.gov/2020/topics-objectives/topic/hiv>
- Peterson, J., & Jones, K. (2009). HIV prevention for Black men who have sex with men in the United States. *American Journal of Public Health, 99*(6), 976–980.
- Post-White, J., Ceronsky, C., & Kreitzer, M. (1996). Hope, spirituality, sense of coherence, and quality of life in patients with cancer. *Oncology Nursing Forum, 23*, 1571–1579.
- Powell, W., Richmond, J., Mohottige, D., Yen, I., Joslyn, A., & Corbie-Smith, G. (2019). Medical mistrust, racism, and delays in preventive health screening among African American men. *Behavioral Medicine, 45*(2), 102–117.
- Prado, G., Lightfoot, M., & Brown, C. (2013). Macro-level approaches to HIV prevention among ethnic minority youth: State of the science, opportunities, and challenges. *American Psychologist, 68*(4), 286–299.
- Quinn, K., Spector, A., Takahashi, L., & Voisin, D. (2020). Conceptualizing the effects of continuous traumatic violence on HIV continuum of care outcomes for young Black men who have sex with men in the United States. *AIDS and Behavior, 25*(3), 758–772.
- Ravenell, J., Johnson, W., & Whitaker, E. (2006). African-American men's perceptions of health: A focus group study. *Journal of the National Medical Association, 98*(4), 7.
- Ravenell, J., Whitaker, E., & Johnson, W. (2008). According to him: Barriers to healthcare among African-American men. *Journal of the National Medical Association, 100*(10), 1153–1160.
- Reed, S., & Miller, R. (2016). Thriving and adapting resilience, sense of community, and syndemics among young Black gay and bisexual men. *American Journal of Community Psychology, 57*(1–2), 129–143.
- Reeves, S., Mathieu, A., Kuper, A., & Hodges, B. (2008). Qualitative Research: Why Use Theories in Qualitative Research? *British Medical Journal, 337*(7670), 631–634.
- Ruger, J. (2003). Health and development. *Lancet, 362*(9385), 678–680.
- Rustoen, T. (1995). Hope and quality of life, two central issues for cancer patients: A theoretical analysis. *Cancer Nursing, 18*, 355–361.

- Scioli, A., MacNeil, S., Partridge, V., Tinker, E., & Hawkins, E. (2012). Hope, HIV and health: A prospective study. *AIDS Care, 24*, 149–156.
- Smallwood, S., Carter, J., & Odusanya, A. (2017). Intersecting HIV prevention practice and truth among Black MSM. *HIV/AIDS in Rural Communities: Research, Education and Advocacy, 9*, 123–140.
- Snyder, C. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*(4), 249–275. [https://doi.org/10.1207/S15327965PLI1304\\_01](https://doi.org/10.1207/S15327965PLI1304_01)
- Storholm, E., Huang, W., Siconolfi, D., Pollack, L., Carrico, A., Vincent, W., Rebchook, G., Huebner, D., Wagner, G., & Kegeles, S. (2019). Sources of resilience as mediators of the effect of minority stress on stimulant use and sexual risk behavior among young Black men who have sex with men. *AIDS and Behavior, 23*(12), 3384–3395.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research. Techniques and procedures for developing grounded theory*. SAGE.
- Tempalski, B., Beane, S., Cooper, H., Friedman, S., McKetta, S., Ibragimov, U., Williams, L., & Stall, R. (2020). Structural determinants of Black MSM HIV testing coverage (2011–2016). *AIDS and Behavior, 24*(9), 2572–2587.
- Tyson, K. (1995). *New foundations for scientific social and behavioral research. The heuristic paradigm*. Allyn and Bacon.
- Ungar, M. (2006). Resilience across cultures. *British Journal of Social Work, 38*(2), 218–235. <https://doi.org/10.1093/bjsw/bcl343>
- Ungar, M. (2012). Researching and theorizing resilience across cultures and contexts. *Preventive Medicine, 55*(5), 387–389. <https://doi.org/10.1016/j.ypmed.2012.07.021>
- Weis, J., Zoffmann, V., & Egerod, I. (2013). Enhancing person-centred communication in NICU: A comparative thematic analysis: Communication in NICU. *Nursing in Critical Care, 20*(6), 287–298. <https://doi.org/10.1111/nicc.12062>
- Wheeler, D. (2007). HIV and AIDS today: Where is social work going? *Health & Social Work, 32*(2), 155–157.
- Wheeler, D., Lucas, J., Wilton, L., Nelson, L., Hucks-Ortiz, C., Watson, C., Hutchinson, C., Mayer, K., Kuo, I., Magnus, M., Beauchamp, G., Shoptaw, S., Emel, L. M., Chen, Y., Hightow-Weidman, L., & Fields, S. (2018). Building effective multilevel HIV prevention partnerships with Black men who have sex with men: Experience from HPTN 073, a pre-exposure prophylaxis study in three US cities. *Journal of the International AIDS Society, 21*, e25180. <https://doi.org/10.1002/jia2.25180>

- Wilson, P., Meyer, I., Antebi-Gruszka, N., Boone, M., Cook, S., & Cherenack, E. (2016). Profiles of resilience and psychosocial outcomes among young Black gay and bisexual men. *American Journal of Community Psychology, 57*(1–2), 144–157.
- Witkin, S. (2012). *An Introduction to social constructions*. In Witkin, S. (Ed.), *Social constructionism and social work practice: Interpretations and innovations*. Columbia University Press.
- Wizdom, P., Richmond, J., Mohottige, I., Allison, J. & Corbie-Smith, G. (2019). Medical mistrust, racism, and delays in preventive health screening among African-American men. *Behavioral Medicine, 45*(2), 102–117.
- Woodward, E., Banks, R., Marks, A., & Pantalone, D. (2017). Identifying resilience resources for HIV prevention among sexual minority men: A systematic review. *AIDS and Behavior, 21*(10), 2860–2873.
- Zeglin, R. J., & Stein, J. P. (2015). Social determinants of health predict state incidence of HIV and AIDS: a short report, *AIDS Care, 27*(2), 255–259.

## VITA

Dr. Anthony Johnson earned his Bachelor of Arts in Biology from Indiana University Bloomington in 2009. Upon graduation, he completed his Master of Public Health (MPH) degree from Indiana University Bloomington in 2011. After graduating with his MPH degree, Anthony began working as an interdisciplinary public health researcher and community-based practitioner with a focus on addressing minority health disparities. After gaining professional and research experience in the field of trauma and infectious disease, he decided to pursue a Doctor of Philosophy (Ph.D.) in Social Work at Loyola University Chicago. During his time as a doctoral student at Loyola University Chicago, he worked as a doctoral research fellow at the Center for Research on Self-Sufficiency (CROSS) under the direction of Dr. Philip Hong. During his time at CROSS, he focused on developing research focused on psychological self-sufficiency (PSS) as it pertains to the health and well-being of Black individuals, families, and communities. Dr. Johnson has been active in disseminating his work via publications and presentations as well as through his long-standing community engagement and advocacy to address racial health disparities for Black and Brown communities of color. Over the course of his career, he has played integral roles in the development of the COVID-19 vaccine and prevention efforts. He has also led several national studies pertaining to HIV, sexually transmitted diseases, substance use, and social advancement for marginalized populations with leading research institutions such as Northwestern University School of Medicine, University of Illinois at Chicago Department of Medicine, and Loyola University Chicago School of Social Work funded by organizations

such as the Centers for Disease Control and Prevention, National Institutes of Health, National Institute for Drug Abuse, and the U.S. Department of Health and Human Services. More recently, Dr. Johnson has focused on his research agenda, which includes an analysis of the dynamic process of health goal achievement for subpopulations of Black MSM.