

Addressing barriers and facilitators accessing treatment and retention in care among HIV-positive Mexican MSM

Robyn Schweizer MSW, Bienestar Human Services, rschweizer@bienestar.org

Jeff Bailey MPH, APLA Health & Wellness, bailey@apla.org

Román Buenrostro, AIDS Foundation of Chicago, rbuenrostro@aidschicago.org

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:

- Identify and describe at least two methods staff and peers can employ to successfully engage and link HIV-positive Mexican MSM to HIV treatment and support services.
- 2. Identify the importance of how access to support services supports linkage and retention in HIV care.
- Describe the importance of patient perspectives on retention in care for intervention and program development.



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Proyecto Vida: Addressing Barriers in Accessing HIV Treatment Among Mexican Men Who Have Sex with Men



Robyn Schweizer, MSW Bienestar Human Services Los Angeles, CA



Bienestar Human Services: Who We Are





Bienestar Human Services

- A grassroots, non-profit community service organization established in 1989
- Created due to a lack of HIV/AIDS services for the Latino community in Southern California
- Six offices located throughout Los Angeles County

Mission Statement:

"Bienestar Human Services is committed to enhancing the health and well-being of the Latino community and other underserved communities. Bienestar accomplishes this through: community education, prevention, mobilization, advocacy and the provision of direct social support services."



Bienestar Services

- HIV/HCV/STI screening
- Mental health treatment
- Outpatient substance abuse treatment
- Syringe exchange (mobile and storefront)
- HIV linkage to care and peer navigation

- Support groups
- HOPWA case management
- Food bank
- PrEP/PEP navigation
- HIV prevention programming and research





Social Justice









Community Education

TRANSGENDER SURGERIES MEET & GREET





JOIN US FOR A MEET AND GREET WITH DR. MAURICE GARCIA & HIS TEAM FROM CEDARS-SINAI.

DISCUSSION TOPICS INCLUDE:

Various Trans Affirming surgeries such as vaginoplasty, top surgery, breast augmentation, results of surgeries, etc

FRIDAY OCTOBER 12, 2018 12:45PM 525 E. 7TH ST. LONG BEACH CA, 90813







PLEASE RSVP WITH: KHLOE RIOS OR BRENDA GONZALEZ KPEREZ-RIOS@BIENESTAR.ORG OR 866*590*6411 EXT. 503



Funded by the County of Los Angeles, Department of Public Health, Division of HIV and STD Program



VIERNES 14 DE SEPTIEMBRE @ 7:00 PM

Presentador:

DR. STEVEN SANTIAGO



BIENESTAR HOLLYWOOD

4955 W. Sunset Blvd. Los Angeles Ca. 90027



Se ofrecerá cena

Para mayor información, Tino Piñón 866-590-6411 ext. 209, Tpinon@bienestar.org

ste proyecto es apoyado con fondos recibidos del Condado de Los Ángeles, Departamento de salud pública, División de Programas de ETS's y VIH.

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Foro Comunitario



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PREGUNTAS Y
OFREZCA SUS
SUGERENCIAS

BIENESTAR (ELA) 5326 E. BEVERLY BLVD, LOS ANGELES 90022 MARTES AGOSTO 21 4:00-6:00PM

Para más información, llame a (866) 590-6411 ext. 402







Community Outreach









Social & Cultural Events









Proyecto Vida: Project Overview

A culturally-specific program designed to:

- Improve the identification, timely entry, engagement and retention in quality HIV care for Mexican and other Latino MSM in Los Angeles County
- Address individual, provider, and structural barriers to accessing and engaging in HIV care
- Identify cultural factors, values and norms that may affect access to services





Proyecto Vida: Project Overview, cont.

IDENTIFY	ENGAGE	RETAIN
 Targeted HIV testing Community outreach efforts in areas frequented by Latino MSM Social network testing and engagement Referrals from community partners 	 Link to medical care Peer navigation 	 Peer navigation Referrals to other programs and services Meet to complete incentivized ACASI (audio computer-assisted interviewing) follow-ups every 6 months of 24-month period of enrollment



Proyecto Vida: Project Overview, cont.

Of 104 total participants enrolled:

- 64 (62%) newly-diagnosed with HIV
- 40 (38%) re-engaged to care
- 95% linked timely to medical care

Ethnic background of participants:

- 1 Puerto Rican participant
- 21 Mexican-American participants
- 82 Mexican participants



Focus on Mexican Participants

Of the 82 participants from Mexico enrolled in the project:

- 49 (60%) were newly diagnosed with HIV
- 33 (40%) were re-engaged to HIV medical care
- 98% were linked timely to medical care



ACASI Surveys

Audio computer-assisted interviewing (ACASI) surveys were completed at baseline and every six months until completion of program at 24 months.

Data being presented are from ACASI baseline surveys conducted by 82 Mexican participants.



ACASI Survey Variables

- HIV-Related Medical History
 - Past engagement in medical care
 - ART use
 - CD4 count and viral load
 - AIDS diagnosis
- Transnational Identities (US-American and Country of Origin)
 - Communication in Spanish versus English
 - Cultural identity/identities and feelings associated with that identity/identities
 - Types of interactions and frequency of interactions with family and friends from country of origin

- Risk Factors & Protective Factors for Engagement and Retention in Care
 - Support/lack of support of family and/or friends
 - Internalized stigma
 - Perceived and real discrimination
 - Mental health
 - Substance use
 - Documentation status
 - Income level
 - Transportation
 - Mexican cultural factors



Mexican Cultural Factors

- Machismo
- Caballerismo
- Personalismo
- Familismo
- Helping Others
- Religiosity
- Personal Growth

Mexican Cultural	Interventions with Program Participants							
Components	Recruitment			Timely Entry/Engagement and Retention in Primary Medical Care				
	Social Network HIV Testing	Mobile HIV Testing	Community Outreach	Clinic Referrals	Social Network Engagement	Linkage	Peer Navigation	
Conceptualizations of Masculinity (machismo/ caballerismo)	Х	х	Х	х	Х	X	X	
Personalismo	Х	Х	Х	Х	X	Χ	Х	
Helping Others	X				X			
Religiosity						X	X	
Familismo						X	X	
Personal Growth						X	X	



ACASI Baseline Findings



HIV Medical History

More than half of all participants declined to answer questions related to HIV medical history:

- **Taken ART:** 1% no, 10% yes, 89% no answer
- Taking ART: 5% no, 6% yes, 89% no answer
- Lowest CD4: 12% less than 200, 1% 201-349, 7% 350-499, 9% 500 or higher, 18.3% don't know, 52% no answer
- Last viral load result: 20% detectable, 22% undetectable, 6% don't know, 52% no answer



Risk Factors Impacting HIV Care

Potential barriers to engagement and retention in HIV medical care were identified and categorized into four levels:

- 1. Structural-Level Barriers
- 2. Provider-Level Barriers
- 3. Individual-Level Barriers
- 4. Cultural-Level Barriers



Structural-Level Barriers to Care

Household income at baseline	Client income			
Less than \$50 per month	33%			
Less than \$51 to \$249 per month	11%			
Less than \$250 to \$499 per month	6%			
Less than \$500 to \$957 per month	17%			
Less than \$958 to \$1,273 per month	10%			
2014 Federal Poverty Level Medicaid Eligibility				
Less than \$1,274 to \$2,999 per month	19%			
Less than \$3,000 to \$4,999 per month	3%			
Less than \$5,000 or more per month	1%			

- Poverty
- Homelessness
- Lack of transportation
- Low levels of education
- Lack of insurance coverage or inadequate coverage
- HIV-related stigma



Provider-Level Barriers to Care

- Language barriers
- Cultural differences
- Lack of flexible appointment times
- Perceived discrimination



Individual-Level Barriers to Care

- Lack of motivation or ambivalence to engage and remain in care
- Mental health
- Substance use



Cultural-Level Barriers to Care

- Machismo
- Fatalism



Protective Factors Improving HIV Care

Cultural Factors

Caballerismo

Personalismo

Familismo

Helping Others

Religiosity

Personal Growth

Structural Factors

Transportation

Regular income

Access to social capital

Documentation status

Housing

Provider Factors

Positive past experiences

Care in Spanish

Linkage Coordinator/Peer

Navigator assistance

Individual Factors

Knowledge of HIV

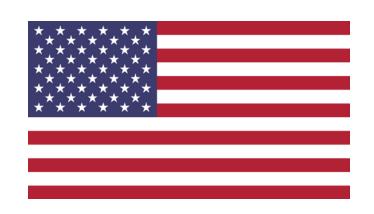
Knowledge of how to access care

Positive outlook

Mental health



US-American and Mexican Transnational Identities







What is Transnationalism?

Transnationalism can be defined as "those [activities] that take place on a recurrent basis across national borders and that require a regular and significant commitment of time by participants. Such activities may be conducted by relatively powerful actors, such as representatives of national governments and multinational corporations or may be initiated by more modest individuals, such as immigrants and their home country kin and relations. These activities are not limited to economic enterprises, but include political, cultural and religious initiatives as well" (Portes, 1999, p. 464).



Mexican Identity

Majority of clients (93%) strongly agree that they identify as Mexican and are proud of being Mexican. In addition:

- 83% strongly agree that they feel that they are a part of Mexican culture and 84% have a strong sense of being Mexican
- 73% communicate almost always in Spanish, and 20% often
- 84% listen to music from Mexico (31% sometimes, 26% often and 28% always)
- 77% use Facebook, Twitter, and/or other social media with people from Mexico (26% sometimes, 17% often and 34% always)
- 72% call, Skype, or text family in Mexico at least once a month
- 56% call, Skype, or text friends in Mexico at least once a month



US-American Identity

Although less than half of participants (43%) identified with being US-American:

- 33% strongly agree that feel that they are a part of US-American culture
- 32% strongly agree that they have a strong sense of being US-American
- 50% of participants reported feeling good about being US-American and that being US-American plays an important part in their lives
- 15% communicate in English almost always, and 24% often



How might the intersection of these identities affect retention and engagement in HIV care?



How is a CBO like Bienestar uniquely suited to working with clients of transnational identities?



- Nearly 30-year history in Los Angeles County
- Community engagement, advocacy and outreach
- Cultural events
- Community partnerships
- Holistic, culturally-informed and culturally-relevant client services
- Referrals to meaningful and accessible community resources and services





How was *Proyecto Vida* successful at engaging clients into care?

- Bienestar's 30-year history of working in Los Angeles County
- Peer Navigation Model
 - Bilingual, culturally-competent and culturally-trained staff
 - Use of Transtheoretical Model of Change and Motivational Interviewing
 - Individualized peer support
 - Holistic, client-centered care
- Incorporation of Mexican cultural components into program's design
 - Machismo versus caballerismo
 - Personalismo
 - Helping others
 - Religiousity

- Familismo
- Personal Growth
- Fatalism



Recommendations for Service Providers

Service providers play an integral role in mitigating risk factors and strengthening protective factors

- Engage community and hire from within the community
- Maintain presence in community
- Stay informed on issues that affect community and advocate for community
 - Local, state and federal policies
 - Health trends
- Offer client-centered, culturally-appropriate resources and services and/or refer client to relevant resources and services



Next Steps in Evaluating Proyecto Vida

- 1. Obtain and analyze results of follow-up ACASI surveys
- 2. Obtain and analyze results of medical data extraction/WAVE data



Questions?



Robyn Schweizer, MSW Rschweizer@bienestar.org

