NATIONAL PARAMETER STREAMENT



Using a Bilingual HIV Telenovela (Sin Vergüenza) to train US/Mexico border Promotores

Tom Donohoe, MBA

Professor of Family Medicine

Director, Los Angeles Region Pacific AIDS Education and Training Center (LA PAETC)

Associate Director, UCLA Center for Health Promotion and Disease Prevention

Educational Objectives

At the end of this training, participants will be able to:

- Discuss the role of border Promotores in enhancing the HIV Care Continuum
- Explain how telenovelas can be useful tools for motivating and teaching about HIV on the US/Mexico border and in other communities
- Consider culturally appropriate HIV education approaches through discussion of a bilingual HIV telenovela, Sin Vergüenza
- Discuss cultural and socio-economic factors that impact the HIV epidemic in Latinx communities
- Increase HIV knowledge, educational capacities, and referral skills in local Latinx communities



What is your primary HIV work role?

- 1. Clinician
- 2. Case Manager
- 3. Patient Navigator
- 4. Peer Support
- 5. Administrator
- 6. Counselor
- 7. Educator/Teacher/Trainer
- 8. Other



I have seen a telenovela

- 1. Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree



I can explain what Promotores do.

- 1. Yes 100%
- 2. Yes 50-99%
- 3. Yes A little
- **4.** No
- 5. ¿What are Promotores?



Have you seen Sin Vergüenza?

- 1. Yes Season 1
- 2. Yes Season 2
- 3. Yes Seasons 1 and 2
- 4. Yes bits and pieces
- 5. No



If yes, in which language?

- 1. English
- 2. Spanish
- 3. Both



Have you used Sin Verguenza in your HIV work?

- 1. Yes Season 1
- 2. Yes Season 2
- 3. Yes Seasons 1 and 2
- 4. Yes bits and pieces
- 5. No



About the Series

Created in 2012, the series encourages people to seek HIV testing by featuring character stories highlighting the impact HIV has on Latino families.

- 7-episode Telenovela web series
- Bilingual: English and Spanish

Available at Syseries.com

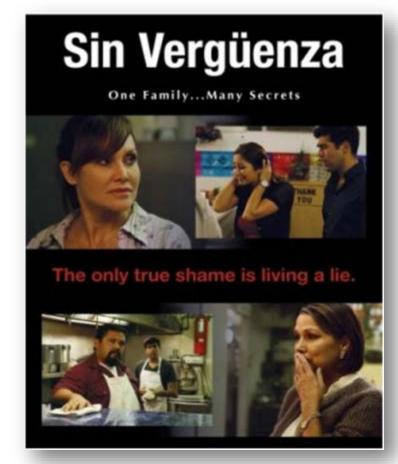


Image: Promotional flyer of Sin Verguenza.



Sin Vergüenza Season II

PURPOSE

- Develop a culturally competent education tool to:
- Address health disparities Latino communities related to HIV.
- Disseminate HIV prevention messages in an innovative, nontraditional, accessible manner.
- Engage communities in conversations about HIV.





Sin Vergüenza = Without Shame

SHAME Informs you of an internal state of inadequacy, unworthiness, dishonor, or regret about which others may or may not be aware.

> Another person, circumstance, or situation can trigger shame in you, but so can a failure to meet your own ideals or standards whether or not they are perfectionist.





Sin Vergüenza Season II

Meet The Salazars



Image: Screenshot of Sin Verguenza.





Season I Messages

HIV AFFECTS US ALL

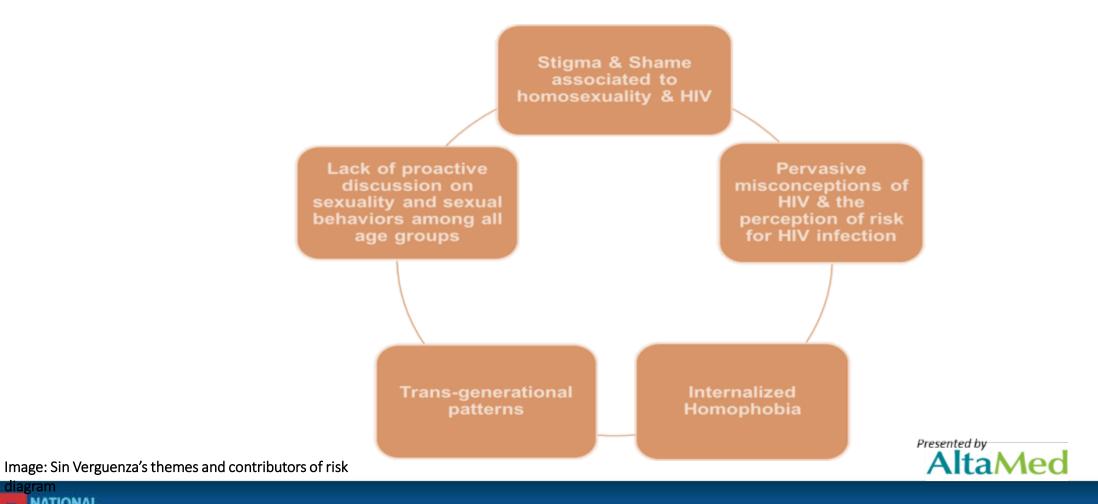
- Routine HIV Testing targets all individuals regardless of risk factors.
- Benefits: testing individuals who may not suspect they are at risk:
 - 1. Normalizes HIV testing
 - 2. Diagnosing them at early stages of HIV







Themes/Contributors of Risk







Season II Messages

TREATMENT AS PREVENTION

- Importance of HIV Medical Care and Treatment
- Combating Stigma and Shame tied to HIV
- Prevention methods to reduce Mother to Child transmission
- PrEP is an effective prevention method





Season II Themes

TREATMENT AS PREVENTION

- Addressing barriers to care
- LGBT Care
- Stigma & Shame
- Fear
- Homophobia
- Substance Abuse





Images: Promotional flyers of Sin Verguenza.



Sin Vergüenza **Season II**

Media Coverage











































Pacific AETC---Tom Donohoe South Central AETC---Tracy Jungwirth & Pedro Coronado AETC National Coordinating Resource Center (NCRC)—Nicolé Mandel

HRSA HIV/AIDS Bureau



What's the HRSA definition of the US Border region?

- 1. 5 miles above Mexico
- 2. 25 miles above Mexico
- 3. 50 miles above Mexico
- 4. 62 miles above Mexico
- 5. 100 miles above Mexico



US and Mexico Border

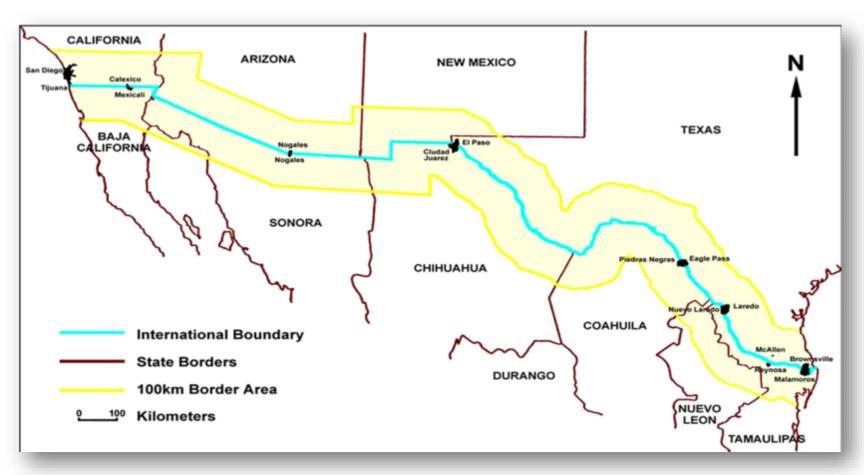


Image: US and Mexico Border Map



Border Promotores Focus Groups

Border Promotores Focus Groups were conducted across California, Arizona, New Mexico, and Texas to assess the Promotores HIV training needs. Results will guide the development and implementation of an HIV training curriculum for Promotores de Salud using a linguistically, contextually, and culturally appropriate telenovela as a frame of reference.



Focus Groups Questions

Table 1: Focus group questions

• Discuss HIV-related knowledge

- 1. What was the first thing you remember hearing about HIV? What was the last thing you heard about HIV?
- 2. Can you please tell me what is heard in the community regarding HIV?
- 3. Are you familiar with any HIV cases? Do you know which population is heavily impacted in San Diego and Imperial County?

• Sin Vergüenza telenovela

- 4. What are your thoughts of the Salazar family? Are they relatable?
- 5. Can you please tell me something new you saw about HIV that you haven't heard? PrEP? Perinatal transmission? HIV medical care and treatment?
- 6. Explore other HIV-related themes. For instance, shame, stigma, homophobia, machismo, marianismo, substance abuse, mental health, discrimination...
 - (a) What are your thoughts on Cesar's homophobia and shame for being HIV positive?
 - (b) What are your thoughts on Adriana's marianismo, being the good wife and mother? How about the dynamic between the three generations?
 - (c) Can you please tell me the other themes this telenovela addresses?
- 7. Do you have a favorite scene? Why?

Review HIV Continuum

- 8. How can Promotores help?
- 9. Could you see us using this video to teach about HIV? How?
- 10. Could you use the video to teach about HIV? How?
- 11. Are you familiar with the HIV-related healthcare resources in your community?

Image: Table of focus group questions



Sin Verguenza border work

FOCUS GROUPS

Bilingual Workshops



Capacitación de VIH para los Promotores de la Frontera



Learning and Teaching Domains

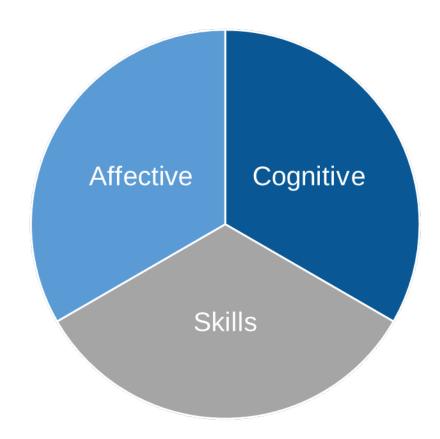


Image: Chart of Learning and Teaching Domains



What body fluid can NOT transmit HIV?

- 1. Blood
- 2. Saliva
- 3. Breast milk
- 4. Semen
- 5. Pre-ejaculatory fluid



An HIV-positive person is defined as having progressed to AIDS, when they get an AIDS-defining illness or if their CD4 cells fall below...

- **1**. 1,500
- 2. 1,000
- 3. 500
- 4. 200
- 5. 50

If someone has an "undetectable" viral load, it means there is no virus in their blood.

- 1. True
- 2. False



Which group has the highest rate of HIV-infection in the U.S.?

- 1. Men who have sex with men (any age)
- 2. Women over 65
- 3. Married women under 65
- 4. Heterosexual men (any age)
- 5. Single women (any age)



HIV medications are available to all that need them in the United States.

- 1. True
- 2. False



HIV medications are available to all that need them in Mexico.

- 1. True
- 2. False



Someone living with HIV who finds out early and receives treatment can have a normal lifespan.

- 1. True
- 2. False



In 2018, which medication is approved for PrEP (Pre Exposure Prophylaxis) for HIV?

- Nuvada
- Malvida
- 3. Anvida
- 4. Truvada
- 5. I don't know what PrEP is.



What year was PrEP for HIV approved in the US?

- 1. 2017
- 2. 2016
- 3. 2015
- 4. 2014
- **5**. 2013
- 6. 2012
- 7. I don't know what PrEP is.



If someone takes their PrEP medication everyday as prescribed, what is the percentage protection against HIV?

- 1. 80%
- 2. 85%
- 3. 90%
- 4. 95%
- 5. 99%
- 6. More than 99%



I feel I can comfortably explain PrEP.

- 1. Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree



I feel I can comfortably explain HIV infection.

- 1. Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree



I feel I can comfortably explain HIV medication.

- Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree



HIV Related Themes

Homophobia

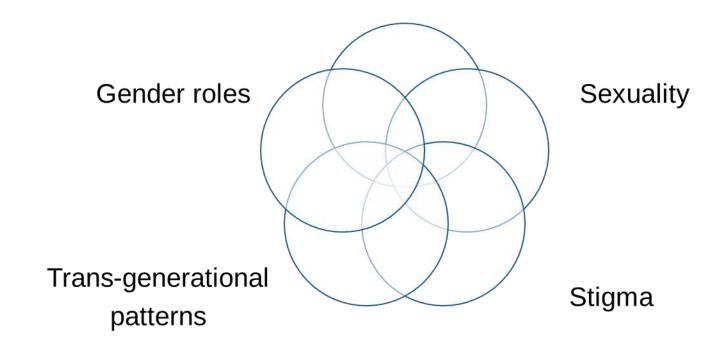


Image: Basic Venn Diagram of HIV Related Themes



Sin Vergüenza

Sin Vergüenza was created in 2012 by AltaMed. The series encourages people to get tested as a routine part of their medical care and to seek HIV medical care should they test positive.

Available: http://svseries.com/





Immune System

Immune System:

A complex network of specialized cells, tissues, and organs that recognize and defend the body from foreign substances, primarily disease-causing microorganisms such as bacteria, viruses, parasites, and fungi. Organs and tissues of the immune system include the bone marrow, spleen, thymus, tonsils, mucous membranes, and skin. Granulocytes, macrophages, and T lymphocytes are examples of specialized cells. The lymphatic vessels of the immune system carry immune cells, which converge in lymph nodes found throughout the body. A swollen lymph node often indicates an active immune response to a foreign substance (AIDSinfo).

Source: AIDSinfo, U.S. Department of Health and Human Services (HHS) https://aidsinfo.nih.gov/

Immune System

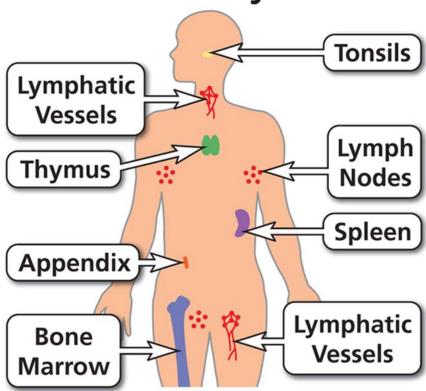


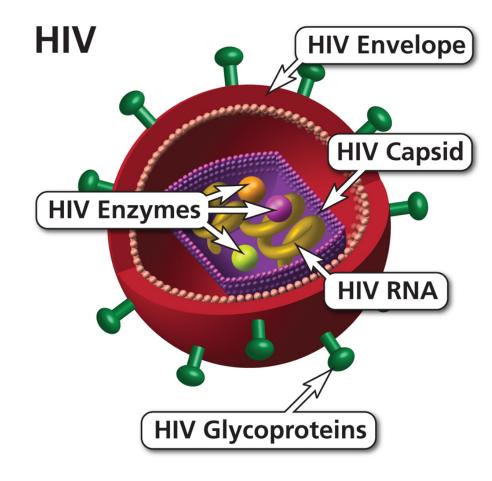
Image: The immune system (lyphatic vessels, thymus, appendix, bone marrow, tonsils, lymph nodes, spleen, and the lymphatic vesels)



HIV Virus

Human Immunodeficiency Virus (HIV):

The virus that causes AIDS, which is the most advanced stage of HIV infection. HIV is a retrovirus that occurs as two types: HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected body fluids, such as blood, semen, and vaginal fluids, or from a mother who has HIV to her child during pregnancy, labor and delivery, or breastfeeding (AIDSinfo).

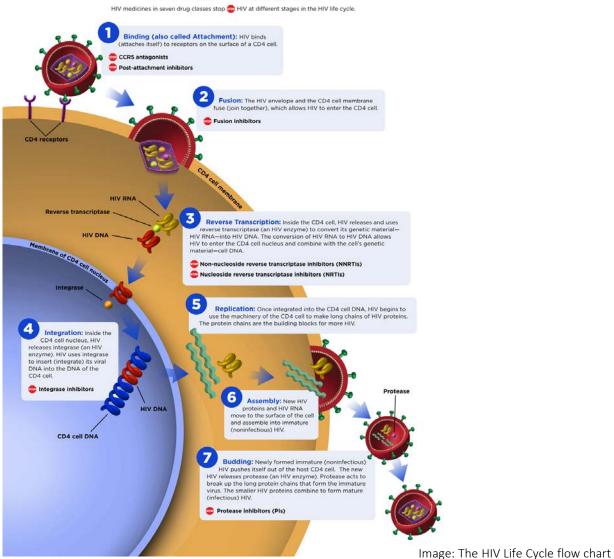


Source: AIDSinfo, U.S. Department of Health and Human Services (HHS) https://aidsinfo.nih.gov/

Image: HIV virus (HIV enzymes, Hiv envelope, HIV capsid, HIV RNA, and HIV Glycoproteins



The HIV Life Cycle

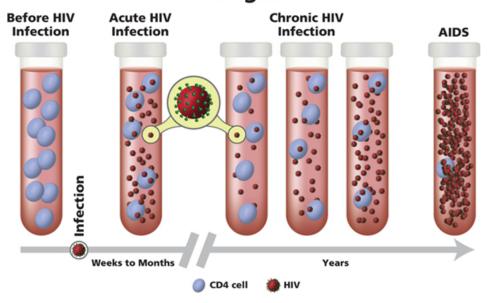


Source: AIDSinfo, U.S. Department of Health and Human Services (HHS) https://aidsinfo.nih.gov/



Stages of HIV

HIV Progression



CD4 T Lymphocyte:

A type of lymphocyte. CD4 T lymphocytes (CD4 cells) help coordinate the immune response by stimulating other immune cells, such as macrophages, B lymphocytes (B cells), and CD8 T lymphocytes (CD8 cells), to fight infection. HIV weakens the immune system by destroying CD4 cells (AIDSinfo).

Source: AIDSinfo, U.S. Department of Health and Human Services (HHS), https://aidsinfo.nih.gov/

Virus:

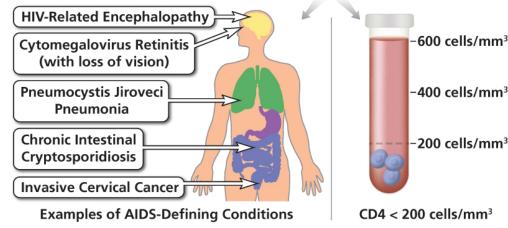
A microscopic infectious agent that requires a living host cell in order to replicate. Viruses often cause disease in humans, including measles, mumps, rubella, polio, influenza, and the common cold. HIV is the virus that causes AIDS (AIDSinfo).

Image: HIV progression time line and viral load



Acquired Immunodeficiency Syndrome (AIDS)

AIDS Case Definition

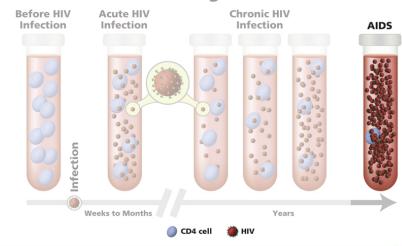


Acquired Immunodeficiency Syndrome (AIDS):

A disease of the immune system due to infection with HIV. HIV destroys the CD4 T lymphocytes (CD4 cells) of the immune system, leaving the body vulnerable to life-threatening infections and cancers. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV infection. To be diagnosed with AIDS, a person with HIV must have an AIDS-defining condition or have a CD4 count less than 200 cells/mm3 (regardless of whether the person has an AIDS-defining condition).

Source: AIDSinfo, U.S. Department of Health and Human Services (HHS) https://aidsinfo.nih.gov/

HIV Progression





HIV Transmission

<u>Sex</u>

Any unprotected sex

More than one sex partner ever

Hx of any sexually transmitted infection

Pregnant

Receive Blood

Receive blood or other blood products before 1985 or from areas without secure blood supply

Handled blood or body fluids as a routine parts of their job

Infants whose mothers are infected with HIV

Exposure to Injection / Piercing

Unclean needles, particularly if shared (ex. injected steroids)

Unclean drug equipment

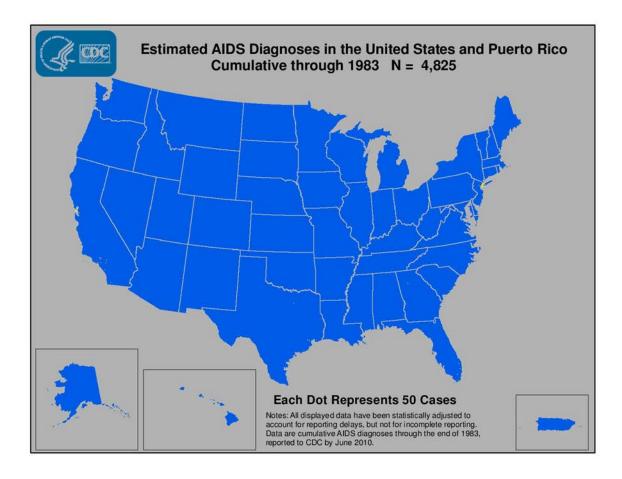
Tattoos inked with needles not properly cleaned and sterilized

Piercing of ears or body parts with needles not properly cleaned and sterilized

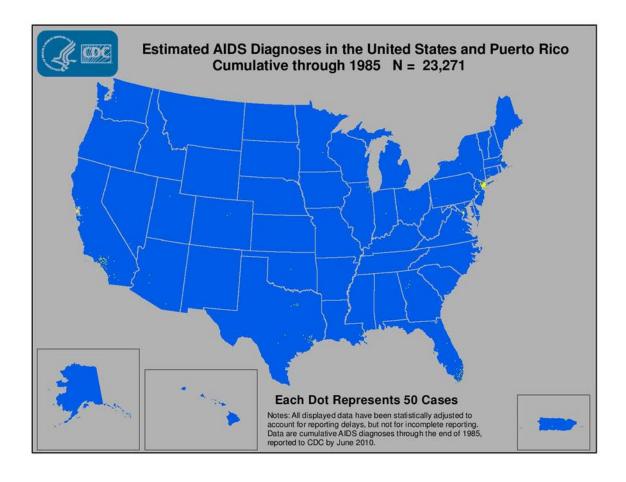
Other

A sex partner with one or more of the above risk factors

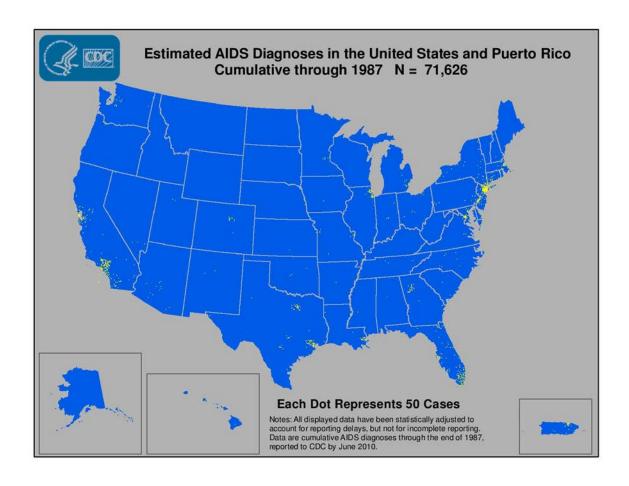




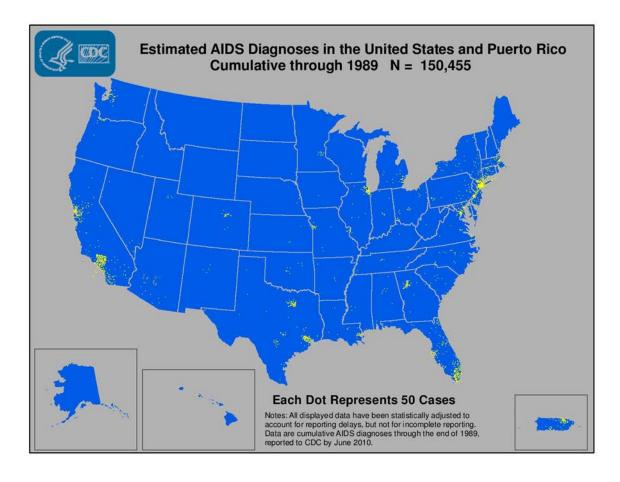




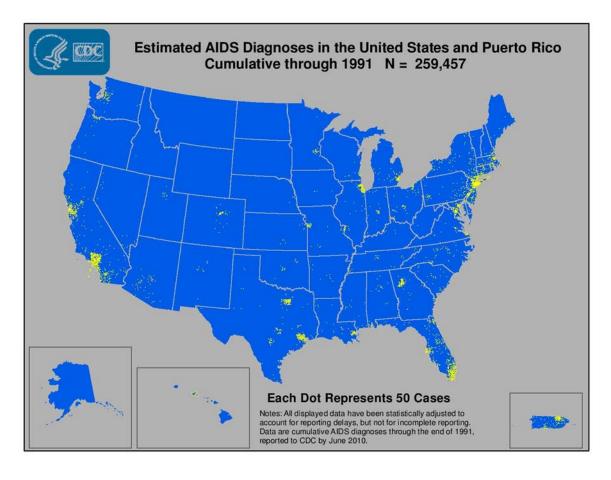




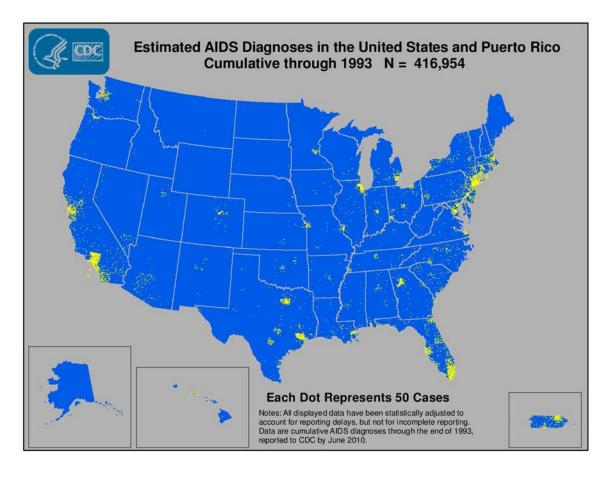




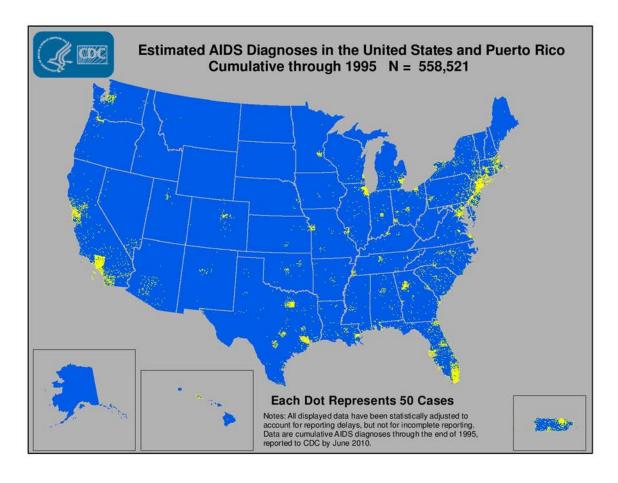




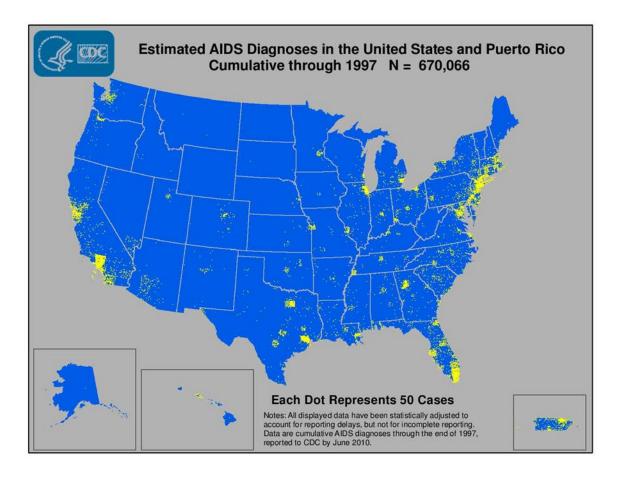




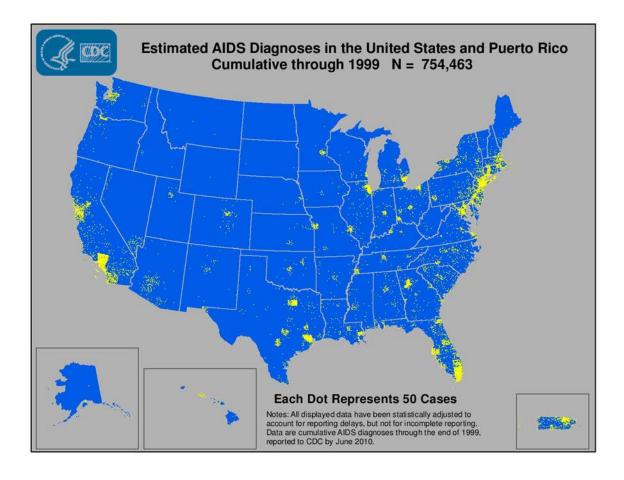




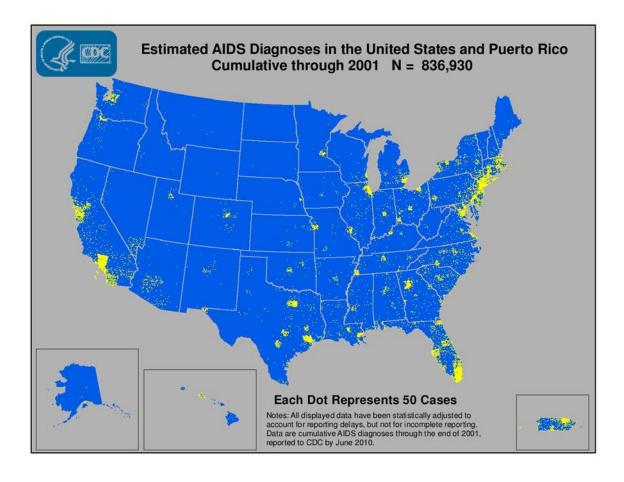




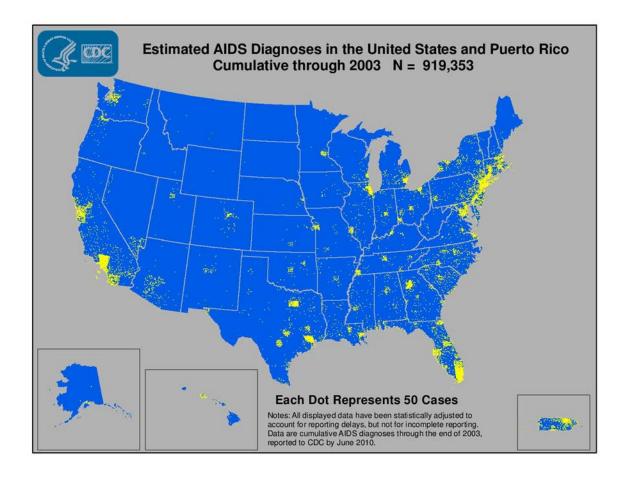




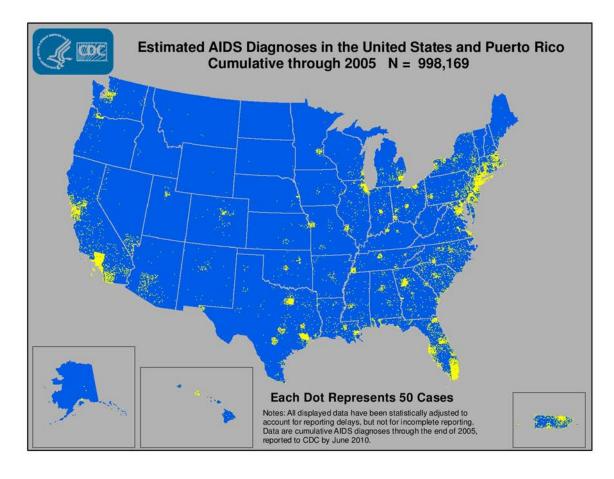




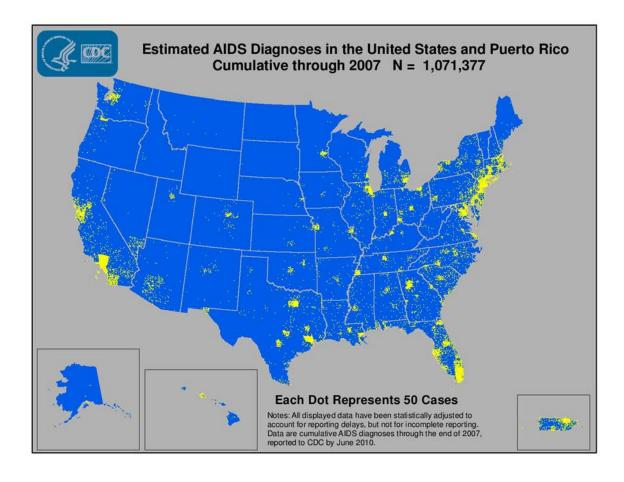




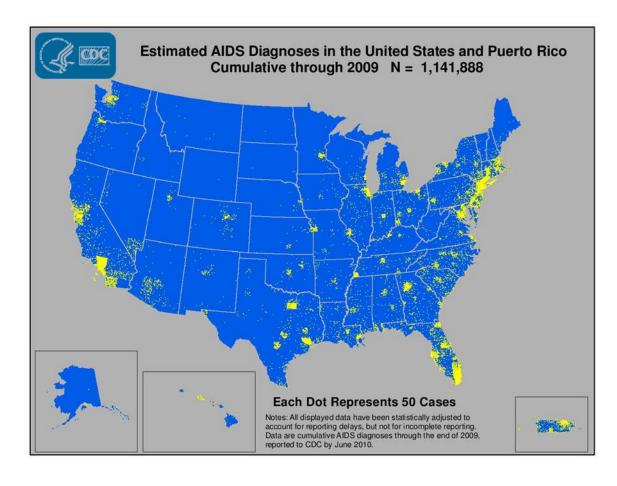














Who do you think is HIV positive?

- 1. Adriana (mother)
- 2. Cesar (father)
- 3. Esther (grandmother)
- 4. Enrique (son)
- 5. Christina (daughter)
- 6. Both, Adriana and Cesar

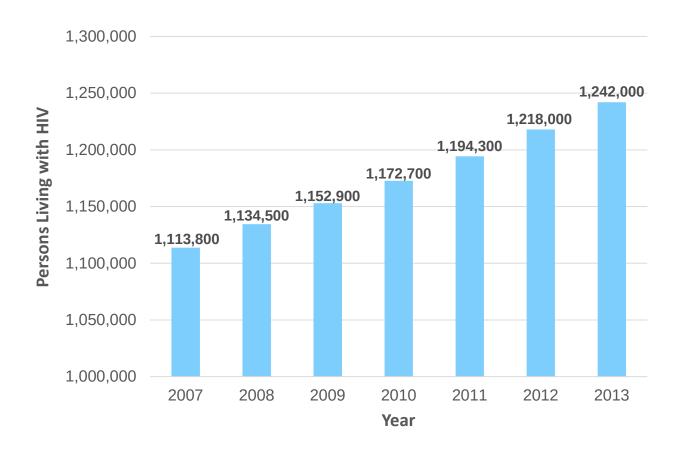


Do you know anyone who is HIV positive?

- 1. Yes
- 2. No



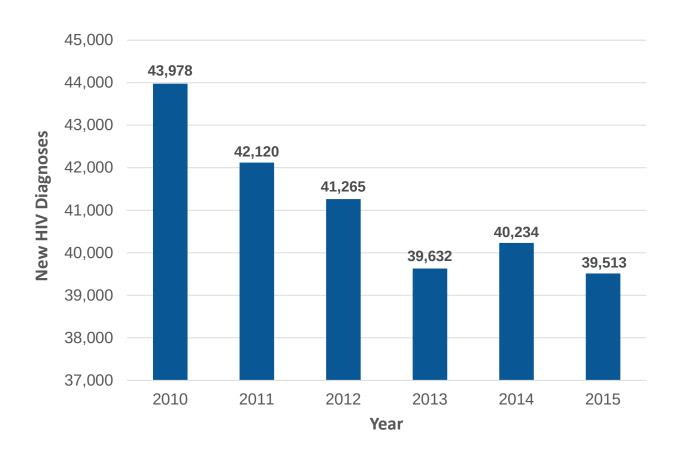
Estimated HIV Prevalence in United States, 2007-2013



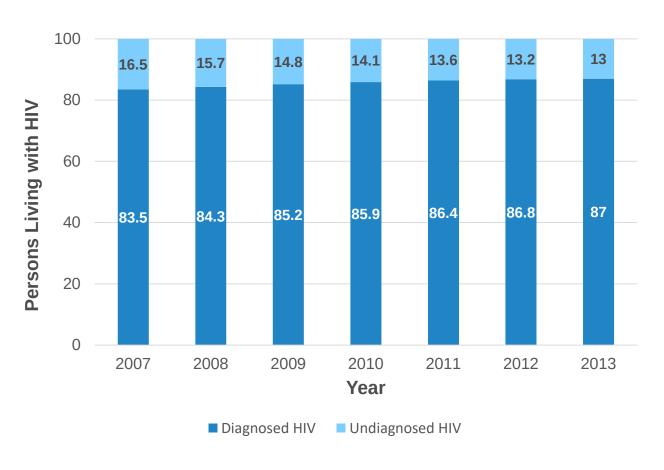
Source: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data---United States and 6 U.S. dependent areas, 2014. HIV Surveillance Supplemental Report. 2016;21(No. 4):1-87. Published July 2016.

Image: Estimated HIV Prevalence in the US 2007 – 2013 Bar Chart

New HIV Diagnoses in the United States, 2010-2015



Proportion of Persons with Undiagnosed HIV Infection in United Sates, 2007-2013



Source: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data--United States and 6 U.S. dependent areas, 2014. HIV Surveillance Supplemental Report. 2016;21(No. 4):1-87. Published July 2016.

Image: Proportion of Person with Undiagnosed HIV Infection in the US 2007 – 2013 Bar Chart

1 in 99

The lifetime risk of a person in the United States to receive an HIV diagnosis.



1 in 6 (MSM)

Men who have sex with men (MSM) in the United States will be diagnosed with HIV during their lifetime.

Source: CDC. Lifetime risk of HIV diagnosis, 2016.



1 in 4 (Latino MSM)

1 in 4 Latino men who have sex with other men: Overall they are at risk of being diagnosed with HIV in their lifetime if current diagnostic rates persist.

Source: CDC. Lifetime risk of HIV diagnosis, 2016.

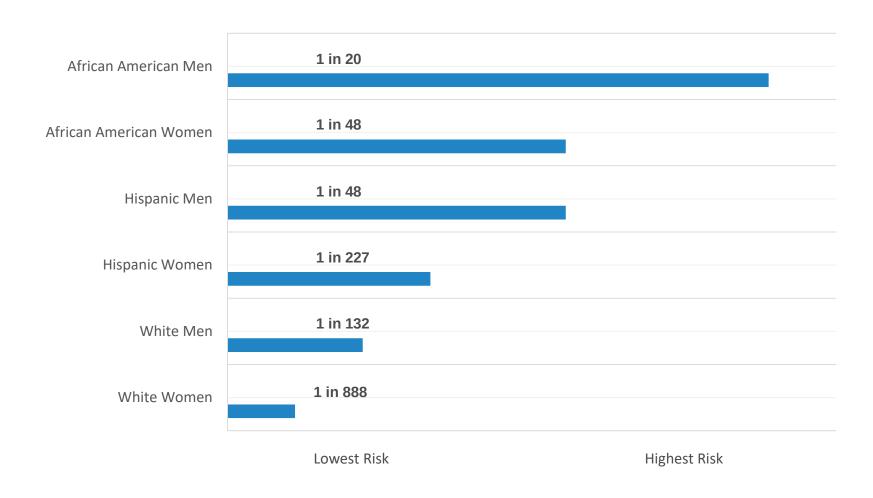


1 in 2 (Black MSM)

1 in 2 African-American men who have sex with other men: Overall they are at risk of being diagnosed with HIV in their lifetime if current diagnostic rates persist.

Source: CDC. Lifetime risk of HIV diagnosis, 2016.

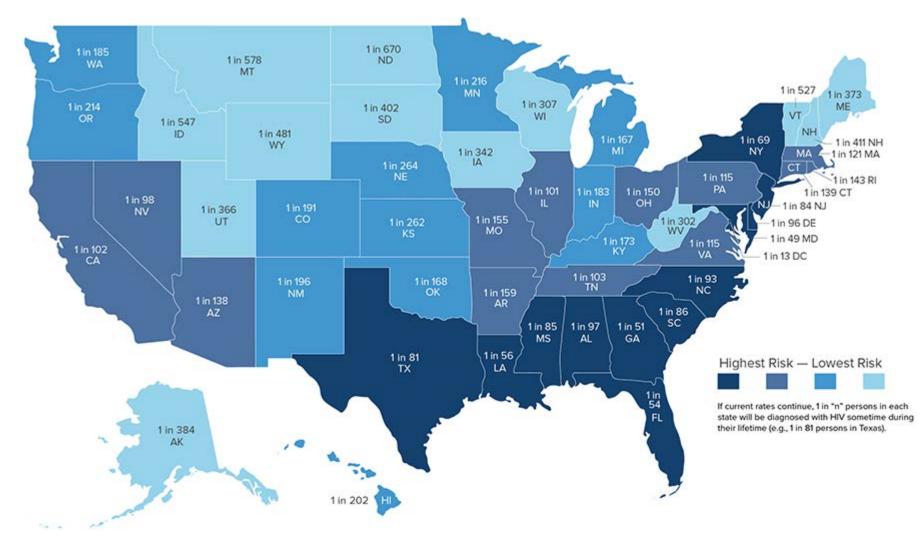
Lifetime Risk of HIV Diagnosis by Race and Ethnicity



Source: CDC. Lifetime risk of HIV diagnosis, 2016.

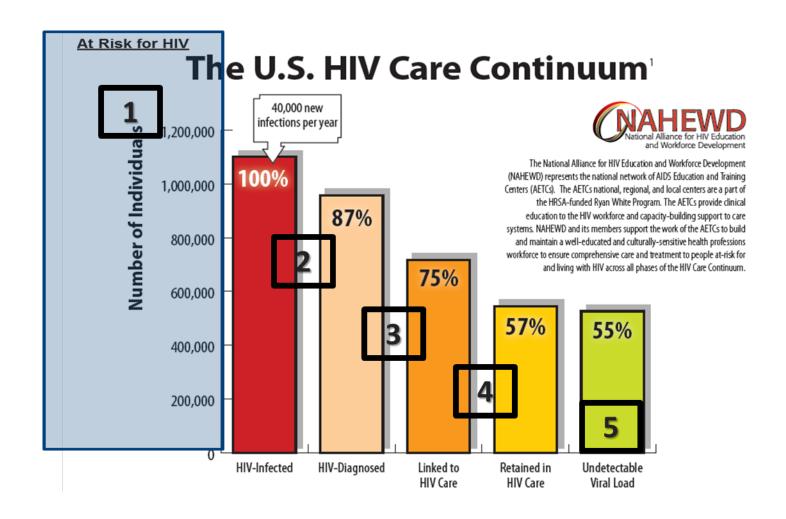
Image: Lifetime Risk of HIV Diagnosis by Race and Ethnicity Chart

Lifetime Risk of HIV Diagnosis by State

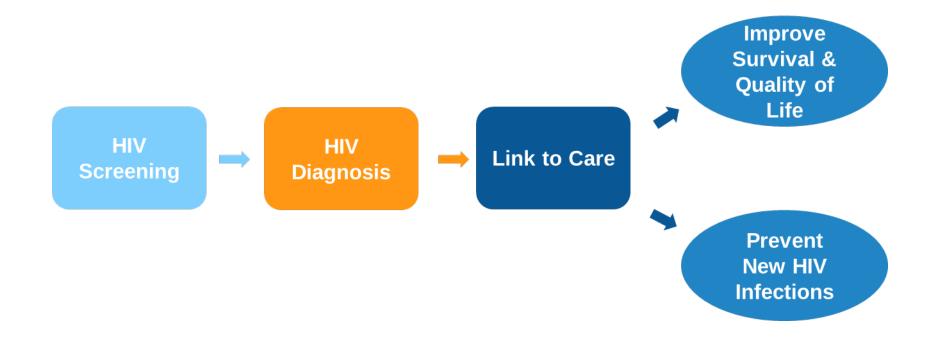


Source: CDC. Lifetime risk of HIV diagnosis. February 23, 2016.

Image: Lifetime Risk of HIV Diagnosis by State Map



Goals of Routine HIV Screening



Who should get tested for HIV?

Everyone ages 13 to 64 should get tested at least once

Pregnant or planning to get pregnant

An at risk person should frequently get tested (at least once a year) who is:

Sexually active gay or bisexual man

Had sex with an HIV positive partner

Had more than one partner

Shared needles

Exchanged sex for drugs or money

Had another sexually transmitted disease, hepatitis,

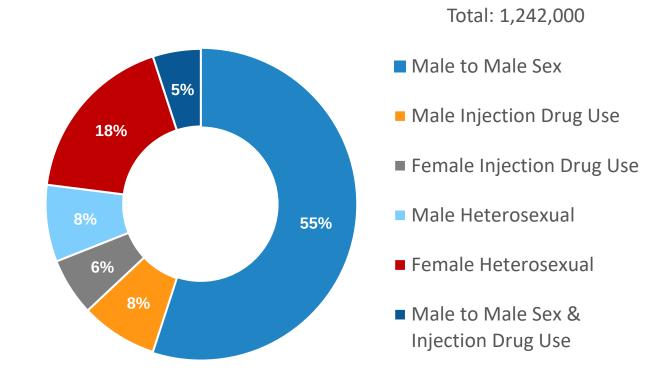
or tuberculosis

Had sex with anyone who has done the above or had sex with someone with an unknown sexual history

Source: CDC. HIV Testing Guidelines. https://www.cdc.gov/hiv/basics/testing.html



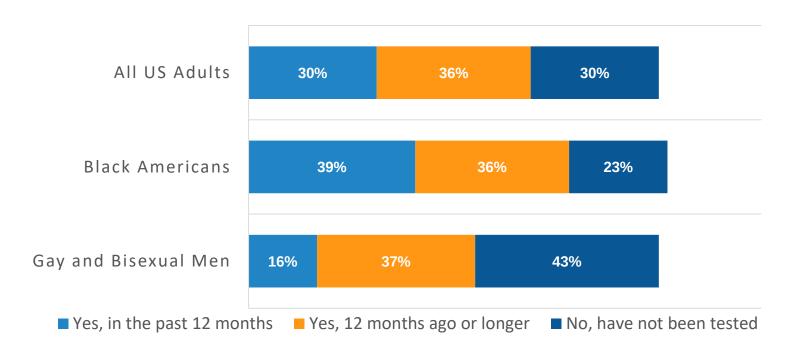
Persons Living with Diagnosed and Undiagnosed HIV in U.S., 2013*—HIV Transmission Category



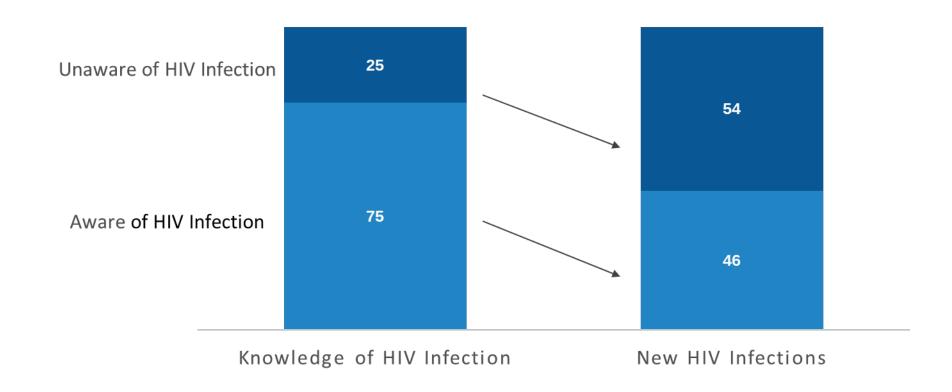
Relatively Few People Report Getting Tested for HIV Regularly

Have you, yourself, ever been tested for HIV?

If yes: when was the last time you were tested for HIV?



Disproportionate Transmission of HIV in Persons Unaware of HIV Status



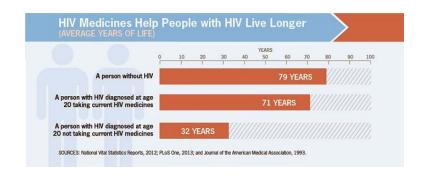
Source: Source: Marks G, Crepaz N, Janssen RS. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. AIDS. 2006;20:1447-50.

Image: Persons Aware and Unaware of HIV Status Bar Chart

Why test patients for HIV?

Better for the patient

- People living with HIV can live long, healthy lives if HIV infection is identified early and treated
- Early treatment reduces HIV related illnesses



Better for the community

- Change in behavior
- HIV treatment is prevention

"Across three different studies, including thousands of couples and many thousand acts of sex without a condom or pre-exposure prophylaxis (PrEP), no HIV transmissions to an HIV-negative partner were observed when the HIV-positive person was virally suppressed."

-Eugene McCray, MD

Director, Division of HIV/AIDS Prevention, CDC

Sources: National Vital Statistics Reports, 2012; PLoS One, 2013; and Journal of the American Association, 1993. Images: Average years of life for a diagnosed in a current medication and diagnosed not in a current HIV medication vs a person without HIV. U=U logo.





One pill a day

Example of Fixed-Dose Combination HIV Drug



Efavirenz (600 mg)



Emtricitabine (200 mg)



Tenofovir DF (300 mg)



Atripla

Source: AIDSinfo, U.S. Department of Health and Human Services (HHS)

https://aidsinfo.nih.gov/

Image: Example of Fixed Dose Combination HIV Drug (Efavirenz + Emtricitabine + Tenofovir = Atripla)



Adherence

Adherence



Benefits of Adherence

Sustained Viral Suppression

Reduced Risk of Drug Resistance

Better Overall Health Improved Quality of Life

Decreased Risk of HIV Transmission

Source: AIDSinfo, U.S. Department of Health and Human Services (HHS)

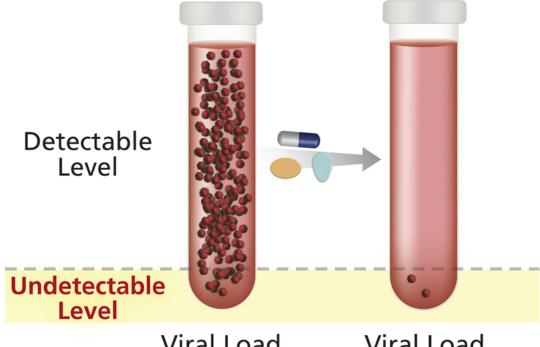
https://aidsinfo.nih.gov/

Image: Benefits of Adherence (Sustained Viral Load, Reduced Risk of Drug Resistance, Better Overall Health, Improved Quality of Life, and Decreased Risk of HIV Transmission)



Undetectable Viral Load

Undetectable Viral Load



Source: AIDSinfo, U.S. Department of Health and Human Services (HHS)

https://aidsinfo.nih.gov/

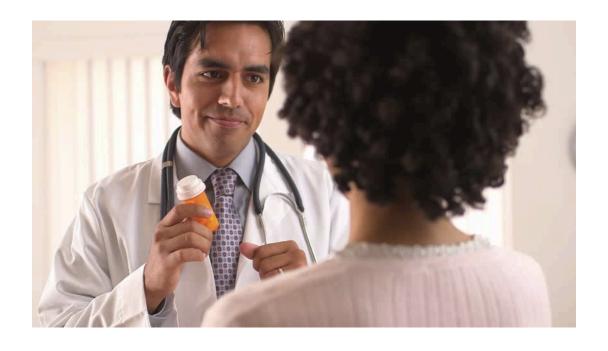
Image: Undetectable Viral Load Before ART and with ART

Viral Load Before ART Viral Load With ART



Treatment is Prevention

96% reduction in transmission when HIV-positive partner starts treatment early



Source: Ping et al. HIV-1 transmission when HIV-positive partner starts treatment early. 2013. Image: Provider prescribing medication to a female patient.



Protecting Baby from HIV:

Steps to Prevent Transmission of HIV from Mother to Baby



Women with HIV take HIV medicines during pregnancy and childbirth. Their babies are given HIV medicine for 4 to 6 weeks after birth.



Women with a high or unknown level of HIV in their blood may have a C-section to reduce the risk of HIV transmission during delivery.



HIV can spread through breast milk. Women with HIV give their babies formula instead of breastfeeding.

Source: AIDSinfo, U.S. Department of Health and Human Services (HHS) https://aidsinfo.nih.gov/

Image: Steps to Prevent Transmission of HIV from Mother to Baby (HIV medicine, C-section, and formula milk)

For more information, visit: aidsinfo.nih.gov AIDSinfo







Source: AIDSinfo, U.S. Department of Health and Human Services (HHS) https://aidsinfo.nih.gov/



HIV Prevention

- Safer-sex counseling: understanding risk
- Condoms and lubricant
- Sterile syringes and avoiding sharing
- HIV testing
- STI testing and treatment
- PEP (post-exposure prophylaxis)
- PrEP (pre-exposure prophylaxis)



What is PrEP?

Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. A combination of two HIV medicines (tenofovir and emtricitabine), sold under the name Truvada® is approved for daily use as PrEP to help prevent an HIV-negative person from getting HIV from a sexual or injection-drug-using partner who's positive. Studies have shown that PrEP is highly effective for preventing HIV if it is used as prescribed. PrEP is much less effective when it is not taken consistently (CDC).



Source: AIDSinfo, U.S. Department of Health and Human Services (HHS)

https://aidsinfo.nih.gov/ Image: Truvada pills



PrEP patient status

- No signs or symptoms of acute HIV infection
- No signs or symptoms of other Sexually Transmitted Infections
- Antibody test against HIV antigen negative
- Negative pregnancy test
- Negative screen of hepatitis B
- Chemistry panel normal liver and kidneys
- Negative urine test
- Start PrEP



Understanding PrEP

Oral Contraceptive ("The Pill")	Pre-Exposure Prophylaxis (PrEP)
Prevents pregnancy if taken before sex. Does not work as morning-after pill.	Prevents HIV infection pre-exposure. Will not work if already exposed.
Does not always start working immediately.	Does not start working immediately.
Must take daily – cannot skip doses.	Must take daily – cannot skip doses.
Only helps prevent pregnancy, will not prevent STIs (should still use condoms).	Only helps prevent HIV – will not prevent other STIs (should still use condoms).
Very effective at preventing pregnancy, but not 100% effective.	Very effective at preventing HIV infection, but not 100% effective.
Should be taken by anyone who is sexually active (at risk for becoming pregnant)	Should be taken by anyone who could be exposed to the HIV virus (at risk for HIV)



Q/A

Next Steps

Evaluation