

12-2024

DISCRIMINATION, SEXUAL ORIENTATION, AND ALCOHOL AMONGST LATINE

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DISCRIMINATION, SEXUAL ORIENTATION, AND ALCOHOL AMONGST
LATINE

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Public Health

by
Brian Richard Juarez
December 2024

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ABSTRACT

Existing research acknowledges the influence of discrimination on alcohol use, this study emphasizes the equally significant role of sexual orientation on alcohol use. Associations between these factors and alcohol consumption demonstrate the necessity for ongoing research to analyze their intricate relationships and subsequent health outcomes. This study highlights the crucial need for an in-depth exploration of discrimination as well as marginalized identities as contributing factors in alcohol consumption.

Using a quantitative approach to assess secondary data gathered from the National Alcohol Surveys (NAS), this paper underscores the importance of a comprehensive and timely approach to research the multifaceted impact of discrimination on alcohol-related health outcomes. Research findings highlight significant associations between (1) experiences of discrimination as well as (2) non-heterosexual orientation and reporting alcohol use had a harmful effect on health among Latine adults, providing valuable insights into factors influencing individual behaviors and health outcomes.

Our findings with this study suggest the need for studies that assess the relationships between (1) non-heterosexual orientation and (2) discrimination and alcohol usage and individuals identifying as Latine. There is also a need for more inclusive vocabulary to be used when assisting specific subgroups within the non-heterosexual orientation community.

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CHAPTER ONE

INTRODUCTION

Problem Statement

In 2019, the FBI reported 693 anti-Latino hate crime victims (Cano et al., 2021). Such crimes heighten stress for racial and ethnic minorities, potentially impairing their ability to find healthy coping mechanisms. This stress can lead to unhealthy behaviors like smoking, which may have long-term health effects such as chronic obstructive pulmonary disease. Increased stress related to safety concerns can also increase the likelihood of turning to alcohol or drugs as coping mechanisms, creating a harmful cycle. Addressing these core environmental issues is crucial, as the interplay between stress and unhealthy coping strategies can significantly impact an individual's well-being (Keyes et al., 2012).

According to the 2022 National Survey on Drug Use and Health (NSDUH), 29.5 million people ages 12 and older (10.5% in this age group) had alcohol abuse disorder (AUD) in the past year (Alcohol Use Disorder (AUD) in the United States: Age Groups and Demographic Characteristics | National Institute on Alcohol Abuse and Alcoholism (NIAAA), n.d.). This statistic shows a need to further look into what factors might be affecting the overall population, as well as vulnerable groups such as marginalized racial/ethnic and sexual orientation subgroups, such as Latine, men who have sex with men, those that identify with both, as well as others. There is also a need to identify if sexuality has a

significance in relation to alcohol usage to better understand what key factors might be contributing to poorer health outcomes.

2.2 million people ages 12 and older who had alcohol use disorder (AUD) in the past year (7.6% of people with past-year AUD in this age group) also received alcohol use treatment in the past year (Alcohol Treatment in the United States | National Institute on Alcohol Abuse and Alcoholism (NIAAA), n.d.). More research is needed to help demonstrate why these key factors are relevant when it comes to policies against alcoholism, treatment plans, and overall, how to aid in easing the burden that comes with alcohol abuse. This study is intended to assess the relationships outlined below.

Purpose of Study

The purpose of the study is to analyze the relationship between discrimination and alcohol as well as the relationship between sexual orientation and alcohol among Latine.

Research Questions

Research Question 1: Was discrimination associated with reporting drinking had a harmful effect on health among Latine?

Research Question 2: Did the relationship between discrimination and reporting drinking had a harmful effect on health among Latine remain even after controlling for sexual orientation?

Research Question 3: Is non-heterosexual orientation associated with reporting drinking had a harmful effect on health among Latine controlling for discrimination?

Significance to Public Health

Exploring the role of discrimination and sexuality on alcohol use, as well as other unhealthy behaviors, is warranted given our understanding on social determinants of health (Gilbert & Zemore, 2016). The present study used SPSS statistical software to analyze data from the 2015 Alcohol Survey to find corresponding relationships. Using the software, relationships between the variables listed in the purpose of the study (reporting drinking had a harmful effect on health, experiencing discrimination, and sexual orientation) were assessed. To analyze the quantitative data from the survey we used the computer-based program SPSS to run regression analysis to find our results. The results showed a significant relationship between the variables and helped to identify an area where services or additional research might be needed.

Using software to conduct analysis is beneficial and can help the field by identifying key relationships that one might not be able to think of when conducting needs assessments and program planning. There are a variety of statistical sources we are able to use for epidemiological purposes such as data collected by the CDC, Alcohol research group, Healthy People 2030, and California Survey. These data sources provide a general basis to build upon but

improvement to studies that identify health gaps is still needed. These data sources typically are used to find newer data to conduct research and identify any key services needed for a given geographic area.

This research shows a key area that might need further exploration in the field. It also helps to expand the area of discrimination and alcohol usage. With this expansion it can influence other researchers and policymakers to possibly further the study and find other key relationships to produce more epidemiological data. It can also help influence policy makers to pass legislation to try and provide more services to avoid down the stream issues that are chronic, such as higher rates of depression. Other examples that might become chronic as a result of prolonged alcohol abuse include infectious diseases, cancer, diabetes, neuropsychiatric diseases (including alcohol use disorders), cardiovascular diseases, liver and pancreatic disease, and unintentional and intentional injuries (Rehm, 2011).

This study used data from the National Alcohol Survey conducted by the Alcohol Research Group in 2015. By using a key source of data to run analysis the study adds another realm of information to not only the data collected, but also offers recommendations and some key limitations that can help to enhance the overall survey if needed. All research is valuable and significant to Public Health since the policies, programs, and changes implemented have to have evidence-based methods to back up why they need to change or be implemented.

CHAPTER TWO

LITERATURE REVIEW

Discrimination, particularly against the Latine community, poses significant challenges today. In 2019, the FBI reported 693 victims of anti-Latine hate crimes (Cano et al., 2021). Latine identity is now not only a risk factor for hate crimes but also for the overall well-being of the growing youth. The future of public health and various industries is at risk. As the fastest-growing ethnic group in the USA, Latine youth will soon be a substantial part of our future leadership and workforce (Gómez et al., 2014). Ensuring the safety of these future leaders is imperative.

Many Latinos in the LGBTQI+ community, despite support efforts, still grapple with the overlooked connection between race and discrimination. Latine men in the U.S. who identify as sexual minorities experience minority stress, facing discrimination within both their racial and sexual minority groups (English et al., 2018). This stress influences their behavior, leading to higher levels of binge drinking among Latine individuals compared to non-Latine whites (Zelaya et al., 2023). Differences in upbringing and exposures at home contribute to this pattern, and gay and bisexual adolescent males among Latinos have a faster increase in the risk of heavy drinking than their heterosexual peers (Souleymanov et al., 2020).

Immigrant status contributes to stress and may impact future alcohol use. This can come from a number of reasons such as school bullying for

language barriers, financial restraints, or fear of getting deported. Immigrant-related stress had a greater impact on alcohol use severity in men when compared to women (Cobb & Martínez, 2023). The upbringing of immigrants also influences their behaviors. These upbringings might cause additional stress as many youths can be brought up in homes that follow a machismo or masculine dominant household. Being feminine or gay might interfere with what families are traditionally used to and cause identified youth to feel shame or fear to come out to family. For those that grow up in the closet they may feel an inherent responsibility to behave masculine so that their family does not feel disgraced (Tamez, 1981).

Studies show that identity-based discrimination is linked to increased alcohol use and related problems (Guy et al., 2022). As Latine immigrant adolescents develop their self-identity, a pattern emerges. For those aged 18-25 who choose to drink, their risk of alcohol misuse and related consequences significantly rises (Cobb & Martínez, 2023). This period often coincides with high school graduation and the start of college, adding to the existing stressors they face.

Men who have sex with men (MSM) remain the most affected population by HIV in the US (Zelaya et al., 2022). The lack of resources and research dedicated to addressing the needs of this community has had a lasting impact on their health outcomes. Recent observations indicate an increasing pattern of HIV transmission, particularly among the MSM population. A multi-city

study of MSM revealed elevated rates of alcohol and drug use among both HIV+ and HIV-/unknown individuals (Lauby et al., 2017).

It is crucial for success in programs when assisting those that identify in the MSM subgroup that empathy and a nonjudgmental narrative is adhered to. It is essential to critically assess their narratives, avoiding the perception of them as a singular high-risk group. Instead, concentrate on addressing various forms of identity-based discrimination (Zelaya et al., 2022). Subgroups within MSM exhibit specific sensitivities that can impact an individual's willingness to be open about their experiences. These experiences are often multidimensional. Many racial minority MSM populations face financial hardship, influencing engagement in HIV risk behaviors, including substance use and sexual risk-taking (Zaller et al., 2017).

Latine MSM may encounter discrimination impacting their health. Those living with HIV face an additional layer of discrimination based on their HIV status (Guy et al., 2022). Obtaining treatment may be further complicated due to ethnic discrimination related to healthcare access and insurance, with the highest rates observed in first-generation Latine adults (Cano et al., 2021). This can affect access to treatment and continued care for other comorbidities, if present.

CHAPTER THREE

METHODS

Study Design

This study is based on a quantitative assessment of secondary data. The original cross-sectional study collected data on demographics, substance abuse, mental health, discrimination, and other health variables among individuals over the age of 18. Details on the study design have been published and explained in the National Alcohol Surveys (NAS) codebook. N-13 2014-2015 ((NATIONAL ALCOHOL SURVEYS 2023). The NAS has been conducted approximately every five years since 1979 (NATIONAL ALCOHOL SURVEYS 2023).

Data Source and Collection

The present study used NAS data collected from 2014 and 2015 conducted through the Alcohol Research Group. The sample is a diverse group of individuals from Latine, White, African American, and Asian Populations. The data gathered included a variety of variables that had both qualitative and quantitative answers. The data was collected via a 45-minute phone interview in which participants were given the questionnaire and the possible answers. Participants were then offered a chance to win an Amazon gift card if their household qualified. The present study focused on the Latine respondents (N=5,632).

The questionnaire had a range of topics covered from experiencing injuries to violence, and some background questions such as age and marital status. The study obtained information regarding attitudes, opinions, and use of alcohol and drugs, as well as information on treatment and policy on health-related issues.

Measures and Data Analysis

Dependent Variable

The dependent variable was if drinking had a harmful effect on health. Drinking having a harmful effect on health was measured by asking participants, “if there was ever a time, they felt their drinking had a harmful effect on their friendships and social life?” Respondents answered (1) Yes, (2) No, (97) Don’t Know, (99) Refused,

A second question they asked was, “if drinking had a harmful effect on their outlook on life?” Respondents answered (1) Yes, (2) No, (97) Don’t Know, (99) Refused.

Independent Variables

Discrimination was measured by asking participants, “how often have you experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior because of your race, ethnicity, or color?” Respondents answered (1) Never, (2) Once, (3) 2-3 times, (4) 4 or more times, (5) Don't know, or (6) Refused.

Sexual orientation was measured by asking respondents, “which of the following statements best describes your sexual orientation?” Respondents answered (1) Only Heterosexual (“Straight”, have sex with the opposite sex), (2) Mostly Heterosexual, (3) Bisexual (Have sex with either sex), (4) Mostly Homosexual (“Gay or Lesbian”, have sex with the same sex), (5) Only Homosexual, (6) Something else, (7) Don’t Know, or (8) Refused to answer.

Race/ethnicity was measured by asking participants, “ if they were Latine/Latino(a) or of Spanish origin” Respondents answered (1) Yes, (2) No, (3) Don’t know/not sure, or (4) refused to answer.

Research Question 1: Was discrimination associated with reporting drinking had a harmful effect on health among Latine?

Research Question 2: Did the relationship between discrimination and reporting drinking had a harmful effect on health among Latine remain even after controlling for sexual orientation?

Research Question 3: Is non-heterosexual orientation associated with reporting drinking had a harmful effect on health among Latine controlling for discrimination?

Ethics

This study was conducted using secondary data from a publicly available national dataset without identifiable private information and no human subjects

were used. Thus, the CSUSB IRB deemed that this thesis did not engage in research with human subjects as defined by the Office of Human Research Protections (OHRP).

CHAPTER FOUR

RESULTS

The results of this study are divided in relation to each research question:

Research Question 1: Was discrimination associated with reporting drinking had a harmful effect on health among Latine? Table 1 shows the findings from conducting regression analysis. Discrimination is significantly associated with drinking having a harmful effect on health ($p=0.01$), the Exp(B) tells us that Latine that report discrimination are 1.208 times as likely to also report drinking had a harmful effect on their health, compared to those reporting no discrimination.

Table 1. Association Between Drinking Having A Harmful Effect On Health and Discrimination. (unweighted). National Alcohol Survey. 2015

		Variables in the Equation					
		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	experienced discrimination, prevented from doing something bc of race/ethnicity	.189	.074	6.559	1	.010	1.208
	Constant	-1.953	.182	114.562	1	<.001	.142

a. Variable(s) entered on step 1: experienced discrimination, prevented from doing something bc of race/ethnicity.

Research Question 2: Did the relationship between discrimination and reporting drinking had a harmful effect on health among Latine remain even after

controlling for sexual orientation? In order to address this question, the analysis included both discrimination and sexual orientation to assess their relationship with drinking having a harmful effect on health. Table 2 shows the findings from conducting regression analyses. Discrimination remains significantly associated with drinking having a harmful effect on health after controlling for sexual orientation ($p=0.013$). Latine that report discrimination are 1.205 times as likely to also report drinking had a harmful effect on their health compared to those reporting no discrimination, adjusting for sexual orientation.

Table 2. Association Between Drinking Having A Harmful Effect On Health and Selected Covariates (unweighted). National Alcohol Survey. 2015

		Variables in the Equation					
		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	experienced discrimination, prevented from doing something bc of race/ethnicity	.187	.075	6.189	1	.013	1.205
	nonhetero	.706	.261	7.323	1	.007	2.026
	Constant	-2.033	.189	115.266	1	<.001	.131

a. Variable(s) entered on step 1: experienced discrimination, prevented from doing something bc of race/ethnicity, nonhetero.

Research Question 3: Is non-heterosexual orientation associated with reporting drinking had a harmful effect on health among Latine controlling for discrimination? To address this question, the analysis focused on the association between non-heterosexual orientation and drinking having a harmful effect on health. Table 2 shows the findings from conducting regression analyses. Latine non-heterosexual individuals are 2.026 times more likely to report drinking had a

harmful effect on their health compared to heterosexual individuals, adjusting for discrimination ($p=0.007$).

CHAPTER FIVE

DISCUSSION

Based on the results from research question one, we see that there is a possible association between reporting discrimination and that drinking had a harmful effect on health among Latine. This means that among Latine there is a higher likelihood of experiencing problems related to alcohol usage for those that experience discrimination. This is consistent with previous literature that identifies discrimination as a risk factor for alcohol use among the Latine as well as other diverse populations (Otiniano Verissimo et al., 2014). Results from research question two show that the relationship between discrimination and drinking having a harmful effect on health remained even after controlling for sexual orientation.

The results of this study and past studies show the associations of heavy drinking and discrimination. There is a general consensus that these issues are complex and include different realms of an individual including but not limited to more mental health problems including substance use disorder, affective disorders and suicide (Meyer, 2003) . With growing youth and advances in drug usage there is a disadvantage for the non-heterosexual Latine community as they may have higher rates of using these substances based on their experiences with discrimination.

Research question three focused on the relationship between sexual orientation and drinking having a harmful effect on health controlling for

discrimination. The results showed an association between non-heterosexual orientation and drinking having a harmful effect on health even after controlling for discrimination. This is consistent with previous literature that shows non-heterosexual populations tend to have increased levels of alcohol use compared to their heterosexual counterparts (Fish & Exten, 2020).

These findings reveal that both discrimination and sexual orientation are important factors to consider when addressing alcohol use among Latine. Discrimination is an added stressor and can also impact how individuals choose to indulge in alcohol consumption, often turning to alcohol to cope with stress (Gilbert & Zemore, 2016). Discrimination can be a form of chronic stress, and it can have an impact on overall health causing more issues down the line (Pascoe & Richman, 2009).

For Latine and other communities of color, sexual orientation is an added identity that can influence one's personal growth as well as their experiences. With hate crimes on the rise against marginalized groups stress is a particularly relevant factor that should be explored. Discrimination can keep one from going out, seeking new opportunities financially, and overall be a chronic stressor.

As race and ethnicity also play a huge role in how a person develops, alcohol use prevention and treatment programs should incorporate aspects of racial/ethnic identity formation. As the Latine community may also face additional challenges just as poverty and mixed documentation status within families this can create unique stressors that overlap with experiences of

discrimination. These stressors may accumulate over time, which emphasizes the need for prevention and treatment programs available for various age groups.

Strengths and Limitations

Relationships were observed between discrimination and drinking having a harmful effect on health as well as sexual orientation and drinking having a harmful effect on health. The secondary data used gave insight on this relationship consistent with previous studies. However, there is still a need for further research as our understanding of these relationships can help inform treatment and prevention efforts. Key limitations from the current study include the use of cross-sectional data preventing causality from being assessed. Similarly, the relationships assessed did not control for additional social determinants of health such as employment and education. Additionally, as existing data was used, the measures of discrimination and alcohol use may not fully capture the experiences of respondents. Lastly, there may be differences by Latine subgroups such as Mexicans versus Puerto Ricans, and the present study did not explore those differences.

Recommendations for Research and Practice

Recommendations for Research are to use sexuality and discrimination as main factors. It is critical to address discrimination and to be responsive to the reality faced by those from non-heterosexual groups. This population has a

variety of historical events which might deter them from getting tested or treated out of fear of being discriminated against. To address this population the type of outreach requires extensive sensitivity. When conducting surveys via emails and text threads it might be beneficial to send them when individuals are not working, thus can be kept confidential. This may ultimately help outcomes for both research and interventions. Using a multidisciplinary approach might also help with allocating needed resources to individuals to help their overall well-being. Building a team with social workers, local clinics, and community resources might also help individuals feel more open to speaking about their experiences and what needs they might have.

Treatment programs need to more access to those that might be from communities that lack resources and are in more rural areas. These teams need to be specially equipped to assist those that need assistance with not only treatment but also resources for housing, food insecurity, and mental health. They will need to assist those that might be newly diagnosed HIV+ individuals and the diagnosis might cause a mental breakdown. They might also have to have a system in place with local stakeholders for follow up care for the individuals they are able to reach.

As for practice, finding keen aspects such as sensitivity when it comes to sexual minority populations is particularly important. The more comfortable an individual feels the more key factors researchers might be able to find. Researchers need to be well educated on sexuality spectrums and the

importance of addressing individuals by their preferred pronouns. Meeting them at their level, meaning using common phrases, when possible, not using medical jargon as much, and ensuring they are culturally appropriate. Defining the scope of research to focus on 3-4 key components when it comes to discrimination will most likely identify more underrepresented populations and needs as well.

The need for further research should include risk factors and analysis that highlight the disparities that these Latine subgroups face. Many might be housing insecure and face discrimination at home or in the workforce. Further research still needs to identify the salient factors that contribute to increased risk for binge drinking among Hispanics/Latinos (Ornelas et al., 2016). Another aspect is the need for primary data to include newer terminology for the new pronouns within the LGBTQ+ community. This can highlight more health disparities and risk factors that need to be addressed to further assist the population.

Conclusion

Discrimination is a factor that needs to be researched more in detail. There are associations showing the need for not only more research among diverse racial and ethnic groups, but also those with diverse sexual orientation identifications. With these factors impacting drinking having a harmful effect on health there needs to be a continued effort in analyzing the relationships they have and ultimately health outcomes.

Primary data might be needed to help with newer terminology for the new pronouns within the LGBTQ+ community. The quicker we can identify the need

for intervention with the new factors, the better health outcomes an individual can have before the alcohol consumption behavior becomes chronic and extremely detrimental to health.

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