

INTERSECTIONAL APPROACHES TO EQUITY IN MEN'S HEALTH AND WELL-BEING

INTERPERSONAL AND STRUCTURAL SOCIAL ISOLATION AMONG AFRICAN AMERICAN AND BLACK CARIBBEAN MEN

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ABSTRACT

Social relationships are important for promoting health and well-being in men and confer many benefits that help prevent the onset and mitigate adverse impacts of disease and disability. Social isolation, or the absence of social relationships, is associated with a wide range of negative health outcomes; however, most studies of social isolation have been conducted among predominantly White samples. As a consequence, we know very little about social isolation among Black men. Using an intersectionality framework, this study examines the prevalence and correlates of social isolation among men who identify as African American or Black Caribbean.

Data come from the National Survey of American Life (NSAL), a nationally representative sample of African Americans, Black Caribbeans, and Whites living in the United States. The current study focuses on men who identified as African American or Black Caribbean. Further, within this sample, we distinguish by ethnicity and nativity in examining Black men who are African American (native to the U.S.), U.S.-born Black Caribbean men, and foreign-born Black Caribbean men. Social isolation was operationalized using two constructs: interpersonal isolation and structural isolation. The analyses adjusted for age, education, income, marital status, and region. We conducted a series of Poisson regressions to determine: (1) ethnic differences in interpersonal and structural social isolation and (2) ethnic-specific correlates of interpersonal and structural social isolation among Black men. All analyses accounted for the complex study design of the NSAL.

There were no significant ethnic differences among Black men for interpersonal isolation. However, U.S. born Black Caribbean men had higher rates of structural social isolation compared to African American men and foreign-born Black Caribbean men. There were very few differences in the correlates of interpersonal isolation among Black men regardless of ethnicity. However, in terms of structural isolation, African American men had more significant correlates in comparison to U.S. born Black Caribbean men and foreign-born Black Caribbean men.

Strong, supportive, and positive social relationships are critical for men's health and well-being through the provision of social supports that directly promote health and buffer the impact of psychosocial stressors. In contrast, the absence of these social relationships, that is, being socially isolated, is associated with

worse self-rated health, many negative physical and mental health outcomes (increased risk of cancer, greater depressive symptoms, greater psychological distress, increased risk of cognitive decline and impairment) and earlier mortality.¹⁻¹⁰ A meta-analysis of the mortality effects of social isolation¹¹ indicates that

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social isolation is equivalent to smoking more than 15 cigarettes per day. Ongoing research indicating that compared to women, men are more socially isolated and that the health effects of social isolation may be worse for men, has generated interest in examining social isolation among men.^{2,12}

To our knowledge, no studies have examined the prevalence and correlates of social isolation specifically among men and none have explored social isolation among Black men. The current study seeks to address this gap by examining the prevalence and correlates of social isolation among a diverse sample of Black men, including African American men, U.S. born Black Caribbean men, and foreign-born Black Caribbean men. Accordingly, our use of the specific terms, African American, U.S. born Black Caribbean, and foreign-born Black Caribbean refer to specific groups of men, while Black men and Black American men, collectively refer to all three groups. Our study uses an intersectional approach in examining how race, ethnicity, and nativity mutually constitute the experience of social isolation among Black men.

BLACK CARIBBEANS

In the last 30 years there has been a tremendous increase in the foreign-born Black U. S. population. Most of these immigrants have come from various Caribbean countries, particularly Jamaica and Haiti.^{13,14} The Black Caribbean population tends to be clustered in various areas of the U.S., primarily on the east coast. For instance, Caribbean immigrants make up 49% of the overall immigrant population in New York, 45% in Rhode Island, and 43% in Massachusetts.¹³ Before the 1990s Whites were classified in terms of different ethnic groups (e.g., Italians, Polish), but Black Americans were not. However, it is clear now that Black Americans are comprised of at least 2 ethnic groups—African Americans born in the United States and who are the descendants of persons held in American slavery and Blacks whose families have immigrated from the Caribbean region.

It is important to note that in addition to skin tone and other physical characteristics, there are many similarities between these two populations as both

groups are descendants of slavery and share a heritage of African descent. Nonetheless, despite the increase in the size of the Black Caribbean population in the U.S., Black Caribbeans have been referred to as an invisible population.¹⁵ Owing to their physical similarities, Black Caribbeans are indistinguishable from African Americans and not recognized as a distinct ethnic Black group in U.S. society.¹⁶ Consequently, Black Caribbeans have been treated very similarly to native-born African Americans including being the victims of racial prejudice and discrimination. One indicator of the degree of invisibility of this population is that many famous Black people are in actuality either first- or second-generation Caribbean immigrants including Colin Powell, Stokely Carmichael, Harry Belafonte, Gil-Scott Heron, Kid of Kid 'n Play, Notorious B.I.G., Heavy D, Sidney Poitier, and Louis Farrakhan.

Social scientists have also largely ignored the presence of Black Caribbeans within the Black racial category. This practice is problematic as it obscures important differences in national heritage, cultural practices, demographic profiles, and life experiences that distinguish native-born African Americans and Black Caribbeans.¹⁶ Further, these differences are potentially relevant for physical and mental health as well as familial relationships. Current evidence suggests that these differences are particularly important for men. For instance, because women interact more with family members, they also experience more negative interactions (criticisms, conflict) than men, a pattern found among both African Americans and non-Latino Whites.¹⁷ However, this is not true for Black Caribbeans where there were no gender differences in the frequency of negative interactions with family members.¹⁷ Further, compared to Black Caribbean women, Black Caribbean men have higher rates of major depressive disorder¹⁸ and higher rates of suicide attempts.¹⁹ These findings are especially noteworthy given that previous research on African Americans and non-Latino Whites documents that women typically have higher rates of depression and suicide attempts than men.

SOCIAL ISOLATION AMONG MEN

Despite the absence of research that focuses solely on social isolation prevalence among men, several studies that focus on both men and women indicate that gender differences in social isolation are complex and nuanced. When social isolation is operationalized as an aggregated index of multiple indicators (e.g., limited contact with family and friends, living alone, no social group participation), most studies find that men are more likely to be socially isolated in comparison to women (the one exception being Pohl and colleagues study in 2017, which found no gender differences).^{1,2,20,21} Furthermore, men report smaller social networks in comparison to women, have fewer interactions with members of their social networks, are less likely to volunteer, and are less likely to participate in religious services.²²⁻²⁴ Taylor and colleagues' study using individual indicators of social isolation found that older men were more likely than women to be objectively isolated from their friends, to be childless, and to live alone. Nevertheless, men and women were equally likely to be objectively isolated from their family members, neighbors, and neighborhood groups, while men were substantially more likely than women to be married and/or have a romantic relationship.²² Cornwell and colleagues similarly did not find any gender differences in the likelihood of socializing with neighbors and participating in groups and social activities.²⁴ Chatters and colleagues also found gender differences in their analysis of objective social isolation among older adults.²⁵ Objective isolation was operationalized as: (1) being objectively isolated from both family members and friends, (2) being objectively isolated from family only, (3) being objectively isolated from friends only, and (4) not being objectively isolated from family members or friends. They found that men were substantially more likely to be isolated from both their family members and friends and more likely to be isolated from their families only. However, there were no gender differences in being isolated from friends only.

In sum, these findings indicate that social isolation among men is primarily driven by a lack of contact with close family members and friends, limited

participation in religious services and organizations, and not volunteering.^{22,25} On the other hand, men are more likely to have a spouse or romantic partner compared to women, and are equally likely as women to interact with their neighbors, participate in neighborhood groups, and participate in group and social activities.^{22,24} The next section will cover the prevalence and associative factors for social isolation among African American and Black Caribbean populations.

PREVALENCE AND ASSOCIATIVE FACTORS FOR SOCIAL ISOLATION AND SOCIAL SUPPORT AMONG BLACK POPULATIONS

Very few studies examine the prevalence and associative risk factors for social isolation among Black populations.^{22,26} Taylor and colleagues utilized the entire African American subsample of the National Survey of American Life (NSAL) to examine the prevalence and associative risk factors of social isolation.²⁶ This study found approximately that 23% of African Americans were either socially isolated from (1) both family members and friends, (2) family members only, or (3) friends only. Furthermore, African American men were substantially more likely than women to be socially isolated from both family members and friends and family members only; however, men and women were equally likely to be objectively isolated from friends only. Other factors associated with social isolation included education (those with more years of formal education were less likely to be objectively isolated from both family members and friends and their friends only), marital status (married individuals were less likely to be socially isolated from family members only, but were more likely to be socially isolated from friends only), and region of the country (as compared to Southerners, respondents living in the west were more likely to be isolated from both family members and friends and were more likely to be isolated from family only). These findings are consistent with research on social support among African Americans. This body of research has generally found that among African Americans, Southerners, married adults and those with more years of formal

education have higher levels of involvement in their support network and larger support networks than their respective counterparts (see review by Taylor et al., 2013).²⁷

Taylor and colleagues examined social isolation using the older African American and Black Caribbean subsample of the NSAL.²² Both older African Americans and Black Caribbeans were equally likely to be objectively isolated on all domains, with the exception that older African Americans were more likely to be childless in comparison to older Black Caribbeans. Additionally, both African American and Black Caribbean older men were more likely to be objectively isolated from congregational members, isolated from their families, and more likely to be involved in a romantic relationship as compared to African American older women and Black Caribbean older women, respectively.

INTERSECTIONALITY THEORY

Intersectionality theory is used to understand the complexities associated with multiple forms of oppression, power, and privilege that are linked to various social categories (e.g., gender, race) and identities.²⁸ An intersectional approach has three core components: (1) an understanding that people are categorized by multiple social categories simultaneously which are also heavily interconnected, (2) each of these intertwined categories are associated with differing dimensions of power, inequality, oppression, and privilege, and (3) these social categories reflect properties that are inherent both to the individual and to the social context in which individuals are embedded.²⁹ In essence, combinations of social categories (e.g., race, gender, sexuality, class) are associated with specific types of power and privilege, as well as systemic oppression and discrimination. Intersectionality provides an important framework to understand how social and health inequalities across key sociodemographic characteristics are often driven by social inequity or social policies and practices that shape the experience of social isolation for African American and Black Caribbean men.

Black Men and Intersectionality

An important body of emergent work examines Black men's intersectionality to understand how Black race and male gender jointly shape the life experiences of Black men. Derek Griffith, a leading scholar of Black men's health, uses an intersectionality framework to examine the extreme health disparities experienced by Black men relative to other race-gender groups in the U.S. His work uses an intersectionality approach to simultaneously consider the intersections of multiple social identities and contexts to better understand their health and social consequences,^{30,31} giving particular attention to the important positions of identifying both as a man and as Black. An intersectional lens clarifies how the physical and psychosocial risks to health (e.g., stressors) that Black men experience, as well as the resources available to counteract those risks and protect health (e.g., social supports, health behaviors), are themselves specifically racialized, gendered, and uniquely experienced by Black men.³¹⁻³³

Griffith advocates for a further extension of the intersectional framework by recognizing that race and ethnicity represent distinct social categories and identities whose inclusion in analyses can increase the explanatory power of an intersectionality lens.³¹ Rather than only relying on pan-racial categories, the inclusion of ethnicity as a social category emphasizes within-group differences in social status and identities, for example, between U.S.-born persons of African descent (i.e., African American) vs. Caribbean-born persons of African descent (i.e., Black Caribbeans). Disentangling race and ethnicity provides a fuller understanding of the mechanisms and pathways which influence health and social outcomes. This includes understanding health outcomes that are associated with race-specific features of social-environmental contexts versus those associated with cultural values and norms, habits, beliefs, traditions, and practices associated with ethnicity.³¹ In addition to acknowledging race and ethnicity as distinct social categories, Griffith's work includes a host of other factors (e.g., age, disability, sexual orientation) that are critical to men's health and well-being, but rarely included in study designs and analyses of men's health practices

and health outcomes.³¹ An intersectionality approach to Black men's health allows researchers to better understand how Black men of different social locations and identities mobilize their available social and cultural resources to mitigate the negative influence of racial oppression and discrimination on their health (see p. 48 of Griffith et al., 2011).³⁰ Our study uses an intersectionality approach to better understand how Black men's different social locations and identities mutually shape social relationships and social isolation, factors that are known to be especially relevant for health.

FOCUS OF THE STUDY

Previous studies on social isolation have used race, ethnicity, and gender as covariates to determine if, based on these categories, particular social groups had a greater risk for social isolation. This approach is useful for identifying differences in social isolation based on broad group categories. However, this approach does not examine the discrete factors, mechanisms, and pathways which account for these differences. Furthermore, this approach does not examine whether the multiple and interdependent social categories that Black men embody heightens the risk of experiencing social isolation. Social isolation using an intersectionality perspective represents a substantially different experience than simply identifying as male or identifying as Black. We utilize an intersectional approach to better understand the prevalence and associative risk factors for social isolation among Black men and to maximize the advantages of the nationally-representative sample of African Americans and Black Caribbeans.

Prior research often operationalizes social isolation by using a social network index or by combining multiple measures that examine social network size, frequency of contact with social network members, social engagement/participation with groups and activities, living arrangements, and marital status.^{1,34,35} Our study uses a novel approach to examining social isolation by distinguishing between interpersonal social isolation and structural social isolation. We view interpersonal isolation as a lack of social contact or

interaction with your social networks or other members of society. This measure reflects the extent of limited contact with family members and friends, as well as limited social engagement in groups or social activities. Structural isolation, on the other hand, captures information on living arrangements (living alone) and whether the individual has children (having children vs no children). Both measures are particularly important for assessing social isolation. For instance, older adults with children are significantly more likely to be involved with their extended family and have larger support networks than their childless counterparts.²⁷ Also, being a parent of young children can involve parents in their children's school and social activities and link them in supportive networks with other parents. We believe the differentiation between interpersonal and structural social isolation, together with our focus on key sociodemographic factors, will provide a more nuanced approach to understanding how social isolation is experienced within a diverse group of Black men.

Our study has two aims. First, to determine the prevalence rates of both interpersonal and structural social isolation among African American men, Black Caribbean men born in the United States, and Black Caribbean men born outside of the United States. We examine whether there are differences in interpersonal and structural social isolation across these three groups of Black men while simultaneously controlling for key sociodemographic variables associated with social isolation. We note two competing hypotheses regarding differences in social isolation among Black men. Our first hypothesis is that Black Caribbean men born outside the U.S. will have significantly higher rates of interpersonal and structural social isolation as compared to Black Caribbean men born in the U.S. and African American men. Immigrants who migrate to the U.S. from another country are often separated from family members and friends in the home country for significant periods. They are faced with the task of developing new social networks in their new residence. Our second competing hypothesis is that second-generation Black Caribbeans (those born in the United States) will have higher levels of social

isolation than first-generation Black Caribbeans. This hypothesis is based on research that shows that foreign-born or 1st generation Black Caribbeans have higher levels of physical and mental health.³⁶ First generation Black Caribbeans tend to come from cultures that emphasize family relationships and have extended kinship support networks, which are protective against mental illness.³⁷ Additionally, there may be some level of self-selection such that healthy persons are more likely to immigrate than those who are mentally or physically ill. Consequently, immigrants may be more likely to maintain strong support networks and less likely to be socially isolated.

A second goal of the study is to determine if key sociodemographic factors are also associated with Black men's experience of social isolation and to document potential similarities and differences in how these factors are associated with social isolation. The sociodemographic variables utilized in this analysis are age, household income, education, the region of the country, and involvement in a marital/romantic relationship. These variables have been identified as important correlates of social isolation.^{22,26}

METHODS

Data

The National Survey of American Life: Coping with Stress in the 21st Century (NSAL) was collected by the Institute of Social Research's Survey Research Center, in cooperation with the Program for Research on Black Americans. The data collection was conducted from February 2001 to June 2003; the overall response rate was 72.3%. Most of the interviews were conducted face-to-face (86%) in respondents' homes, while the remaining 14% were telephone interviews. A total of 6,082 face-to-face interviews were conducted with persons aged 18 or older, including 3,570 African Americans, 891 non-Hispanic Whites, and 1,621 Blacks of Caribbean descent. The analytic sample for the current study consisted of 1,271 African American and 643 Black Caribbean men.

The African American sample is a national representative sample of households located in the 48 coterminous states with at least one Black adult 18

years or over who did not identify ancestral ties in the Caribbean. Both the African American and non-Hispanic White samples were selected exclusively from these targeted geographic segments in proportion to the African American population.³⁸ The Black Caribbean sample was selected from two area probability sample frames: the core NSAL sample and an area probability sample of housing units from geographic areas with a relatively high density of persons of Caribbean descent (more than 10% of the population). Of the total Black Caribbean respondents (1,621), 265 were selected from the households in the core sample, while 1356 were selected from housing units from high-density Caribbean areas (see Heeringa et al., 2004 and Jackson, et al., 2004 for a more detailed description of the sample designs and sampling methods used in the development of the NSAL).^{38,39}

For both the African American and Black Caribbean samples, it was necessary for respondents to self-identify their race as Black. Those self-identifying as Black were included in the Black Caribbean sample if: (1) they answered affirmatively when asked if they were of West Indian or Caribbean descent, (2) they said they were from a country included on a list of Caribbean area countries presented by the interviewer, or (3) they indicated that their parents or grandparents were born in a Caribbean area country.³⁹

Dependent Variables

There are two dependent variables in this analysis: (1) interpersonal social isolation, and (2) structural social isolation. *Interpersonal social isolation* is measured by the following five measures: (a) isolation from neighbors, (b) isolation from neighborhood groups, (c) isolation from congregational members, (d) isolation from family members, and (e) isolation from friends. Isolation from neighbors was assessed by the question: "How often do you get together with any of your neighbors, that is, either visiting at each other's homes or going places together? Would you say nearly every day, at least once a week, a few times a month, at least once a month, a few times a year, or never?" A few times a year and never = 1; all other = 0. Isolation from neighborhood groups was assessed by two questions: "Are there any groups in

this neighborhood such as block clubs, community associations, social clubs, helping groups, and so forth?" If respondents answer yes they are then asked, "Are you involved with any of these groups?" Not being involved with a neighborhood group = 1; all other = 0. Isolation from congregation members is assessed by the item: "How often do you see, write, or talk on the telephone with members of your church (place of worship)? Would you say nearly every day, at least once a week, a few times a month, at least once a month, a few times a year, or never?" A few times a year, never and those who never attend religious services = 1; all others = 0 (consistent with research in this field, the contact with congregation member question was asked only of respondents who indicated that they attend religious services at least a few times a year).^{40,41} Isolation from family is assessed by the item: "How often do you see, write or talk on the telephone with family or relatives who do not live with you? Would you say nearly every day, at least once a week, a few times a month, at least once a month, a few times a year, hardly ever or never?" A few times a year and never = 1; all other = 0. Isolation from friends was assessed in the same manner as isolation from family. *Structural social isolation* is measured by the sum of two items: (a) being childless and (b) living alone. Living alone is coded 1 and living with others is coded 0; similarly, not having a living child is coded 1, and being childless is coded 0.

Covariates

Covariates for the study are ethnicity, age, education, household income, marital and romantic status, region, and foreign-born. Ethnicity is categorized as African American and Black Caribbean. Age, education, and household income are measured continuously. It is important to note that research is mixed regarding the use of marital status as a component of social isolation^{34,42} or as a covariate.²² We decided to use marital/romantic status as a covariate for this analysis because marital status is an important correlate of interpersonal isolation (e.g., married adults have more frequent contact with their network members⁴³ and higher levels of church attendance⁴⁴), as well as structural isolation (e.g., living alone, childless).²²

Additionally, we include romantic involvement because many adults may not be married but are in a long term romantic relationship.⁴⁵ Marital and romantic status was assessed combining two items. First, respondents were asked if they are currently: married, living with a partner, separated, divorced, widowed, or never married. Previously married (separated, divorced, and widowed) and never married respondents were additionally asked whether they were currently involved in a romantic relationship. Respondents who were unmarried and did not have a current romantic involvement were coded 0; those who were married, cohabiting, or had a main romantic involvement were coded 1. Region is a dichotomous variable (South, other). Foreign-born is a dichotomous variable (born in the United States, Born in another country). Because of the significance to their respective populations, region is used in the analysis of African Americans, and foreign-born is used in analysis of Black Caribbeans. This is because region has historical and contemporary significance for African Americans in the United States and this is not the case for more recent immigrants like Black Caribbeans. Similarly, there are extremely few African Americans who were born in another country and, as such, being foreign-born is much more relevant for the Black Caribbean population.

Analysis Strategy

Cross-tabulations are presented to illustrate ethnicity (African American/Black Caribbeans) and nativity (Foreign/Native-born Black Caribbeans) differences in each dependent and independent variable. The Rao-Scott chi-square for categorical variables and an F means test for continuous variables are presented. Both between-group analysis (comparing ethnic groups) and within-group analysis of African Americans and Black Caribbeans were conducted. For all of the dependent variables, univariate measures (i.e., means, variance, histogram) revealed a Poisson distribution. Consequently, Poisson as opposed to linear regression was used. For each Poisson regression analysis, Incident Rate Ratios and 95% confidence intervals are presented along with the design-corrected F statistic. All regression analyses were conducted using STATA. All analyses are corrected for unequal probabilities

of selection, nonresponse, poststratification, and the sample's complex design (i.e., clustering and stratification), and results from these analyses are generalizable to the population.

RESULTS

The distribution of study variables and demographic characteristics of the sample are presented in Table 1. Concerning interpersonal social isolation, roughly half of the sample (47.01%) are isolated from their neighbors and only 1 in 10 (10.66%) belong to a neighborhood group. About half are isolated from congregational members while only about 1 in 10 are isolated from family or friends. The summary measure of interpersonal isolation has a mean of 1.87 with a range of 0-5, indicating relatively low levels of interpersonal social isolation. In terms of structural social isolation, roughly 1 out of 4 (24.26%) Black men do not have children, and 21.68% live alone. There were very few significant differences between African American and Black Caribbean (foreign or native born) men for the isolation or demographic variables. Foreign-born Black Caribbean men had the lowest levels of structural isolation and African American men are less likely to be involved in any type of romantic relationship and also have fewer years of formal education than Black men of Caribbean descent regardless of nativity. African American men are more likely than Black Caribbean men to live in the South, which is an expected finding given the geographic patterns for Black Caribbean groups in the U.S. (i.e., in the Northeast and Florida).

Table 2 presents the Poisson regression analysis of ethnic (African American and Black Caribbean) and nativity differences in social isolation. There were no significant differences in interpersonal isolation, but several differences with regards to structural isolation were found. U.S. born Black Caribbean men had higher levels of structural isolation than both foreign-born Black Caribbean men and African American men. The Poisson regression analysis of the correlates of social isolation among African American men is presented in Table 3. There were no significant differences in interpersonal isolation for the three groups. However, several significant associations for structural isolation

(i.e., childless/living alone) were found. Age and income were negatively associated with structural isolation, such that younger African American men and African American men with lower incomes were more likely to be structurally isolated. Education was positively associated with structural isolation—African American men with more years of formal education had higher rates of isolation. Also, African American men who were married or in a romantic relationship were less likely to be structurally isolated than their un-partnered counterparts.

Table 4 presents the results of the analysis of social isolation among Black Caribbean men. Among foreign-born Black Caribbeans, age was inversely associated with both interpersonal and structural isolation; younger men had higher levels of interpersonal and structural isolation than their older counterparts. Marital/romantic status was significantly associated with structural isolation among both foreign-born and U.S. born Black Caribbean men. For both groups, those who were married/romantically involved had lower rates of structural isolation.

DISCUSSION

This study investigated both the prevalence and correlates of interpersonal and structural social isolation among African American and Black Caribbean men. We incorporated an intersectional approach by focusing on both: (1) ethnic differences among Black men and (2) nativity (U.S. born vs. foreign-born) differences among Black Caribbean men. We found that the vast majority of African American and Black Caribbean men are not interpersonally socially isolated. Roughly 1 out of 7 men (14.55%) in the study were interpersonally socially isolated from 4 or more groups. However, the respondents that we have the greatest concern regarding their interpersonal social isolation are the roughly 1 out of 10 men who are isolated from family or friends. This is because of the pivotal role that family and friends play in providing social support including caregiving, financial assistance, help when ill, transportation, as well as emotional support.⁴⁶ Furthermore, the majority of Black men (60%) had children and did not live alone.

TABLE 1. Demographic Characteristics of the Sample and Distribution of Study Variables

	Total		African American		Black Caribbean Native Born		Black Caribbean Foreign Born		X2/F
	% (M)	N (S.D.)	% (M)	N (S.D.)	% (M)	N (S.D.)	% (M)	N (S.D.)	
Race/ethnicity									
African American	92.08	1271	92.08	1271					
Black Caribbean/ Native Born	2.75	176			2.75	176			
Black Caribbean/ Foreign Born	5.16	461					5.16	461	
Objective Isolation From Neighbors									
Isolated	47.01	875	46.90	559	53.21	91	44.95	219	0.87
Not Isolated	52.99	1039	53.10	712	46.79	85	55.05	242	
Objective Isolation from Neighborhood Groups									
Isolated	89.34	1715	89.40	1137	89.28	158	88.12	414	0.14
Not Isolated	10.66	199	10.60	134	10.72	18	11.89	47	
Objective Isolation From Congregational Members									
Isolated	53.53	1041	52.94	653	60.45	118	60.40	266	2.13
Not Isolated	46.47	873	47.06	618	33.55	58	39.60	195	
Objective Isolation From Family									
Isolated	7.97	138	8.10	94	4.63	15	7.47	29	1.74
Not Isolated	92.03	1759	91.90	1163	95.37	161	92.53	430	
Objective Isolation From Friends									
Isolated	12.34	203	12.81	159	10.33	17	5.27	27	3.98
Not Isolated	87.66	1679	87.19	1087	89.67	158	94.73	429	
Interpersonal Isolation									
Isolated from 0 groups	5.07	94	5.03	66	3.87	10	6.42	18	5.11
Isolated from 1 groups	33.05	663	33.37	446	26.21	54	31.43	163	
Isolated from 2 groups	37.49	720	37.09	465	44.69	67	40.22	184	
Isolated from 3 groups	19.06	340	18.99	222	22.13	36	18.63	81	
Isolated from 4 groups	4.73	79	4.88	58	2.92	8	3.04	13	
Isolated from 5 groups	0.60	12	0.63	9	0.17	1	0.26	2	
Total	1.87	0.82	1.87	0.97	1.95	0.41	1.81	0.36	0.35

Childless									
Do not have Living Children	24.26	466	24.19	298	37.87	74	17.82	92	3.48
Parent	75.74	1435	75.81	964	62.13	102	82.18	367	
Living Alone									
Live Alone	21.68	657	21.97	452	23.41	50	15.70	154	1.28
Live with Others	78.32	1257	78.03	819	76.59	126	84.30	307	
Structural Isolation									
Isolated from 0 groups	60.15	964	60.19	645	40.83	68	69.76	248	25.75***
Isolated from 1 groups	33.96	777	33.62	502	57.05	92	27.49	180	
Isolated from 2 groups	5.90	173	6.19	124	2.12	16	2.75	33	
Total	0.46	0.51	0.46	0.61	0.61	0.24	0.33	0.21	4.77*
Total Number of Isolated Groups									
Isolated from 0 groups	3.26	51	3.20	35	3.21	6	4.33	10	.
Isolated from 1 groups	21.36	361	21.39	248	13.09	22	25.38	91	
Isolated from 2 groups	32.97	637	33.00	414	33.55	58	31.94	163	
Isolated from 3 groups	27.87	540	27.74	352	28.18	51	29.94	135	
Isolated from 4 groups	11.27	243	11.27	161	18.78	29	7.09	52	
Isolated from 5 groups	2.68	63	2.75	45	3.19	10	1.11	8	
Isolated from 6 groups	0.57	12	0.61	10	.	0	0.20	2	
Isolated from 7 groups	0.03	1	0.04	1	.	0	.	0	
Total	2.33	0.96	2.33	1.14	2.56	0.52	2.14	0.41	1.68
Age	41.82	13.44	41.98	15.80	33.91	6.70	43.30	6.22	0.09
Family Income	43374	34529	42560	40153	59499	22675	49148	16813	1.66
Education	12.47	2.17	12.42	2.53	13.02	1.29	13.01	1.12	3.37*
Marital and Romantic Status									
Unmarried and do not have Romantic Relationship	16.19	315	16.92	237	7.35	25	8.01	52	10.78***
Married, Cohabiting or Romantically Involved	83.81	1580	83.08	1022	92.65	150	91.99	405	
Region									
South	54.79	1030	56.84	822	16.96	39	38.84	168	14.51***
Non-South	45.21	884	43.16	449	83.04	137	61.16	293	14.51***

Percents are weighted; frequencies are unweighted. M= Mean, S.D. = Standard Deviation
Percents and N's are presented for categorical variables;
Means and Standard Deviations are presented for continuous variables.
Rao-Scott X2 is used with categorical variables and F test is used with continuous variables.

* p < .05; ** p < .01; *** p < .001

TABLE 2. Poisson Regression Analysis of Ethnicity/Nativity Differences in Interpersonal and Structural Social Isolation among Black Men

	Interpersonal Isolation	Structural Isolation
	IRR (95% CI)	IRR (95% CI)
Ethnicity/Nativity		
African American	1.04(0.94–1.15)	1.29(0.91–1.82)
Black Caribbean Native Born	1.05(0.87–1.27)	1.72(1.07–2.78)*
Black Caribbean Foreign Born as Reference	1.0	1.0
African American as Reference	1.0	1.0
Black Caribbean Native Born	1.01(0.85–1.20)	1.34(1.05–1.70)*
Black Caribbean Foreign Born	0.96(0.87–1.07)	0.78(0.55–1.10)
F	0.53	23.63
Prob>F	0.81	<0.0001
N	1891	1891

IRR = incidence risk ratio; 95%CI = 95% confidence interval.

All analysis controls for age, education, income, region (South, non-South) and marital/romantic status.

p < .05; ** p< .01; * p < .001*

TABLE 3. Poisson Regression Analysis of Interpersonal and Structural Social Isolation among African American Men

	Interpersonal Isolation	Structural Isolation
	IRR (95% CI)	IRR (95% CI)
Age	1.00(1.00–1.00)	0.99(0.98–0.99)***
Education	1.00(0.98–1.01)	1.06(1.01–1.11)*
Income	1.00(1.00–1.00)	0.96(0.93–0.98)**
Region (South)	0.96(0.89–1.03)	0.87(0.73–1.04)
Married/Cohabit/Romantic	1.02(0.94–1.11)	0.56(0.48–0.66)***
F	0.38	28.11
Prob>F	0.86	<0.0001
N	1259	1259

IRR = incidence risk ratio; 95%CI = 95% confidence interval.

p < .05; ** p< .01; * p < .001*

TABLE 4. Poisson Regression Analysis of Interpersonal and Structural Social Isolation among Black Caribbean Men

	Foreign Born Black Caribbean Men		Native Born Black Caribbean Men	
	Interpersonal Isolation	Structural Isolation	Interpersonal Isolation	Structural Isolation
	IRR (95% CI)	IRR (95% CI)	IRR (95% CI)	IRR (95% CI)
Age	0.99(0.98–0.99)**	0.97(0.95–0.99)**	0.99(0.99–1.00)	0.98(0.96–1.00)
Education	0.96(0.92–1.00)	1.05(0.96–1.16)	0.99(0.96–1.03)	1.04(0.98–1.11)
Income	1.00(0.99–1.00)	0.97(0.94–1.01)	1.01(1.00–1.01)	0.99(0.97–1.01)
Married/Cohabit/Romantic	0.98(0.84–1.15)	0.37(0.23–0.60)***	0.78(0.58–1.05)	0.59(0.42–0.85)**
F	2.49	7.81	1.83	3.77
Prob>F	0.07	0.0004	0.17	0.02
N	457	457	175	175

IRR = incidence risk ratio; 95%CI = 95% confidence interval.

* $p < .05$; ** $p < .01$; *** $p < .001$

Differences in Social Isolation among Black Men

Regarding the first goal of our study, we found no significant differences in interpersonal social isolation (that is, having limited communication with family members, friends, neighbors and neighborhood groups, and church congregational members) between African American men, U.S. born Black Caribbean men, and foreign-born Black Caribbean men. However, in terms of structural isolation, U.S. born Black Caribbean men were significantly more likely to be structurally isolated (that is, being childless and living alone) in comparison to both African American men and foreign-born Black Caribbean men. This finding is consistent with one of our competing hypotheses, which is based on research that indicates that immigrants have better physical and mental health and consequently lower rates of mental disorders.³⁷ In the research literature, this has been termed the “healthy immigrant paradox,” the “healthy immigrant effect,” or the “healthy migrant effect.”³⁶ Although foreign-born populations may emigrate from poorer countries, they have superior physical and mental health profiles (e.g., lower mortality rates, lower rates of heart disease, and breast, prostate, and

colon cancer) than native-born groups (see review by Cunningham, Ruben, & Narayan).⁴⁶ The better mental health of foreign-born immigrants is also true for Black Caribbeans.⁴⁷ Even though our study focused on differences in interpersonal and structural social isolation among a diverse sample of Black men, we contend the healthy immigrant effect may be useful in understanding differences in social isolation given (1) the strong, consistent and reciprocal relationships found between social isolation and poorer physical and mental health, and (2) that the availability of strong social support networks within immigrant families and communities has been posited as an explanation for the immigrant paradox and the better health of immigrant groups.

Although foreign-born Black Caribbean men and African American men had similar rates of structural isolation, there could still be vast qualitative differences in the number of children and living arrangements of foreign-born Black Caribbean men versus African American men. For example, many previous studies have found that immigrants are more likely to live with extended family members in comparison to U.S.

natives, even when adjusting for multiple sociodemographic characteristics.⁴⁸ Immigrant households are more likely to have different types of kin (e.g., immediate and extended family), especially in the first few years after the initial arrival into the U.S.^{49,50} Consequently, even though African American men and foreign-born Black Caribbean men have similar rates of structural isolation, the actual composition of families and households for these two groups of Black men could look significantly different.

One important, but frequently overlooked, aspect of the intersectionality approach is focused on examining similarities between groups of individuals.²⁹ In this study, rates of interpersonal social isolation were similarly low across the multiple categories of ethnic identities for Black men. Stated in the converse, regardless of their ethnicity in the aggregate, Black men experienced relatively high levels of social interaction with family, friends, church networks, and neighborhood groups. Accordingly, race may be more salient for Black men than their specific ethnicity in shaping their experiences with interpersonal social isolation. Due to racialized social systems in the United States and the significance of race as a 'master category', identifying as a Black man may be sufficient for shaping their motivations, opportunities, and levels of social interactions, regardless of ethnic identity.

Correlates of Interpersonal Social Isolation among Black Men

There were no significant correlates of interpersonal social isolation among African American men and the native U.S. born Black Caribbean men. However, among foreign-born Black Caribbean men, age was the only correlate associated with interpersonal social isolation, indicating that older men reported less interpersonal social isolation. As noted earlier, very little research examines social isolation among Black Americans in general and particularly among Black Caribbeans. This absence is surprising given the significant health disparities confronting Black men and the critical importance of social isolation for health and psychological well-being. Reasons for the paucity of research in this area are related to several factors. First, there are very few surveys that specifically

focus on Black Americans and are of sufficient sample size in terms of demographic representativeness and power requirements for multivariate analyses. Second, there continues to be a lack of researchers who focus on social isolation among Black Americans, and as noted in our literature review, there is extremely little research on the Black Caribbean population in general. Third, because research on social support among Black Americans is more fully developed, researchers may assume that social isolation is not a salient issue among Black Americans. Consequently, increased research can help us to better understand the conditions that give rise to social isolation and who may be at risk, the comparative impacts of interpersonal vs. structural social isolation, and the development of interventions to combat social isolation and its negative health impacts.

Correlates of Structural Social Isolation among Black Men

Black men who were married, cohabitating, or involved in a romantic relationship were significantly less likely to be structurally socially isolated. This finding was found for all three groups of Black men and is consistent with previous research indicating that marriage, cohabitation, and having a romantic partner significantly reduces the likelihood of being childless and living alone.^{22,51} Being married or involved in a romantic relationship also increases the number of social connections an individual can access, and the social networks of married partners frequently become more intertwined and interdependent over time.⁵²

Older age was associated with less structural isolation among foreign-born Black Caribbean men and African American men, but not U.S. born Black Caribbean men. This is in contrast to other studies in which age is unrelated to social isolation.^{20,22,25,26,35} However, except for the Taylor and colleagues study,²⁶ these previous research studies involved older adults as opposed to respondents across the entire age range. Our findings indicate that even after accounting for marital status, cohabitation, and being in a romantic relationship, older African American men and foreign-born Black Caribbean men are less likely to experience structural isolation than their younger counterparts.

For African American men only, education and income had opposite effects on structural isolation. Higher education was associated with greater structural social isolation, whereas higher income was associated with lower levels of structural isolation. These findings indicate that different aspects of socioeconomic status can have differential effects on structural isolation among African American men and underscore the importance of distinguishing between these indicators when examining social isolation. The finding for income is consistent with previous studies of social isolation.^{20,22,25} However, research findings for education are mixed, with some studies reporting that more education is associated with less social isolation,^{20,21,26} more social isolation,²² and that education and social isolation are unrelated after adjusting for other factors.²⁵ Taylor and colleagues' study of racial differences in social isolation among older adults found that older African Americans with higher education were significantly more likely to live alone.²²

Previous studies indicate that Blacks with higher socioeconomic status have greater risks for experiencing worse physical and mental health in comparison to their White counterparts. This phenomenon, also known as the "Black diminishing returns theory,"⁵³ is at odds with the documented positive gradient between higher socioeconomic status and better health found among Whites. Similarly, researchers suggest that Black men and women with higher socioeconomic status are more likely to encounter more Whites within their employment and residential settings. This may curtail opportunities for dating and relationship formation and increase their likelihood of structural social isolation (i.e., living alone and childless).

Intersectionality and Research on Black Men

Collectively, our study demonstrated the benefits of an intersectional approach for illuminating how Black men's different social locations and identities mutually shape social relationships and experiences of interpersonal and structural social isolation. We note age is an important categorization that shapes experiences of social isolation among Black men; however, as others have noted, race and age status are

seldom conjointly examined using an intersectional lens.^{31,32} Additionally, the inclusion of ethnicity further revealed that older age was an asset for interpersonal and structural social isolation for select groups of men. For foreign-born Black Caribbeans only, older age was associated with interpersonal connections to family members, friends, neighborhood groups, and congregations, while older African American and foreign-born Black Caribbean men were less likely to experience structural isolation (being childless and living alone) than younger men. These findings provide a useful counterbalance to the literature on gender differences in social relationships that portrays men as a group as less socially oriented and connected to social resources and therefore at risk for adverse mental and physical health outcomes. Findings for ethnicity, nativity, age status, and other factors (education, income) underscore the contributions of an intersectional lens for providing greater specificity and a more accurate reflection of the diverse and context-informed circumstances in which Black men experience social connections and relationships.

As demonstrated by the research of Griffith³¹ and Brown and Hargrove,³² an intersectionality framework yields important insights into the ways that the social categories that Black men inhabit reflect varying, and at times, contradictory dimensions of power, inequality, oppression, and privilege that shape their life experiences and opportunities. On a more fundamental level, careful and nuanced investigations of Black men's health and social behaviors using an intersectionality perspective can counter the harmful and one-dimensional depictions of Black men frequently found in both popular culture and the social and health sciences.

Limitations

There are some limitations that are important to acknowledge. The NSAL is a cross-sectional survey and as such causality cannot be determined. Future studies should explore the correlates of social isolation among Black men using nationally representative longitudinal panel datasets. One of the eligibility criteria for the NSAL was the ability to complete the interview in English. Consequently, the study findings

are not generalizable to non-English speaking Black Caribbeans. Despite its age and other noted limitations, the NSAL dataset remains the most representative source of information available concerning social isolation within African American and Black Caribbean populations in the U.S. and this study contributes to the very small literature on social isolation among these populations.

Conclusion

A growing body of evidence identifies social isolation as a significant risk for poor physical and mental health status and lower well-being. The available research, however, is limited in understanding social isolation among racial and ethnic minority groups and, further, the prevalence and correlates of social isolation specifically among men. Our study focusing on Black men (i.e., African American, U.S.-born Black Caribbean, and foreign-born Black Caribbean) addressed this gap and incorporated an intersectional approach in examining how race, ethnicity, and nativity are mutually constitutive of social isolation among Black men in the U.S. Our findings provide an initial understanding of social isolation for Black men, as well as suggesting directions for future research in this area.

Our analysis indicated that U.S. born Black Caribbean, foreign-born Black Caribbean, and African American men were equivalent in terms of rates of interpersonal isolation; nevertheless, ongoing work on group differences in the prevalence and correlates of social isolation should specify whether the type of social contact—face-to-face contact, telephone calls, or written contact—with family and friends differs for these respective groups (e.g., age, gender, ethnicity). In the time since the advent of the NSAL in the early 2000s, there has been a proliferation of electronically mediated ways to maintain social connections and interactions. For example, innovations in electronic/digital communication technologies have revolutionized communication over distances through platforms and services such as Skype, Facebook, FaceTime, Group Me, email, texting, and Instagram. These technologies have become ubiquitous and can be used to maintain connections with family and friends both

within and outside the U.S. Building on this work, the availability of detailed information about how contact and interaction occurs could reveal potential differences in the types of communication channels and platforms used by specific groups of Black men. During this COVID-19 pandemic, some middle-class families have been able to use Zoom and other video conferencing platforms to mitigate some of the isolation due to social distancing measures. However, it is important to note that there is a digital divide with Black Americans being less likely to have home broadband services (66%) compared to non-Hispanic White adults (79%).⁵⁴

A related research question could examine the characteristics and properties of transnational social ties and networks. Accounting for these differences can provide crucial information for understanding interpersonal isolation among U.S. born Black Caribbean men and foreign-born Black Caribbean men. For example, there may be significant differences in the prevalence rates and correlates of interpersonal isolation when stratified by social network members who reside in the U.S. versus social network members living outside the U.S. Further, this might reveal different types of transnational networks that are comprised of members who are predominately family, predominately friends, or an equal mixture of both family and friends. Finally, these and other avenues should be pursued to develop a robust body of research exploring the prevalence and correlates of social isolation for diverse groups of Black men. Research exploring the overall prevalence of social isolation and differences in particular risk profiles is vitally important for developing tailored interventions that are congruent with the cultural values, gender norms, and social contexts experienced by diverse groups of Black men.

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