NATIONAL PARAMETER STREAMENT



Using a Transnational Framework to Improve Engagement in the SPNS Latino Transnational Initiative (101), 12899

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Culturally appropriate interventions of outreach, access, and retention among Latino/a populations.

- Goal A multi-site demonstration and evaluation of culturally-specific service delivery models for Latinos/as living with HIV.
- Nine sites designed, implemented, and evaluated their models to identify Latinos/as who are HIV+ and improve their access, timely entry, and retention in HIV care.
 - Cities: Los Angeles, Dallas, Chicago, Chapel Hill, New York City, & Philadelphia.
- Evaluation and Technical Assistant Center (ETAC) at UC San Francisco –
 Coordinating the multi-site evaluation and provided technical assistance to the
 demonstration sites.
- A first major adaption of the transnational framework for public health research.



Activities in the Initiative

- Each demonstration site selected and tailored their intervention for Mexicans (or Mexican Americans) or Puerto Ricans.
- Tailoring activities were specified to be guided by the transnational framework.
 - Transnational framework recognizes, acknowledges, and builds upon the connections that Latino/as use to maintain ties to their countries/places of origin while living in the continental U.S.
- The ETAC members with relevant expertise provided technical assistant to each site on the application of transnationalism.
- Separate members at this research center are conducting a rigorous multi-site evaluation of outcomes along the HIV Care Continuum (linkage, retention and viral suppression) and costs of these ten interventions.



Evaluation of Initiative

- Aggregated outcomes assess improvements across the HIV Care Continuum from 2015 to 2018) on 6-month intervals (8 waves).
- Qualitative and quantitative data are used to evaluate the effectiveness of these interventions between sites.
- Surveys and medical chart data include patient characteristics, intervention exposure (type and amount of service received), individual, interpersonal, and cultural and community- level barriers and facilitators to care, and clinical data.
 - Incorporating transnational elements (discussed next) will help move beyond outdated assumptions about Latino/a culture and its influence on health outcomes.
- The goal is to conduct a rigorous and standardized evaluation.



Overview of Tailoring Interventions



What is tailoring?

Bernal et al., 2009 - defined cultural tailoring or adaptation as the systematic modification of an evidence-based intervention or protocol to consider language, culture, and context in such a way that it is compatible with the client's cultural patterns, meanings, and values.

Difficulty is defining what is a cultural pattern, a cultural meaning of some health factor, and properly measuring a person's cultural values.



The Goal of Tailoring

- Initiative Efficacious interventions were selected and modified for each site.
- Challenge When it is necessary, and how much change is enough or too much.
 - ETAC and expertise within each site collaborated to help achieve this balance.
- Interventions strived to have balance between tailoring and fidelity to core elements – active ingredients of an intervention.



Avoiding the Pitfalls of Failed Interventions

- Sites fully understand their populations, and have diverse research experiences and expertise
- ETAC has experts in Latino/a health research and intervention development.
- Barrera and Castro (2006) Interventions "fail to be generalized...because of differences in..."
 - A) Engagement- the ability of procedures to reach potential participants and involve them fully;
 - B) Outcome ability of intervention to change targeted variables;
 - C) Content and process changes.
- Recognize where pitfalls may occur and avoid them.



Transnationalism and Latino/a Cultural Elements

- Not all elements of Evidence Based Interventions need to be tailored, just where there is poor fit (i.e., "sources of mismatch").
- Changes should be guided by evidence, (quantitative and qualitative) and judgment.
- Adaptation occurs under one of four conditions:
 - 1) ineffective clinical engagement, which may include not being aware of treatment availability;
 - 2) entry or enrollment into treatment, participating in treatment or clinical trials and activities;
 - 3) issues of retention and completion of treatment, unique risk or resilience factors: adding new features or deleting features;
 - 4) unique symptoms of a common group.



Ecological Validity Model





Overview of Transnationalism in the Latino SPNS Initiative



Outline

- Defining transnationalism
- •Transnational:
 - Social spaces
 - Life
 - Practices
 - Social transformation
- Influences on transnational practices
- Transnational Exploration Tool
- Integrating transnationalism into HIV care interventions



Transnationalism



•Defined as "the processes by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement."

•Framework to describe immigrants who maintain long-term and psychological ties to their place of origin.

•Sources: Basch et al., 1994, p. 6, Mouw et al., 2014



Transnational Social Spaces/Fields

"The transnational social field is constructed through the daily life and activity of immigrants affecting all aspects of their life, from their economic opportunities, to their political behavior, to their individual and group identities."

José Itzigsohn et al. 1999. "Mapping Dominican Transnationalism: Narrow and Broad Transnational Practices." Ethnic and Racial Studies 22, no.2: 316-339.





Transnational Social Spaces/Fields

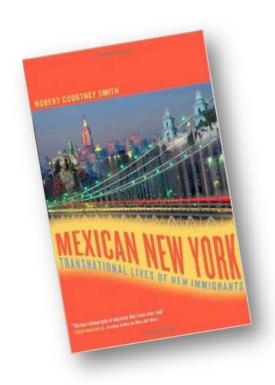
•The social space emphasizes the importance of considering the broader social world surrounding an individual migrant in both the sending and host countries.

Sources: Levitt et al., 2007; Levitt 2001





Transnational Life



- •Transnational life is used to include practices and relationships that link migrants and their children with their country of origin, where such practices have significant meaning and are regularly observed.
- •Immigrants use their transnational connections as a primary point of reference that informs their cultural understandings
- •Transnational connections and activities also compel immigrants to deeply assess the cultures that exist in their country of origin and compare them with those that they perceive as the prevailing culture of the host country.

- Transnationalism is best exemplified by the cross-border activities, practices and attachments of immigrants.
- Transnational practices can include informal and formal social, political, economic, cultural and religious practices.
- Migrants will engage in selective transnational practices, usually in response to particular life events.
- Most migrants are occasional transnational activists.



Communication

One of the basic ways in which immigrants maintain ties with their home countries is through contact with relatives and/or friends and associates.

 Technologies and social media (e.g., email, Skype, Facebook) have helped to increase the intensity of this activity.





Travel

Maintaining social ties may also involve traveling back home to visit family and friends, or providing assistance to family and friends to visit.





Economic and Social Remittances

Money send by migrants to their homeland may be used individually or collectively. They may support family members who stay behind; fund small and large businesses; support public works and social service projects in sending communities.

 Social remittances (e.g., ideas, norms, practices, and identities) may flow back from place of settlement to place of origin



Politics

Migrants'political transnational practices can include a variety of activities such as electoral participation, membership in political associations, parties or campaigns in two different countries.







Social Transformation

Transnational migration influences transformations in family structure that inform constructions of class, gender and race.

 Research in this area has focused on living arrangements, finances, and generational reproduction in the everyday lives of transnational families.



What Influences Transnationalism?

Length of time in the U.S.

Greder et al. (2009) found that Latino immigrants who most engaged in transnational activities were also those who had lived in the United States for the least amount of time.

 Those Latinos who had lived in the U.S. for the longest amount of time had the lowest amounts of engagement in transnational activities.



What Influences Transnationalism?

Generational impact

Transnational practices and attachments have been and continue to be widespread among the first generation, but few researchers think these ties persist among subsequent generations.

 Transnational activities will not be central to the lives of most of the second or third generation, and they will not participate with the same frequency and intensity as their parents.



Transnational Exploration Session and Tool



Transnational Exploration Session/Tool

- Sound measurement requires systematic collection of discrete constructs –
 Designed to capture a level of transnationalism.
- This tool was used to explore...to learn about or familiarize oneself with a person's Transnational Profile – or spark new ways of collecting this information.
- The Transnational Profile was a source of information for:
 - Intervention staff to incorporate into their intervention (in ways useful to them);
 - To understand the facilitators and barriers to linkage and engagement in HIV care, ART adherence and clinical outcomes.
 - And promote acceptability and fit of the intervention.



Transnational Exploration Session/Tool

An example:

Step 1: Client is eligible and consents to participate.

<u>Step 2</u>: At intake, interventionist and client work through the Transnational Exploration Checklist.

<u>Step 3</u>: Interventionist summarizes client's profile in their own words, adds to their notes, and uses this information through their contact with the client to problem solve.



Integrating transnationalism into HIV care interventions

- Understanding a participant's level of transnational identity.
- •Recognizing the **points of reference** of participants regarding their health beliefs and health care seeking behaviors (e.g., place of origin or settlement)
- •Understanding who in the lives of HIV+ participants knows their status. Do they disclose to family/friends from their place of origin?



Integrating transnationalism into HIV care interventions

- •Recognizing the importance of transnational connections to support their current HIV health care behaviors (e.g., retention in medical care and medication adherence)
- •Helping participants address the issue of HIV disclosure with transnational social support members (e.g., family and friends in place of origin).
- •Help participants adapt their health care beliefs and behaviors to the available U.S. HIV health care model



Thank You!

From Theory to Application: A Description of Transnationalism in Culturally-Appropriate HIV Interventions of Outreach, Access, and Retention Among Latino/a Populations. *Journal of Immigrant Minority Health, May 2018*

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 U90HA26507, Special Projects of National Significance (SPNS) Culturally Appropriate Interventions of Outreach, Access and Retention Among Latino/a Populations Initiative Evaluation and Technical Assistance Center, in the amount of \$2,151,872 awarded to the University of California, San Francisco. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



References

- •Basch L, Glick Schiller N, Blanc-Szanton C, eds. 1994. *Nations Unbound: Transnational Projects, Postcolonial Predicaments, and Deterritorialized Nation-States*. London: Gordon & Breach.
- •Duany, J. (2003). Nation, migration, identity: The case of Puerto Ricans. *Latino Studies*, 1, 424-444.
- •Duany, J. (2011). Blurred borders: Transnational migration between the Hispanic Caribbean and the United States. Chapel Hill: The University of North Carolina Press.
- •Greder K, et al. (2009). Exploring relationships between transnationalism and housing and health risks of rural Latino immigrant families, Family & Consumer Sciences Journal, 34(2), 186-206
- •Kessing L L, Norredam M, Kvernrod A, et al. (2013). Contextualising migrants' health behaviour a qualitative study of transnational ties and their implications for participation in mammography screening. BMC public health, 13, 431-.



References cont.

Levitt P, Glick Schiller N. 2004. Conceptualizing simultaneity: a transnational social field perspective on society. *Int. Migr. Rev.* 38:1002–39.

Levitt P. 2001. The Transnational Villagers. Berkeley: Univ. Calif. Press.

Levitt P. 2004. I feel I am a citizen of the world and of a church without borders: the Latino religious experience. Presented at Lat. Past Influence, Future Power. Conf. Tomas Rivera Policy Inst., Jan. 31—Feb. 1, Newport Beach, CA.

Levitt, P & Jaworsky N. (2007). Transnationalism migration studies: past developments and future trends. *Annual Review of Sociology, 33*, 129-156.

Menjivar C. 2002a. Living in two worlds? Guatemalan-origin children in the United States and emerging transnationalism. *J. Ethn. Migr. Stud.* 28:531–52.



References cont.

Murphy, E J, & Mahalingam, R. (2004). Transnational ties and mental health of Caribbean immigrants. Journal of immigrant health, 6(4), 167-78.

Parrenas RS. 2001. Servants of Globalization: Women, Migration and Domestic Work. Stanford, CA: Stanford Univ. Press

Pries L. 2004. Determining the causes and durability of transnational labour migration between Mexico and the United States: some empirical findings. *Int. Migr.* 42:3–39

Pries L. 2005. Configurations of geographic and societal spaces: a sociological proposal between 'methodological nationalism' and the 'spaces of flows.' *Global Netw.* 5:167–90

Sánchez, L. (2009). The new Puerto Rico?: Identity, hybridity and transnationalism within the Puerto Rican diaspora in Orlando, Florida. VDM Verlag.



References cont.

- •Sanon, M, Spigner, C, & McCullagh, M C. (2014). Transnationalism and Hypertension Self-Management Among Haitian Immigrants. Journal of transcultural nursing,
- •Smith MP. 2005. Transnational urbanism revisited. J. Ethn. Migr. Stud. 31:235–44.
- •Smith RC. 2006. *Mexican New York: Transnational Lives of New Immigrants*. Berkeley: Univ. Calif. Press.
- •Stone, E., Gomez, E., Hotzoglou, D., & Lipnitsky, J. Y. (2005). Transnationalism as a motif in family stories. Family Process, 44(4), 381–398.
- •Tamaki, E. (2011). Transnational Home Engagement among Latino and Asian Americans: Resources and Motivation. The International migration review, 45(1), 148-173.
- •Viruell Fuentes, E A, & Schulz, A J. (2009). Toward a dynamic conceptualization of social ties and context: implications for understanding immigrant and Latino health. American journal of public health, 99(12), 2167-75.



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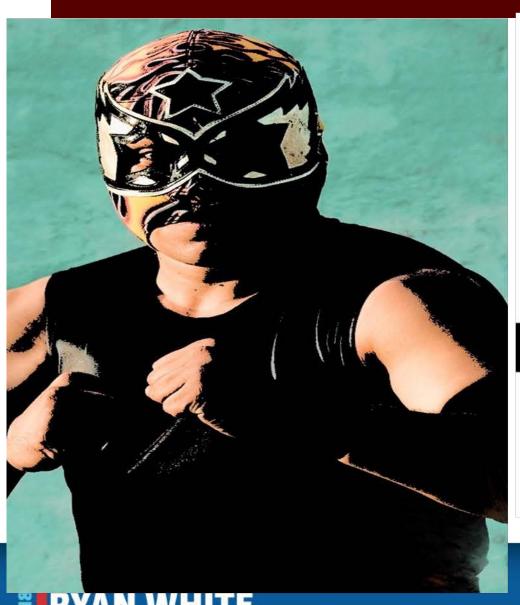
Proyecto Promover

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The Core Center/ Hektoen Institute for Medical Research



BARRIERS



Insurance homophobia Fear of La Minternalized homophobia
Health disparities Transportation Lack of KnowledgeAIDS myths
noverty Geography

HIV Stigma Employment

Fear of La Migra





Proyecto Promover Intervention Overview

Target: Mexican identified individuals of all sexual and gender identities in the Chicago EMA.

•Clinic

- •One-on-one clinical Patient Navigation (*Charlas* & Check-Ins); five intervention sessions
 - Support
 - Knowledge
 - Self management
- Community
 - Social marketing
 - Testing
 - Community charlas





Charla 1

Migration history, diagnosis experience, identity, 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





Charla 2

Structured and unstructured Interviewing around substance use, depression, PTSD, trauma and violence





Charla 3-4

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





Charla 5

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





Proyecto Promover Key Ingredients

Culturally Tailored Discourse

Flexibility and Accessibility

Education



Transnational Integration Strategy

Culturally Tailored Discourse Mirroring Cultural Values

Relationship

Exploring identity in migration story

Storytelling

cultural Exploration
of support &
barriers to
retention

ID Cultural Strengths & Weaknesses





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



azte la Prueba. Llamanos al 773-999-9808 o acércate al CORE CENTER (2020 W. Harrison St)

LA PRUEBA ES GRATIS Y CONFIDENCIAL





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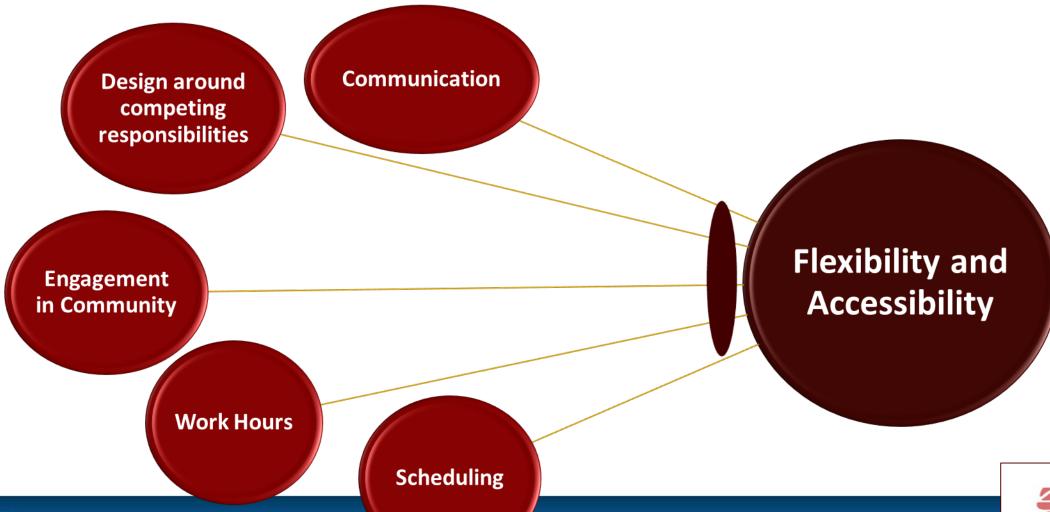
Perceived HIV Care Barriers

- Stigma
- Lack of
- knowledge
- Fear
- Fatalism
- Not feeling sick





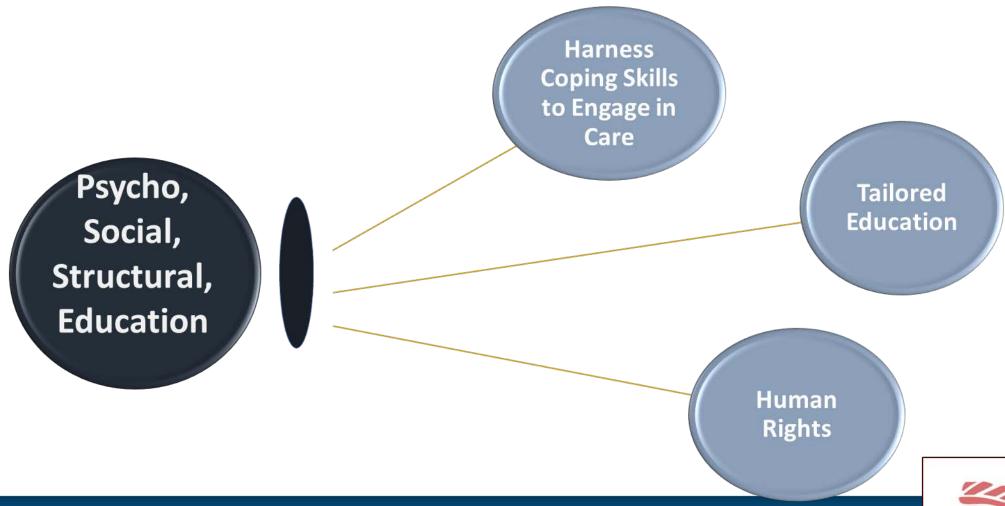
Transnational Integration Strategy







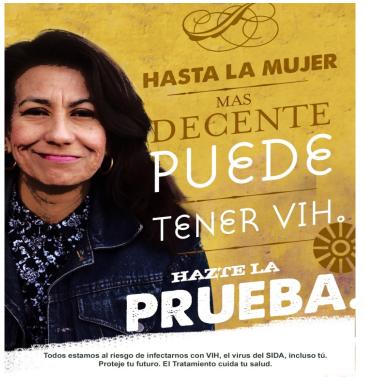
Transnational Integration Strategy







Retention (MSE) Snapshot



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	Clients Enrolled		
Total Enrollment	114		
Baseline	96% (109/114)		
6-month MSE	82% (94/114)		
12-month MSE	68% (78/114)		
18-month MSE	55% (63/114)		
24-month MSE Completion	30% (34/114)		

80% (90/114) of participants completed the patient navigation intervention







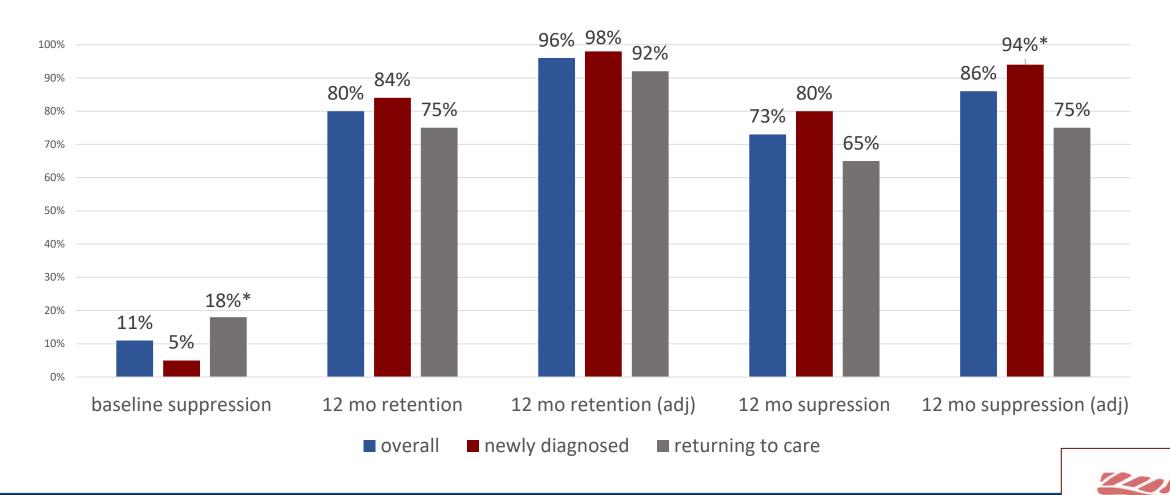
Retention in Intervention & Care

	Enrollment (Percent of Total Enrollment)	Patient Navigation Intervention Completion (% by subgroup)	Baseline Suppression	12-month Retention in Care	12-month Retention Adjusted for Retention in Intervention	12-month Suppression < 200	12-month Suppression Adjusted for Retention in Care & Intervention
Clients Enrolled	114	80% (90/114)	11% (12/114)	80% (91)	96% (86/90)	73% (83)	86% (74/86)
Newly Diagnosed	55% (63/114)	81% (51/63)	5% (3/63) ^a	84% (53/63)	98% (50/51)	80% (50/63)	94% (47/50) ^b
Out-of-Care	45% (51/114)	77% (39/51)	18% (9/51)ª	75% (38/51)	92% (36/39)	65% (33/51)	75% (27/36)b
Male	90% (103/114)	78% (80/103)	10% (10/103)	79% (81/103)	96% (77/80)	72% (74/103)	87% (67/77)
Women	<10	-	-				
Transgender Woman	<10	-	-	-	-	-	-





Retention & Suppression





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.....



Proteje tu futuro. El Tratamiento cuida tu salud.

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Thank You...

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NATIONAL PARAMETER STREAMENT



Operationalizing the Transnational Framework and Recommended Best Practices

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HRSA Statement

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Prism Health North Texas formerly known as AIDS Arms, Inc.

- A. Serves 12 North Texas counties
- B. Operates 5 service sites
 - Two clinics Primary HIV medical care and integrated behavioral health care
 - Mobile & onsite Case management, psychosocial support services, testing and risk reduction counseling
 - HIV Empowerment Center for PLWH in community
 - Local health department PHNTX case manager available to facilitate expeditious linkage to HIV care





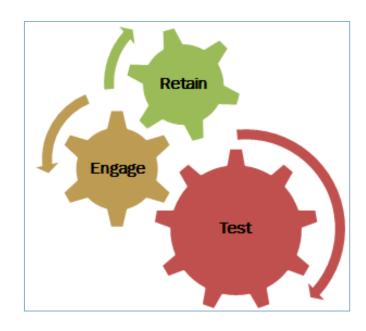
Prism Health North Texas

- C. Provides integrated care and services
 - Outreach to and testing for those at high risk for HIV
 - Linkage to HIV medical care and psychosocial services
 - HIV/STI prevention risk reduction and treatment
 - Pre-exposure prophylaxis (PrEP)
 - HIV primary medical care with integrated behavioral health care, and psychosocial support services
- D. Builds collaboration with partner agencies to ensure bi-directional referrals and respectful care for clients



Viviendo Valiente – A Program for People of Mexican Origin

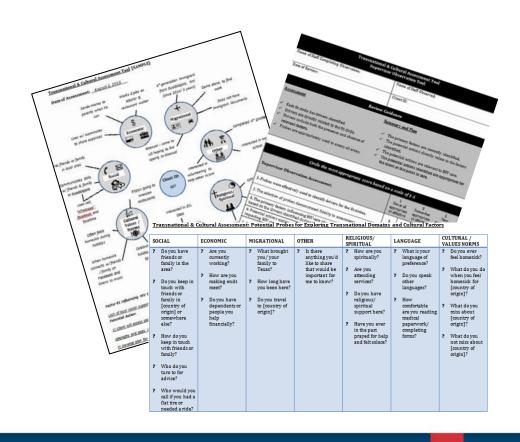
- Multi-level intervention
 - Individual
 - Group
 - Community
- Program goals
 - Increase HIV testing
 - Increase engagement in HIV treatment
 - Increase retention in HIV treatment





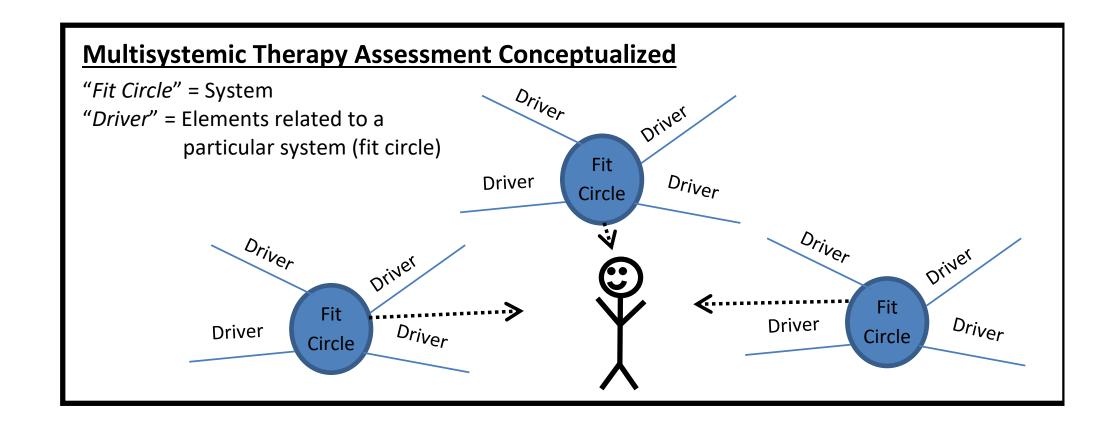
Viviendo Valiente – Incorporating Principles of Transnationalism

- Developed tools
 - Transnational and Cultural Assessment Tool
 - Support materials
 - Instructions
 - Potential Probes
 - Potential Drivers
 - Supervisor Observation Tool
- Tested tool





Transnational and Cultural Assessment Tool





Evolution of the Tool



















Programmatic Integration of Transnationalism Principles

Use of the Transnational and Cultural Assessment Tool to Inform Care

- Initial comprehensive assessment
- Care planning
- Assessment entered in Electronic Health Record (EHR)
- Ongoing client contact
- Comprehensive re-assessment
 - □ including transnational and cultural assessment
- Referral and follow-up
- Case closure/graduation

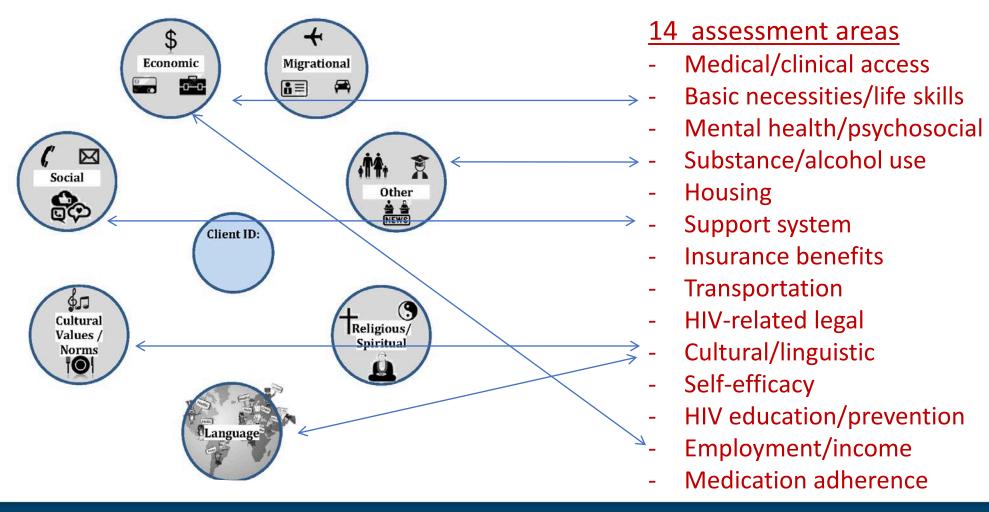


Recommended Best Practices

 Utilize visual cues and probes such as those used in the transnational tool to engage the client in discussions to assess current and future needs to promote engagement and retention in care.



Evolution of Client Level Assessment





Recommended Best Practices - 2 of 2

- Develop interactive tool to promote effective integration of best practices into Case Management
 - Use visual cues
 - Use appropriate probes for enhanced care planning
- Educate case management teams about
 - Transnationalism
 - Effective use of tool for greatest impact
- Integrate use of tool in standard of care
 - At initial assessment and as needed



Next Steps

- Development of Interactive Provider Tool
 - Front facing side: client visuals
 - Provider facing side: list of probes
- Dissemination of Tool
 - Prism Health North Texas providers
 - Community partners
 - Ryan White funded agencies/programs



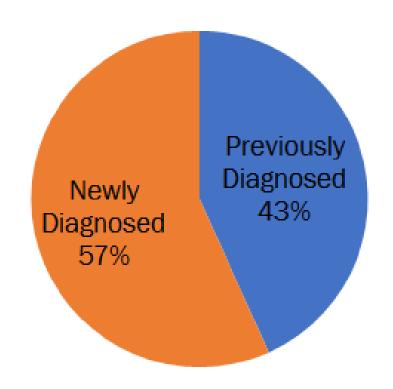


Snapshot of Local Outcomes

Preliminary Data

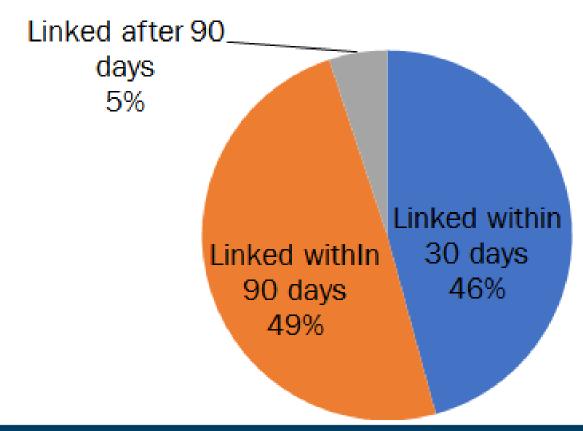


HIV Status at Enrollment (n=104) – Preliminary Data



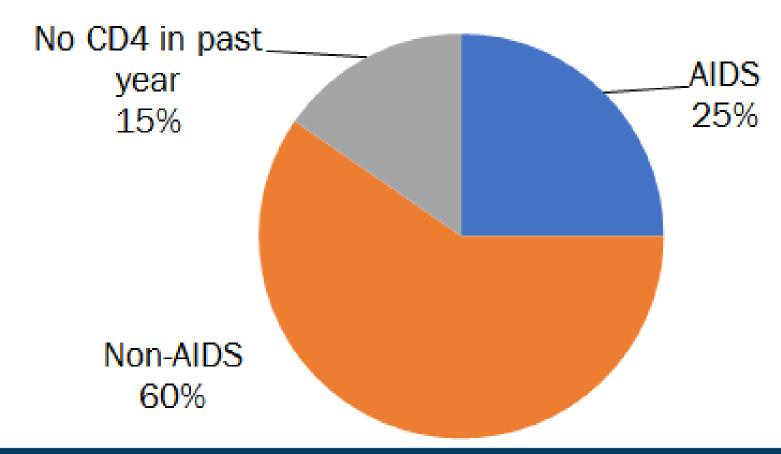


Linkage of Newly Diagnosed Participants (n=59) – Preliminary Data





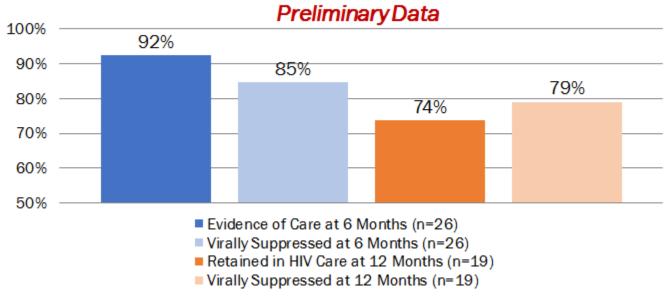
With AIDS Diagnosis at Baseline (n=104)— Preliminary Data





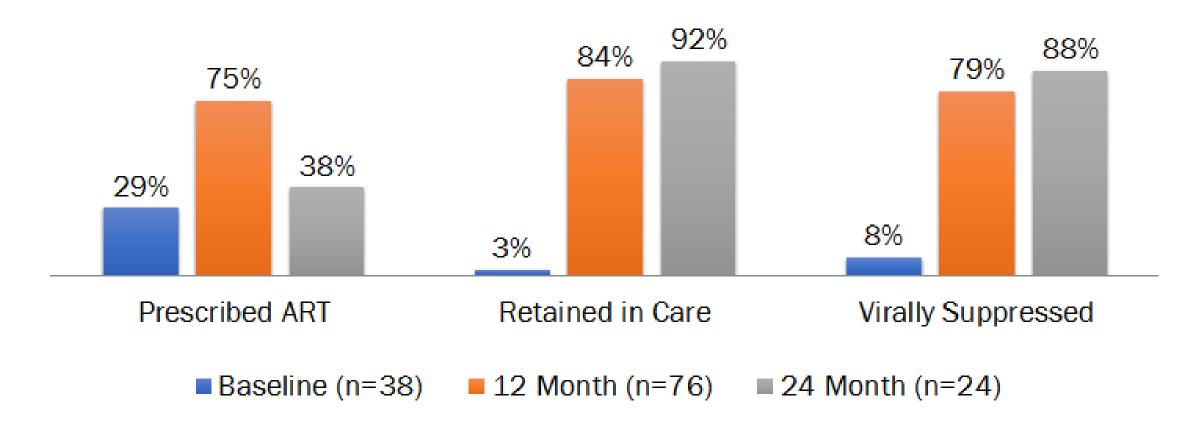
1-Year Outcomes among Participants with AIDS Diagnosis at Baseline – Preliminary Data

1-Year Outcomes Among Participants
That Met AIDS Definition at Baseline





Individual Level Outcomes – Continuum of Care Preliminary Data



Questions?

Thank you!

