

# Transnational Practices and Engagement in Care: Lessons from the SPNS Latino Access Initiative, 6332

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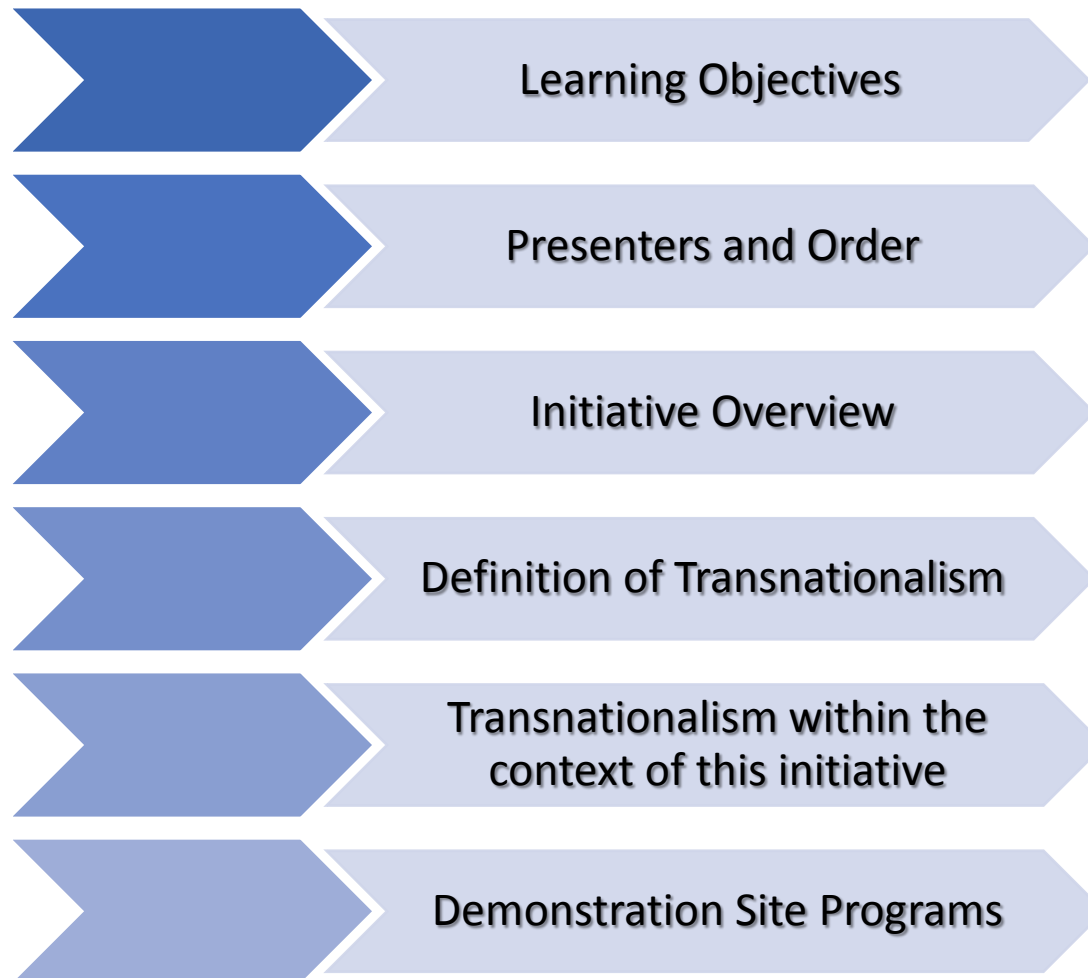
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*New York City Correctional Health Services*

# Disclosures

Presenters have no financial interests  
to disclose

# Overview



# Learning Objectives

Define what is meant by transnationalism and describe what influences transnational practices

01

Apply knowledge gained in this workshop to successfully integrate transnational goals into an ongoing intervention, intervention development, or clinical practice

02

Demonstrate the ability to integrate transnationalism into intervention delivery and evaluation through tools

03

# Presenters and Order of Presentation



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

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Ruth M. Rothstein **CORE** Center

NYC  
HEALTH+  
HOSPITALS

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# Culturally Appropriate Interventions of Outreach, Access and Retention among Latino Populations

- Multi-site demonstration and *culturally specific* service delivery models
- The Latino SPNS Initiative's goals are to:
  - Improve access, timely entry, and retention to quality HIV primary care
- Adapt the transnational approach for interventions targeting HIV-infected Latino subpopulations in the U.S.

# Transnationalism



- Defined as *“the processes by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement.”*
- This is accomplished via practices and relationships that link migrants and their children with their place of origin, where these practices have significant meaning and are regularly observed

Sources: Basch et al., 1994; Duany, 2011; Levitt et al., 2007 Basch et al., 1994; Mouw et al., 2014; Basch, Schiller, & Blanc, 1994; Greder et al., 2009; Stone, Gomez, Hotzoglou, & Lipnitsky, 2005; Smith 2005

# Transnational Practices

Economic & Social  
Remittances

Communication



Travel



Politics

Activities and spaces that allow immigrants to remain connected to their places of origin



Transnationalism is best represented by the **cross-border activities**, practices and attachments of immigrants and can include informal and formal **social, political, economic, cultural, and religious practices**



# Influences on Transnational Practices

- Length of time in the U.S.
  - We know transnational practices decline over time, regarding time living in the U.S.
- Generational impact
  - Transnationalism diminishes with each subsequent generations, but not unidirection (2<sup>nd</sup> and 3<sup>rd</sup> generations can adopt transnationalism to reconnect with cultural roots).



# Why is Transnationalism Relevant for this Initiative?

- Impact on health and healthcare-seeking behavior
  - Benefit of transnationalism on life satisfaction and quality of life for immigrants
  - Greater understanding of the role that culture and migration play in a person's ability to access and stay engaged in medical care
    - Culture and language can be facilitators, and not always barriers, when better understood
- But what is the impact of transnationalism on HIV care?

# Demonstration Sites



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# Enlaces por la Salud

**Lisa Hightow-Weidman, MD, MPH**

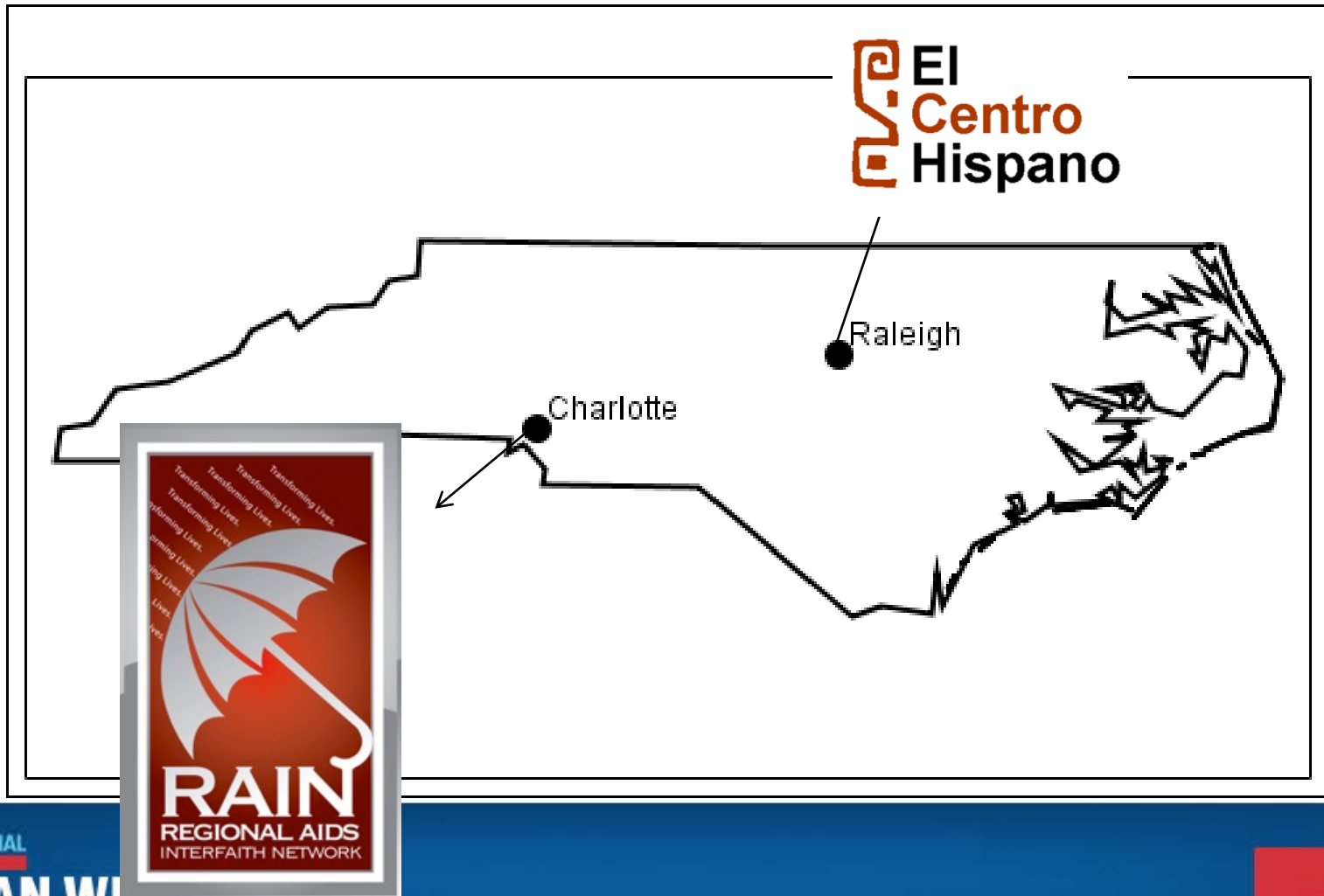
*University of North Carolina*

*Chapel Hill, NC*

# HIV Among Latino MSM and Transgender Women in NC

- With population increase of 394%, NC had the fastest-growing Latino population among all US states from 1990-2000.
- 58% of new HIV cases among Latino men in NC in 2008 were attributed to male-to-male sex.
- Latino men in NC are over 2x more likely to present with a late diagnosis than non-Latinos
- Our teams preliminary research and insights from our community partners indicate an urgent need to enhance HIV prevention and care efforts for both MSM and TW.

# Community Partners



# Enlaces Por La Salud

## University of North Carolina-Chapel Hill

*Finding, Linking, and Retaining Mexican Men and Transgender Women in HIV Care*

### Intervention Overview

- Personal Health Navigators trained in strengths based counseling work one-on-one with clients to provide connection to HIV care and support services and deliver six intervention sessions

### Intervention Goal

- Initial linkage to HIV care within 30 days
- Post-intervention health self-management

### Referral Sources

- HIV providers
- Disease Intervention Specialists/State Bridge Counselors
- Clinic out-of-care lists

# Intervention Sessions: Key to Client Engagement

- Six sessions delivered one-on-one over the course of 6 months
- Each session has an outlined transnational goal which provides a comprehensive approach to the client's healthcare as is influenced by their engagement with multiple communities/identities
- Navigator schedules must be flexible according to the client's availability – often meeting in the evening and weekends to be accommodating
  - Navigators keep in frequent contact with clients via phone calls and text messages



- Life prior to migration



- Reasons for migrating

- Life in North Carolina



Session 1: Migration history and identify any relevant event or experiences (highlighting strengths) that may shape the HIV care and treatment experience

- North Carolina community

- Connection to family/friends in Mexico

- Health history timeline



- Previous healthcare providers/experiences

Session 2: Healthcare history prior to, during, and following migration to provide context for initiation or re-engagement with care



- Health beliefs and practices

- Differences in care between US and Mexico

- Clients' social networks in Mexico and US



Session 3: To elicit a social network and support inventory (both local and transnational) to understand the social context in which the client currently lives. To identify messages surrounding their HIV status that clients are receiving from their community and how this affects them.



- Cultural issues within social networks: machismo, discrimination/stigma

- Experiences involving stigma in Mexico and US



Session 4: To identify individuals in their social support networks who they would like to disclose their status to and practice the language they want to use in talking about their HIV infection



- Coping with HIV with support from different social networks

- Continue to explore cultural beliefs and practices around health – nutrition, exercise, mental health, substance abuse



Session 5: To identify the client's responsibilities as a migrant to improve understanding of external pressures that may impact healthy living, HIV care and treatment behaviors and outcomes



- Experiences with medication in Mexico and US and importance of adherence

- Social networks and impact upon continued care



Session 6: Define future plans with regard to migration and relationships with country of origin and North Carolina



- Balancing health, work/life priorities as it relates to migration and connection to Mexico

# Client Breakdown

	El Centro	RAIN	Total
Clients Enrolled	29	31	60
Newly Diagnosed	12	20	32
Out-of-Care	17	11	28
Male	25	30	55
Transgender Woman	4	1	5

# Retention

	El Centro	RAIN	Total
6-month ACASI Completion	13/18: 72%	20/21: 95%	33/39: 85%
12-month ACASI Completion	13/13: 100%	12/15: 80%	25/28: 90%
18-month ACASI Completion	5/5: 100%	2/4: 50%	7/9: 78%



# Examples of Transnational Aspects in Documentation

PHN had to translate for client because CMC interpreter never came

Client did not know the term transgender & all LGBT definition. She was so excited learning more about who she is. She asked PHN to write it down. Client states when people ask her she does not know what to say: now she will be so proud saying "I am a transgender I am a translatineo".

Narración:

PHN & Client completed session 3 by phone. PHN tried hard to reach client but he always stated he was working. Client agreed to have the session by phone. Client states he does not have any social support in this country & even his family in Mexico. Client has a depression history & he states he feels that he doesn't belong to the place he lives in Gastonia. Client would like to move to a big city.

Client states he feels stigma for being Latino - no English speaking.

# Retention Tactics

	# of Text/Calls to Clients per Month	Time spent texting/calling clients per month	Appointment Accompaniment	Time spent accompanying clients to appointments	Intervention Session Location
Charlotte (HIV case management agency)	At least 3-4 times per month* (caseload of 31)	30 minutes/client	Attends first 2 appointments of every client minimum, particularly if newly diagnosed	2-3 hours per visit	Agency office
Raleigh-Durham (Latino CBO)	At least 3-4 times per month (caseload of 29)  *does not include clients calling/texting navigators	1 day per week set aside specifically for phone calls. At least 2 hours per week spent contacting clients.	Attends first 2 appointments of every client minimum, particularly if newly diagnosed	3-5 hours, not including travel time	Clinic following an appointment, mutual locations – home, navigator or client's cars in a parking lot due to home privacy issues, shopping centers

# Additional Retention Tactics

- Texts/calls to client for scheduled appointment, intervention session, and ADAP renewal reminders
- Responsive during evening and weekend hours
- Meeting with clients the day of their appointment as they usually take off the entire day; not interfering with their work schedule
- Clients prefer texting to phone calls
- Follow-up texts after an appointment if they did not accompany them



PROYECTO  
PROMOVER

**Pamela Vergara-Rodriguez, MD,  
The CORE Center in Chicago**



**HIV Stigma**  
**Employment**  
**Insurance**  
**Lack of Knowledge**  
**AIDS myths**  
**poverty**  
**Geography**  
**Fear of La Migra**  
**Transportation**  
**Immigration laws**  
**SIDA**  
**Machismo**  
**homophobia**  
**language barriers**  
**internalized homophobia**  
**Health disparities**



# Intervention Overview

## Community

- Social marketing
- Testing
- Community *Charlas*

## Clinic

- 1-1 Clinical Patient Navigation -*Charlas*
  - Support
  - Knowledge
  - Self management

# Charlas

# 5 Sessions

**1**

Diagnosis experience, identity, immigration history, social support and connections to Mexico beginning exploration around disclosure, HIV knowledge, work lives, current living situation, early healthcare and HIV care experiences, treatment planning, barriers assessment

**2**

Structured and unstructured Interviewing around substance abuse, depression, PTSD, and violence

**3-4**

Stigma & Disclosure (partners, family, friends); may include role play

**5**

Lessons learned; areas for on-going consideration; referrals as needed

# Proyecto Promover

## Key Ingredients

### ❖ Discourse

- Transnational Exploration of barriers
- Exploring identity within their migration story

### ❖ Relationship

- Patient-centered
- Flexibility

### ❖ Educational

- Psycho-educational tools



# Transnational Exploration of Barriers

## ❖ Barriers to HIV Care Assessment- 24 Q.

- Unaware of Resources
- Assumptions about Medical Care
- Coping with HIV diagnosis or treatment
- Stigma of HIV

## ❖ Assessment of Migration History Stressors

- Open ended questions related to migration decision
- Current experience as a Mexican national living in US

# Perceived HIV Care Barriers

Stigma

Lack of  
knowledge

Fear

Fatalism

Not  
feeling  
sick

# Transnational Integration- Migration Story

## ❖ Establish rapport & Understand barriers to care.

- Health care seeking practices in Mexico and US
- Migration trauma
- Adaptation to US
- Support systems in Mexico, U.S. > Chicago
- Nostalgia and mourning of life in Mexico
- Reflection on their resiliency in the U.S. by acknowledging struggle, rejection, discrimination, racism.....

# Transnational Integration- Relationship

## ❖ Patient-Centered

- Commitment to supporting, celebrating and advocating for the multiple identities our participants hold: immigrant, undocumented, HIV positive, MSM, father, mother, son, daughter, worker, Mexican.....

*“Personalismo” “Familismo”*

## ❖ Staff

- Mexican, bilingual-bicultural, HIV experience

# Transnational Integration Psycho-educational Tools

## ❖ Harness Coping Skills to Engage in Care

- Transferring the Strength of Survival skills
- Model Acceptance
- Maintaining Hope
- Offer Validation

## ❖ Tailored Education

- New Diagnosis vs Lost to Care
- Open vs Avoidant to Treatment
- Positive vs Negative Healthcare Expectations/Myths

# Transnational Integration Flexibility

## ❖ Understanding and Adapting to competing life responsibilities

- Scheduling based on participant convenience
- Meeting people in their communities
- Conducting *Charlas* via phone as needed
- Operating within a fluid structure
- Preparing for “lates” or “no shows”
- In-between *Charlas* phone calls and texts
- Staying after hours and working on weekends

*Proyecto Promover*  
85 Participants Enrolled  
30 Participants Completed

<b>Gender</b>	<b>Newly Diagnosed</b>	<b>Out of Care &gt;6 months</b>
Men: 75(88%) Women: 5(6%) TMF: 5(6%)	53 (62%)	32 (38%)

# Migration





# Pre/Post Migration Economic Stressors

In Mexico, members of my family could not obtain medical attention.

83.93%

In Mexico, my family did not have money for food.

80.36%

In Mexico, I was lacking educational opportunities.

78.57%

In Mexico, my family struggled to obtain housing.

69.64%

In Mexico, I was responsible for caring financially for other family members.

55.36%

In Mexico, I moved from a small town to a city in order to meet my needs.

48.21%

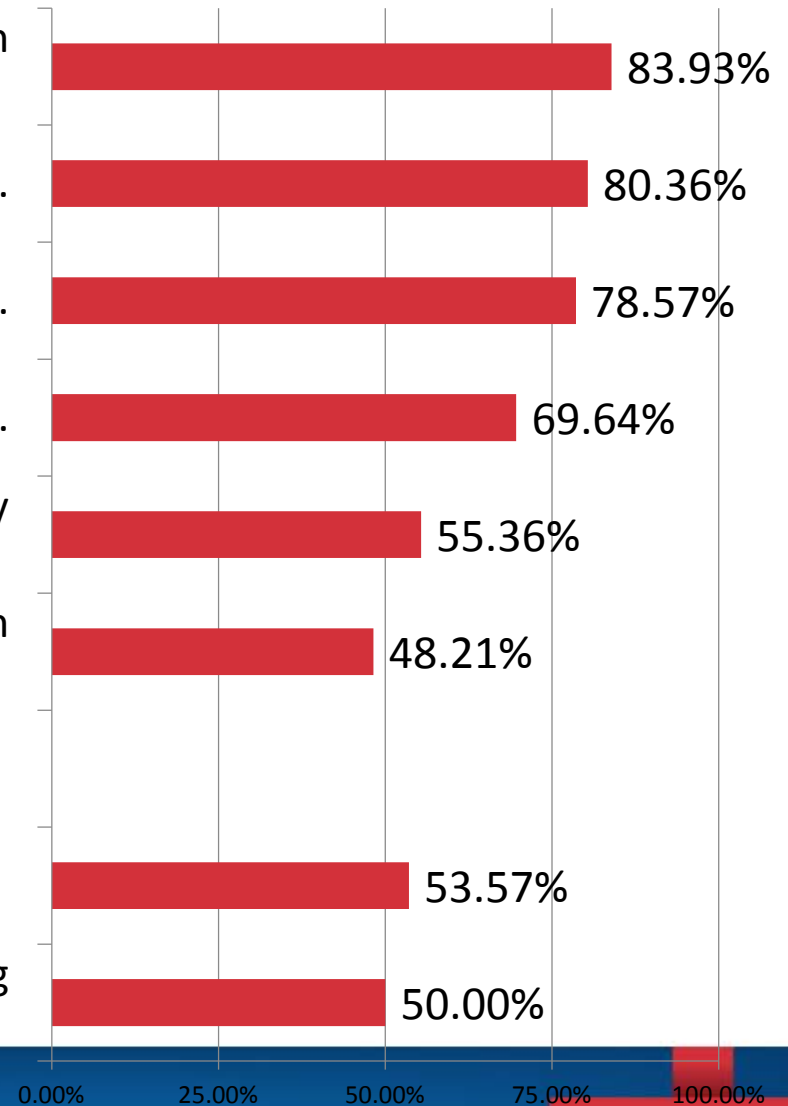
Since migration:

How often have you had to live in an overcrowded home?

53.57%

How often have you had to accept poor housing conditions?

50.00%



# Migration Economic Stress & Trauma

On my trip to the US I went without basic things (food, shelter, medical attention).

76.79%

On my journey to the US, I was robbed.

35.71%

On my journey to the US, I witness other immigrants suffer abuse.

32.14%

On my journey to the US, I was physically assaulted.

12.50%

On my journey to the US, I saw other immigrants die.

7.14%

On my journey to the US, I was sexually assaulted.

7.14%

0.00% 25.00% 50.00% 75.00% 100.00%

# Snapshot- First 50 Participants

## Background

- Over half are recruited through acute care settings
- Majority of participants 96% had CD4 counts < 350

## Follow-Up

- 91% of newly diagnosed patients are linked to care
- 100% on ART after linkage/re-engagement
- 93% retained in care over 1 year of intervention (appointment visits)

**Of the 30 participants who completed the Intervention  
96% had VL suppression within 12 months**

# Transnational Integration

- ❖ *Charlas* are a culmination of...
  - Personal rapport in a safe, familiar space
  - Identification of cultural strengths and weaknesses
  - Barriers: Identification, validation and amelioration
  - Discourse with a trusted person
  - Patient-centered.....

# Transnational Practices and Engagement in Care: Lessons from NYC Rikers Island

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National Ryan White Conference on HIV Care & Treatment  
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# Disclosures

Presenter(s) has no financial interest to disclose.

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Understand what is meant by transnationalism
2. Discuss integration of transnationalism into interventions
3. Discuss tools to train staff on transnational considerations and to assess the extent of client transnational connections

# HIV and Incarceration: Interconnected Epidemics

- Puerto Rico:
  - 5<sup>th</sup> highest rate of HIV diagnoses (19.4)
  - 3<sup>rd</sup> highest rate of adults and adolescents living with HIV (610.0)<sup>1</sup>
- HIV rate is more than 5 times greater among incarcerated<sup>2</sup>
- There are 4.5 Latinos for every 1 white person involved in the NY justice system<sup>3</sup>



Often, the correctional system is the first place where justice-involved persons are diagnosed with HIV.

1) CDC HIV Surveillance Report 2014, excludes DC (rates are per 100,000); 2) CDC, HIV Among Incarcerated Populations (for 2010); 3) Mauer M. Uneven Justice: States Rates of Incarceration By Race and Ethnicity, The Sentencing Project. 2007



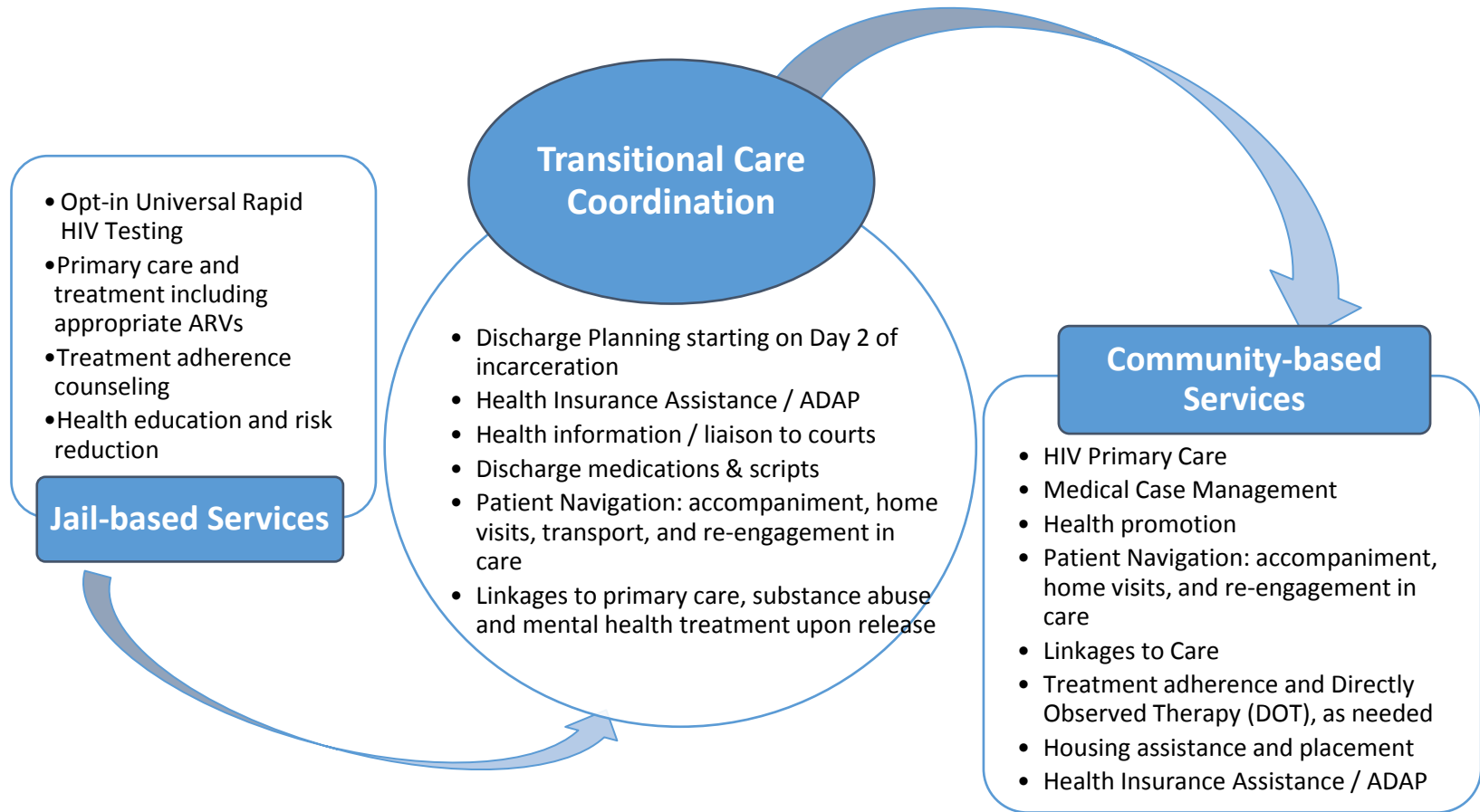
# New York City Jail System

At a Glance	
Facilities	12 jails: <ul style="list-style-type: none"> <li>• 9 on Rikers Island</li> <li>• 3 borough facilities</li> <li>• 2 public hospital inpatient units</li> </ul>
Average Daily Population	~10,800 (2014)
Annual Admissions	60,000 (2014)
Released to the Community	~78%
Length of Stay	Mean = 37 days Median= ~7 days

# New York City Jail System



# Correctional Health Services Transitional Health Care Coordination



# Latino SPNS at Rikers Island

- Incorporating Transnational Framework
- Provider Training: *Culturally Appropriate Engagement and Service Delivery with Puerto Ricans: A Transnational Approach to Enhance Linkage and Retention to HIV Primary Care*
- Care Coordination / Discharge Planning:
  - Transnational checklist
  - Puerto Rican clients matched with Puerto Rican patient care coordinators

# Provider Training: Curriculum Development

- NYU's Center for Latino Adolescent and Family Health (CLAFH)
- Identification of:
  - Target audience & training duration
  - Training areas/needs
  - Strategies
  - Key models
- Iterative process

# Provider Training: Format

Grand Rounds	Half Day	Full Day
<ol style="list-style-type: none"> <li>1. Welcome and Introduction</li> <li>2. In-Depth Look at Puerto Rican Culture</li> <li>3. Enhancing Linkage and Retention to Primary Care among Puerto Ricans               <ul style="list-style-type: none"> <li>• Transnationalism</li> <li>• Cultural Formulation Framework</li> </ul> </li> <li>4. Case study application</li> </ol>	<ol style="list-style-type: none"> <li>1. Welcome and Introduction</li> <li>2. Overview of HIV/AIDS and Incarceration: Interconnected Epidemics</li> <li>3. In-Depth Look at Puerto Rican Culture</li> <li>4. Enhancing Linkage and Retention to Primary Care among Puerto Ricans               <ul style="list-style-type: none"> <li>• Transnationalism</li> <li>• Cultural Formulation Framework</li> </ul> </li> <li>5. Case study applications</li> </ol>	<ol style="list-style-type: none"> <li>1. Welcome and Introduction</li> <li>2. Overview of HIV/AIDS and Incarceration: Interconnected Epidemics</li> <li>3. Overview of Latino Population</li> <li>4. In-Depth Look at Puerto Rican Culture</li> <li>5. Enhancing Linkage and Retention to Primary Care among Puerto Ricans               <ul style="list-style-type: none"> <li>• Transnationalism</li> <li>• Cultural Formulation Framework</li> <li>• Shared Decision-Making Model</li> </ul> </li> <li>6. Case study applications</li> </ol>

# Provider Training: Sample Slides

*Culturally Appropriate Engagement and  
Service Delivery with Puerto Ricans:  
A Transnational Approach to Enhance  
Linkage and Retention to HIV Primary Care*

## Latino Origin Groups in New York City

Latino Origin Group	% of Total Latinos	Latino Population
Puerto Rican	29.9%	1,095,858
Dominican	22.0%	806,078
Mexican	13.5%	494,290
Ecuadorian	7.6%	278,291
Salvadoran	5.2%	189,201
Colombian	4.3%	156,023
Others	17.5%	642,301

52% }  
 65%

Puerto Ricans, Dominicans and Mexicans comprise nearly **2/3** of the NYC Latino population.

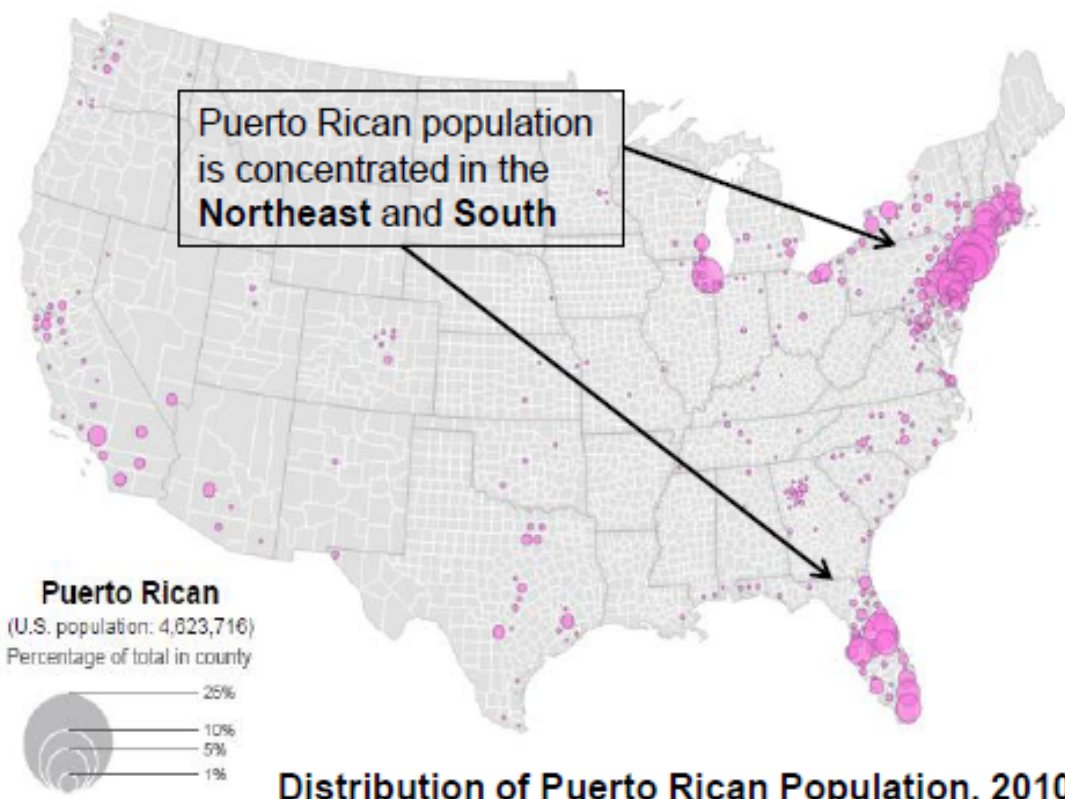
By 2024, it is predicted **Mexicans** will be the most populous Latino subgroup in New York City.



# Contemporary Issue: The Puerto Rican Economic Crisis

For the past 10 years, Puerto Rico has been experiencing an economic crisis

- **Increase** in migration of Puerto Ricans to the continental U.S.
- Puerto Rico is losing a disproportionate share of its **younger** residents- leaving older (i.e. elderly) on the island
- Health and Social Welfare Systems Impacted



## Key Concepts: Cultural Appropriateness/Competency

**Appropriateness:** *Sensitivity to other cultures refers to the awareness of how other ethnic, racial, and/or linguistic groups differ from one's own.*

- Elder, J . *Encyclopedia of Public Health*. 2002.

**Competency:** *Knowledge and understanding of another person's culture; **adapting interventions and approaches** to health care to the specific culture of the patient, family, and social group.*

-*Medical Dictionary for the Health Professions and Nursing* 2012





## Key Concepts: Cultural Appropriateness/Competency

The concept of **cultural competency** has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.

**Cultural competency** is critical to reducing health disparities and improving access to high-quality health.

*-National Institutes of Health*

Greater **cultural appropriateness** associated with :

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

## PUERTO RICAN CULTURE

- Latino Cultural Constructs**
- Interpersonal Styles**
  - Collectivism and Individualism
- Family Structure and Processes**
  - Gender Roles
- Religion/ Religiosity**
- Communication**
  - Verbal
  - Non-Verbal



## CORE LATINO CULTURAL CONSTRUCTS RELATED TO LATINO FAMILY LIFE

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**Familismo:** Represents Latino attitudes, beliefs, values, and norms regarding the **interdependence, attachment, loyalty, and reciprocity** that characterize relationships among members of the nuclear family and among extended family members.

**Simpatía:** Used to describe the Latino cultural practice of familial emphasis on the maintenance of **harmony and avoidance of controversy and conflict.**

**Respeto:** Used to describe the importance of adherence to **authority**, be it based on age or social position, such as demonstrating **respect and responsibility toward elders.**

**Personalismo:** Refers to the great value Latinos place upon **personal character.** In relationships, **warmth, trust, and respect** form the foundation for **interpersonal connectedness, cooperation, and mutual reciprocity.**



## GENDER ROLES

Latino **machismo** and Latina **marianismo** are gender-role constructs that connote male dominance and female submissiveness..

### Marianismo

- Refers to idealized Latina characteristics, such as **virtue**, **humility**, and spiritual superiority.
- **Femininity** is emphasized, but female sexuality and sexual feelings are expected to be repressed.
  - This may hinder Latinas from discussing sexual issues and being informed on safe sex (i.e. birth control).
- Women are expected to maintain proper distance from and be **deferent** to men.

### Machismo

- Refers to a constellation of attitudes and behaviors that accompany the leadership or decision-making role that men individually and collectively assume in the home and community.



Responsible, confident,  
personable

Aloof, risk-taking, aggressive

Puerto  
Rican  
Culture

## Communication: Non-Verbal

Dominant  
U.S.  
Culture

**Relaxed attitude towards time**

**Physical contact is common**

**Big hand gestures while talking**

**Direct eye contact is avoided**

**Differing views on personal space**

**Interrupting during talk is okay**

**Silence during talk is okay**

**Punctuality highly valued**

**Physical contact is limited**

**Subtle hand gestures while talking**

**Direct eye contact**

**Personal space highly valued**

**Interrupting during talk is not okay**

**Silence during talk is not okay**

## What is Transnationalism?



Processes by which immigrants forge and sustain *multi-stranded relations* that link their societies of **origin** and **settlement**. Transnationalism impacts *migrant's cultural reference points* and sources of emotional and practical support, discrimination, social stigma, beliefs about health, access to health care and health care practices.



# CULTURAL FORMULATION FRAMEWORK

The Cultural Formulation Framework consists of **five steps**:

**Step 1:** Cultural identity of the individual

**Step 2:** Cultural explanations of the individual's illness

**Step 3:** Cultural factors related to psychosocial environment and levels of functioning

**Step 4:** Cultural elements of the relationship between the patient and provider

**Step 5:** Overall cultural assessment for diagnosis and care

## Small Group Activity: Case Study #2

Roberto is a 37 year old male who was infected with HIV when he was 35 years old. He was born in Puerto Rico and migrated to Miami, Florida when he was 28. He is fluent in Spanish but is limited in his English. He had difficulties making friends in Miami, but instead kept close ties with his friends back in Puerto Rico. Roberto moved from job to job working in the service industry and after losing his job working at a hotel he failed to secure another job. He started to rely on his parents in Puerto Rico as his main source of financial support. Depressed about his inability to find work, Roberto began injecting drugs at 31 years old and was arrested after attempting to rob a convenience store. After his release, Roberto decided to move to New York City, where his older brother was living. Roberto became further involved with drugs and tried to make money by helping his brother sell street drugs. He was again arrested and upon entry to prison, he was diagnosed with HIV. Roberto believed he acquired HIV through his prior intravenous drug use. After returning back to NYC from prison, Roberto learnt of his sick parents back in Puerto Rico. He started to travel back and forth to Puerto Rico every 3 months, which delayed his transition to HIV care outside the correctional health care system. Roberto's consistent travel also made him miss his medical appointments and to lose track of his HIV medication.

# Provider Training: Training to Date

- Over 450 providers trained
- Improved Cultural Competence Assessment mean pre-post test scores ( $p < 0.05$ ) :
  - culturally appropriate patient assessment
  - cultural knowledge
  - capacity to address patient barriers
  - use of external resources
- Boosters
- Webinar

# Transnationalism & Transitional Health Care Coordination

- All patient care coordinators (PCC) received provider training
- Transnational checklist
  - Learn about client transnational influences
  - Impact on health care
- Puerto Rican clients matched with Puerto Rican PCC

# “Discharge” to Puerto Rico (*Workforce Capacity SPNS*)

- People interested in being discharged to Puerto Rico are referred to One Stop Career Center
  - CHS Workforce Capacity SPNS partner
  - Over 60 MOUs with agencies to provide health care and support services



# Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

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# Questions?