Culturally Appropriate Engagement and Service Delivery with Latino/ales

Enhancing Linkage and Retention to HIV Primary Care – including a Transnational Case Study for Puerto Ricans

Webinar 2

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Introduction and Welcome

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Acknowledgement: This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA30781 Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations 2012-2018 for $1,200,000 with no portion financed with nongovernmental sources.

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Webinar 2:
» **Key Concepts:** The U.S. Latino/a Population

» **Curriculum Module II:** Overview of HIV/AIDS Among Latino/as
  - HIV Among Latino/as
  - The HIV Care Continuum

» **Curriculum Module III:** HIV/AIDS and Incarceration Among Latino/as: Interconnected Epidemics
  - HIV/AIDS and Incarceration
  - Case Study: Hector
Latino/as comprise approximately 17% of the total U.S. population.

There are roughly 58 million Latino/as living in the U.S.
Almost TWO-THIRDS of all Latino/as

Almost a QUARTER of all Latinos

U.S. Latino/a Origin Groups

Correctional Health Services
Growth of the U.S. Latino/a Population

- 1980: 6%
- 1990: 9%
- 2000: 13%
- 2015: 18%
- 2020: 19%
- 2030: 22%
- 2040: 24%
- 2050: 27%
- 2060: 29%

Census | Estimate | Projection
The Latino population is primarily concentrated in 5 U.S. states

<table>
<thead>
<tr>
<th>State</th>
<th># of Latinos*</th>
<th>% of U.S. Latino Population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>15,280,773</td>
<td>26.6%</td>
</tr>
<tr>
<td>Texas</td>
<td>10,881,124</td>
<td>18.9%</td>
</tr>
<tr>
<td>Florida</td>
<td>5,126,975</td>
<td>8.9%</td>
</tr>
<tr>
<td>New York</td>
<td>3,747,125</td>
<td>6.5%</td>
</tr>
<tr>
<td>Illinois</td>
<td>2,181,439</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

* 2016 Estimates
Growth of Latino/a Population Across the U.S. 2007-2014

Fast growth (> 26.54%)
Slow growth (0 - 26.54%)
Negative growth (<0%)
< 1,000 Latinos in 2014

Drivers of Latino/a Population Growth in the U.S.  

Between 2015 and 2016, the Latino/a population grew 2.0% while the overall population grew by 0.7%. Latino/as accounted for more than 50% of the population change in the U.S. (2015-2016).

Increase of approximately 1.13 million Latino/as

- 183,703 Deaths
+ 289,759 Migration
+ 1 Million Births
Drivers of Latino/a Population Growth

The share of foreign born among all Latino/as is an estimated 34.4% (2015).

This share is a decrease from approximately 40% in the 2000s.

66% of Latino/as were born in the United States, according to 2016 US Census data⁹
Age Distributions for Latinos vs. Whites, 2013

Latino/as: A Young Population

Median age of White Population: 38 years
Median age of Latino/a Population: 28 years

Latino/a subgroups vary in their median ages:
- Mexicans: 26 years
- Guatemalans: 28 years
- Puerto Ricans: 29 years
- Cubans: 40 years

Latino/as: A Young Population$^{11,12}$
Important Health Issues for Latino/as $^{13,14}$

- Cancer
- Heart Disease
- Diabetes
- HIV/AIDS
- Obesity
- Mental Health Disorders
- Teen Pregnancy
- Liver Disease

The HHS Office of Minority Health and the CDC highlight specific health issues that affect Latino/as in the U.S.
Socioeconomic Status of Latino/as in the U.S. 15

% of Population Below Poverty Level by Race/ Ethnicity, 2014

Median income for Latino/as: $47,675
Median income for non-Latino Whites: $65,041
Barriers to Health Care Access for Latino/as

- Lack of health insurance
- Economic barriers
- Language barriers
- Distrust of health care systems or providers
- Cultural bias & stereotyping
- Lack of access to healthcare information
- Immigration status


Age-sex-adjusted percentage of persons without health insurance coverage at the time of interview, by race/ethnicity (Jan-Sep 2017)

- Hispanic: 25%
- White: 5%
- Black: 10%

95% confidence interval

Take-Away Points

Take a moment to consider...

- Latino/as are the largest minority group in the U.S.
- U.S. Latino/as are young.
- U.S. Latino/as face unique socioeconomic and health challenges.
Module II: Overview of HIV/AIDS Among Latino/as
3 Main Objectives:

1) Reduce the number of people who become infected with HIV
2) Increase access to care and optimize health outcomes for people living with HIV
3) Reduce HIV-related health disparities
4 Main Objectives:

1) Reduce new HIV infections
2) Increase access to care and improve health outcomes for people living with HIV
3) Reduce HIV-related health disparities
4) Achieve a more coordinated national response to the HIV epidemic
The National Public Health Focus in 2018

Increased the national public health focus on the U.S. opioid epidemic

In 2016, more than 2 million Americans had an addiction to prescription or illicit opioids.

300,000 overdose deaths involving opioids since 2000.

In 2016, nearly 175 Americans died from a drug overdose per day.
HIV Epidemic in the United States\textsuperscript{22,23} 

Over 1.1 million people in the United States are currently living with HIV, but 1 in 7 are unaware of their infection.

In 2015, an estimated 38,500 people became newly infected with HIV.
### HIV Epidemic in the United States

<table>
<thead>
<tr>
<th>Year</th>
<th>Change in HIV Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2015</td>
<td>8% decrease overall</td>
</tr>
<tr>
<td>2011-2015</td>
<td>5% decrease among all individuals</td>
</tr>
<tr>
<td>2011-2015</td>
<td>4% increase among all Latino/as</td>
</tr>
<tr>
<td>2011-2015</td>
<td>22% increase among Latino gay and bisexual men ages 13-29 years</td>
</tr>
</tbody>
</table>

Overall, estimated HIV incidence in the U.S. fell by 8% between 2010 and 2015, while incidence remained stable among all gay and bisexual men. Estimated incidence increased 22% among Latino gay and bisexual men in the same period.
Rates of New HIV Diagnoses 2016

Latino/as primarily live in States with among the highest rates of new HIV infections

New HIV Diagnoses Among Latino/as 2015

Number of New Diagnoses Among Latino/as by State, 2015

10 states with the largest Latino populations


Between 2011 and 2015, new HIV diagnoses decreased among Black and White populations, but increased among Latino/as.
The highest number of new diagnoses was consistently among **20-29 year olds**.
Take-Away Points

Take a moment to consider...

- Youth represent a significant portion of new HIV infections in the United States.
- Latino/as are particularly at risk for HIV.
- Disparities in HIV diagnoses are clustered in geographic areas with high concentrations of Latino/as.
The HIV Care Continuum
The HIV Care Continuum

Approximately 1.1 million people are living with HIV in the United States

Image: CDC, 2017
There are approximately 252,400 Latino/as living with HIV.
Racial/Ethnic HIV Care Continuum Disparities

Total Blacks living with HIV: approximately 468,800
Total Latino/as living with HIV: approximately 252,400
Total Whites living with HIV: approximately 336,800

Self Reflection

Take a moment to consider...

Q: What impact can culturally competent HIV care have on disparities in the HIV care continuum?

Q: How do you envision your role in addressing these challenges?
Module III:
HIV/AIDS and Incarceration
Among Latino/as:
Interconnected Epidemics
HIV/AIDS and Incarceration
Incarceration Among Latino/as\textsuperscript{30,31}

Total Latino/as in federal and state prisons, 2016: approximately 339,300

There are large \textit{ethnic/racial disparities} among justice-involved individuals in the United States

\textbf{Latino/as} are overrepresented in the U.S. justice system

Nationally, the incarceration rate among Latino/as is nearly \textbf{twice as high} as among Whites
In the continental United States, each year 1 in 7 people with HIV will pass through the corrections system. Often, the correctional system is the first place where justice-involved persons are diagnosed with HIV.
Interconnected Epidemics \cite{24,33,34}

In 2015, the rate of diagnosed HIV infections was more than 4 times greater among incarcerated individuals than among the general public.

- In 2015, approximately \textbf{17,150} justice-involved individuals were HIV-positive.
  - New York State, California, Florida and Texas have the highest numbers of HIV-positive justice-involved individuals among all states in the continental U.S.

» The majority of HIV-positive individuals acquire HIV \textbf{before} they enter the prison system.
Mass Incarceration Among Latino/as

By 2050, approximately 130 million Latino/as will be residing in the Continental U.S.

With projections of as many as 3 to 5 million of these Latino/as incarcerated.

Given current incarceration rates and the growth of the continental U.S. Latino/a population, Latino/as are at-risk of becoming the largest ethnic group among incarcerated individuals.
Interconnected Epidemics: NYC A Case Example

» New York City remains an epicenter of the HIV epidemic in the U.S.

» The interconnected epidemics of mass incarceration and HIV are heavily concentrated in specific geographic communities

Correctional Health is Public Health: The Impact of Incarceration on the HIV care continuum

<table>
<thead>
<tr>
<th>Stage of Care</th>
<th>National Average</th>
<th>Upon Entry to Corrections System</th>
<th>During Incarceration</th>
<th>After Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV diagnosed</td>
<td>80%</td>
<td>78%</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>Linkage to Care</td>
<td>62%</td>
<td>56%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention in Care</td>
<td>36%</td>
<td>41%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Initiation of ART</td>
<td>30%</td>
<td>36%</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Undetectable Viral Load</td>
<td>29%</td>
<td>28%</td>
<td>21%</td>
<td>21%</td>
</tr>
</tbody>
</table>

HIV diagnosed: Linkage to Care: Retention in Care: Initiation of ART: Undetectable Viral Load

National Average: Upon Entry to Corrections System: During Incarceration: After Release
Take-Away Points

Take a moment to consider…

- The correctional system is often the first place of HIV diagnosis.
- Incarcerated individuals have better HIV care continuum outcomes.
- Individuals living with HIV are more vulnerable after release from incarceration.
Case Study: Hector
Hector is a 30-year-old male born in Puerto Rico. He migrated to New York City when he was 10 years old with his family. He has traveled back and forth between NYC and Puerto Rico, completing parts of middle/high schools in both locations. Hector is fluent in both Spanish and English.

After graduating high school, Hector decided to look for jobs in NYC and Puerto Rico instead of going to college, working half of the year in each location, in order to support his siblings in Puerto Rico. Hector was overwhelmed with his multiple part-time jobs and struggled to be financially stable. He resorted to alcohol and injection drugs to release his stress. At the age of 22, Hector came out to his parents as gay. Hector’s traditional, religious Puerto Rican family was unaccepting of homosexuality and became estranged.
At the age of 25, Hector got in a physical fight at a bar in NYC and was arrested. He was diagnosed with HIV at the time of incarceration, with a CD4 count of <200 and Viral load of over 50,000 copies/mL. At the time of diagnosis, Hector felt he was stigmatized by his health care providers due to his sexual orientation and cultural background. While undergoing treatment, Hector often asked his doctors “Am I sick, or not?” Hector’s doctors found him to be non-adherent and didn’t understand why Hector had to discontinue care for long periods of time to go to Puerto Rico.

Ashamed of his HIV status, Hector became reclusive. Hector was in denial about his HIV and diagnosis. He didn’t know when or by whom he became infected.
Hector started to question how his HIV status was going to affect his life. He feared that he wasn’t going to be able to work in Puerto Rico or NYC, that he wasn’t going to be able to financially support his siblings, that he wasn’t going to be able to date anyone, and most importantly, he felt alone. Soon after, Hector was also diagnosed with depression. At the time of his diagnosis, Hector asked his doctors: “Are you saying I’m crazy?” Hector became more reclusive and started to avoid friends and family.

Hector wasn’t familiar with HIV or depression and was afraid to ask any questions as he feared that there wouldn’t be any positive solutions.
Hector: Applying the Four Strategies to Improve HIV Care

- Cultural Formulation Framework
- Transnationalism
- The DECIDE Model
- Shared Decision Making Strategy
Cultural Formulation Framework

Step 1: Cultural Identity

What is Hector’s cultural identity?
- Ethnic or cultural reference
- Involvement with both the culture of origin and host culture
- Language abilities, use, and preference

Case Study: Hector

Assessment of Hector’s Cultural Identity
Case Study: Hector

What are Hector’s cultural explanations of his symptoms, feelings, etc.?

- Meaning and perceived severity of the individual’s symptoms in relation to norms of the reference group(s)
- Local illness categories used to identify the condition
- Perceived causes and explanations that the individual and reference group(s) use to explain the illness
- Experiences with health care utilization

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Case Study
Assessment of Hector’s Cultural Explanations of symptoms, feelings, etc.
Step 3: Cultural Factors Related to Psychosocial Environment and Levels of Functioning

Case Study: Hector

What are cultural factors that impact Hector’s case?

- Culturally relevant interpretations of social stressors, available social supports, and levels of functioning and disability
- Stresses in the local social environment
- Role of religion and kin networks in providing emotional, instrumental, and informational support

Case Study
Assessment of cultural factors that comprise Hector’s context of reference
What are cultural elements that impact Hector’s engagement in health care?

- Individual differences in culture and social status between the individual and clinician
- Problems that these differences may cause in diagnosis and treatment

Case Study
Assessment of how cultural elements impact Hector’s engagement in health care
Case Study: Hector

Integration of dimensions of cultural formulation to address barriers and promote opportunities for linkage to care

Considerations:
- Cultural Identity
- Explanations of illness
- Social Factors
- Provider/Patient

How do cultural considerations specifically influence comprehensive diagnosis and care?
## Transnational Profile Assessment

### Case Study: Hector

1. **Background**
   - Where does Hector’s family live? Is Hector in contact with any family members? Are most of Hector’s friends in the U.S. or Puerto Rico?

2. **Travel to and from Puerto Rico**
   - How often does Hector travel to Puerto Rico? Would Hector like to travel to Puerto Rico more or less often? If more, why doesn’t Hector travel to Puerto Rico more often?

3. **Sending and Receiving Money**
   - Does Hector ever send or receive money to/from Puerto Rico? Does Hector’s decision interfere or help his health or lifestyle?

4. **Ethnic Identification**
   - How does Hector identify himself? How does his identification affect Hector’s HIV medical care and other services?

5. **Discharge Planning**
   - Would Hector rather live in the U.S. or Puerto Rico at this time? Would Hector rather be connected to services in the U.S. or in Puerto Rico?
## Case Study: Hector

<table>
<thead>
<tr>
<th>DECIDE the problem</th>
<th>How does Hector describe his problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPLORE the questions</td>
<td>What questions would you ask Hector to better understand his circumstances?</td>
</tr>
<tr>
<td>CLOSED or open-ended questions</td>
<td>Is Hector asking closed or open-ended questions?</td>
</tr>
<tr>
<td>IDENTIFY who, why, how of problem</td>
<td>Did Hector address all aspects of his problem?</td>
</tr>
<tr>
<td>DIRECT questions to your health care professional</td>
<td>How can you provide direct &amp; indirect assistance to Hector’s questions?</td>
</tr>
<tr>
<td>ENJOY a shared solution</td>
<td>What does Hector think his solution is?</td>
</tr>
</tbody>
</table>
Six Steps to Shared Decision Making

1) Invite Hector to participate
2) Present the options
3) Provide information on benefits and risks
4) Help Hector evaluate the options based on his goals and concerns
5) Facilitate deliberation and decision-making
6) Assist with implementation

Case Study: Hector
Cultural competence is associated with better patient-provider communication:

- Increased treatment adherence
- Higher patient satisfaction
- Overall improvement in health behaviors and outcomes

Cultural competence is critical to reducing health disparities and improving access to high-quality health care.
Thank You!

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References

References (continued)


