



# **INTERSECTIONALITY AND THE HIV CONTINUUM OF CARE AMONG LATINO MSM IN NORTH CAROLINA**

Clare Barrington  
Dept. of Health Behavior  
UNC Gillings School of Global  
Public Health



- HRSA Special Projects of National Significance
- Personal Health Navigator
- Transnational framework
- Key outcomes:
  - Linkage to HIV care in 30 days
  - Retention in HIV care



# STUDY AIM

- To examine how intersecting identities (sexual orientation, HIV status, ethnicity) and structures (immigration policy, healthcare, stigma) affect outcomes along the HIV continuum of care and treatment among Latino men who have sex with men



# METHODS AND SAMPLE

- Formative research for HRSA intervention using qualitative in-depth interviews
- Recruited in clinics, community based organizations, personal referrals
- 14 Latino gay men and men who have sex with men living with HIV
  - 5 born in continental US, 1 in Puerto Rico
  - 8 foreign-born immigrants (Colombia, Honduras, Mexico, Chile)
- Age range from 21-55
- Time living with HIV ranged from 1 to 18 years

# INTERSECTIONALITY AND HEALTH DISPARITIES

- Weber and Parra Medina 2003
- Bowleg 2012
  - Identities are intersectional rather than additive
  - *“...a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, SES, and disability intersect at the micro level of individual experience to reflect the interlocking systems of privilege and oppression (i.e. racism, sexism, heterosexism, classism) at the macro social-structural level”*
  - Starting point are the narratives, experiences of populations experiencing the disparity
  - *“complicates everything”*

# INTERSECTIONALITY AND IMMIGRANT HEALTH

- Viruell-Fuentes et al 2012
  - Invoke intersectionality in a critique of the individual-level concept of acculturation to explain Latino health outcomes
  - *“advancing the scholarly understanding of how factors such as immigration policies, labor practices, neighborhood characteristics, and racialization processes intersect and affect the economic and social integration of immigrants”*
  - Focus on intersecting structures: immigration policy, residential segregation, racism

# RESULTS

1) HIV Experiences

2) Intersection structures:

- Documentation status
- Disjointed healthcare

# RESULTS: HIV EXPERIENCES

- All participants were engaged in HIV care at the time of the interview but delayed entry into care and interruptions in care and treatment were common
- Narratives of a “normal life” together with narratives of the emotional, physical, social and economic impact of HIV
- Mental health was both salient and stigmatized
  - *“Well it’s tough, I think for like, because mental health in the Latino community is just not existent”*
- Transnationalism - current HIV experience was shaped by past healthcare experiences in countries of origin, the degree of contact with family and friends in countries of origin, and plans for the future



# RESULTS: HIV EXPERIENCES

*I stopped going...I have been in a terminal state or dying on three occasions. And the three occasions it has been for not taking my medications, due to emotional problems. I don't like to use the word depression but it has been my errors, I have abandoned myself, and I tell myself "nothing is wrong"...And I didn't know that this [stopping my medications] was taking the life out of me, and that at some point I was going to get a major blow.*

--Manuel, 32, US

# RESULTS: SPEAKING INTERSECTIONALLY

*...when I see profiles of people who say that, lots of whites who say “whites only”, lots of blacks who say “blacks only”, many who say no diseases, I don’t want anything to do with these people. Do you understand? I don’t want anything to do with them! It is not possible that, that, that the gays...who have been mistreated for their whole life and are discriminated against so much and between these same people (gays) they are discriminating? This has no....it is just terrible to me.*

*--Abel, 55, Colombia*

# RESULTS: DOCUMENTATION STATUS

- Main barrier to employment
- Employment directly connected to the “immigrant identity”
  - Transnational goals – supporting family in country of origin, returning home
- Most were enrolled in programs to facilitate HIV medication
- Limited ability to “fix” immigration status and have autonomy in HIV care

# RESULTS: DOCUMENTATION STATUS

*Um, but like I saying, um we were talking about it and I think this is going to be the next thing for me is just, we're going to get married sometime...There are some things that I actually, that I wanted to do. I don't want to be the rest of my life taking care of his mother, that I do not, I , I love his mother, but I don't think I want to, how can I say, I want to grow up, I want to do something different, you know.*

--Arnaldo, 41, Honduran

# RESULTS: DISJOINTED HEALTHCARE

- Intersection of immigration policy and health policy – fear of what will happen to access to HIV care and treatment with Obamacare

*They um, yeah, it's mainly, so there's, the biggest fears are, um, if you're undocumented, um, the Affordable Care Act doesn't apply to you, so and, you know ADAP now is kinda being rolled in with, I mean not ADAP, Ryan White money is being rolled into um, into kinda getting people who are HIV positive into the Affordable Care Act and the thing is that Ryan White is what Latinos who are undocumented use. --Richie, 32, US*

- Variation from state to state, highly mobile population
- Comparison to national healthcare offered in country of origin

# RESULTS: DISJOINTED HEALTHCARE

*But, its not easy, it really isn't. (Healthcare) changes in each place, in each place. And people don't want to (ask)...they don't know where (to go)...and since it is HIV, people don't want to ask anyone. In my case, I was on the internet and I saw profiles of people that said "HIV"...and so I asked, "Look, do you have HIV?" "Can you tell me where to go". It's not easy, it's not easy, it's not easy. If it was a universal question, it would be different, but its not easy. With HIV its not easy because people are scared, they don't want their families to know, and all of that, right? Its not easy, especially among Latinos. I think in the Latino community it (HIV) is much more difficult, much more difficult, much more difficult.*

--Abel, 55, Colombia

# CONCLUSIONS

- Examining interplay between intersecting identities and structures provides a contextualized understanding of outcomes along the HIV continuum of care
- Transnational framework aids in understanding experiences with healthcare and motivations for retention in HIV care and adherence to meds
- Need to examine and understand the long-term experience of navigating HIV care and treatment given mobility, housing instability, and immigration policy

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# LIMITATIONS

- Diversity in sample regarding country of origin
- Study was not designed to fully saturate intersecting structures
  - Insufficient probing around race/ethnicity-based discrimination