

Engaging African and Caribbean Immigrants in HIV Testing and Care

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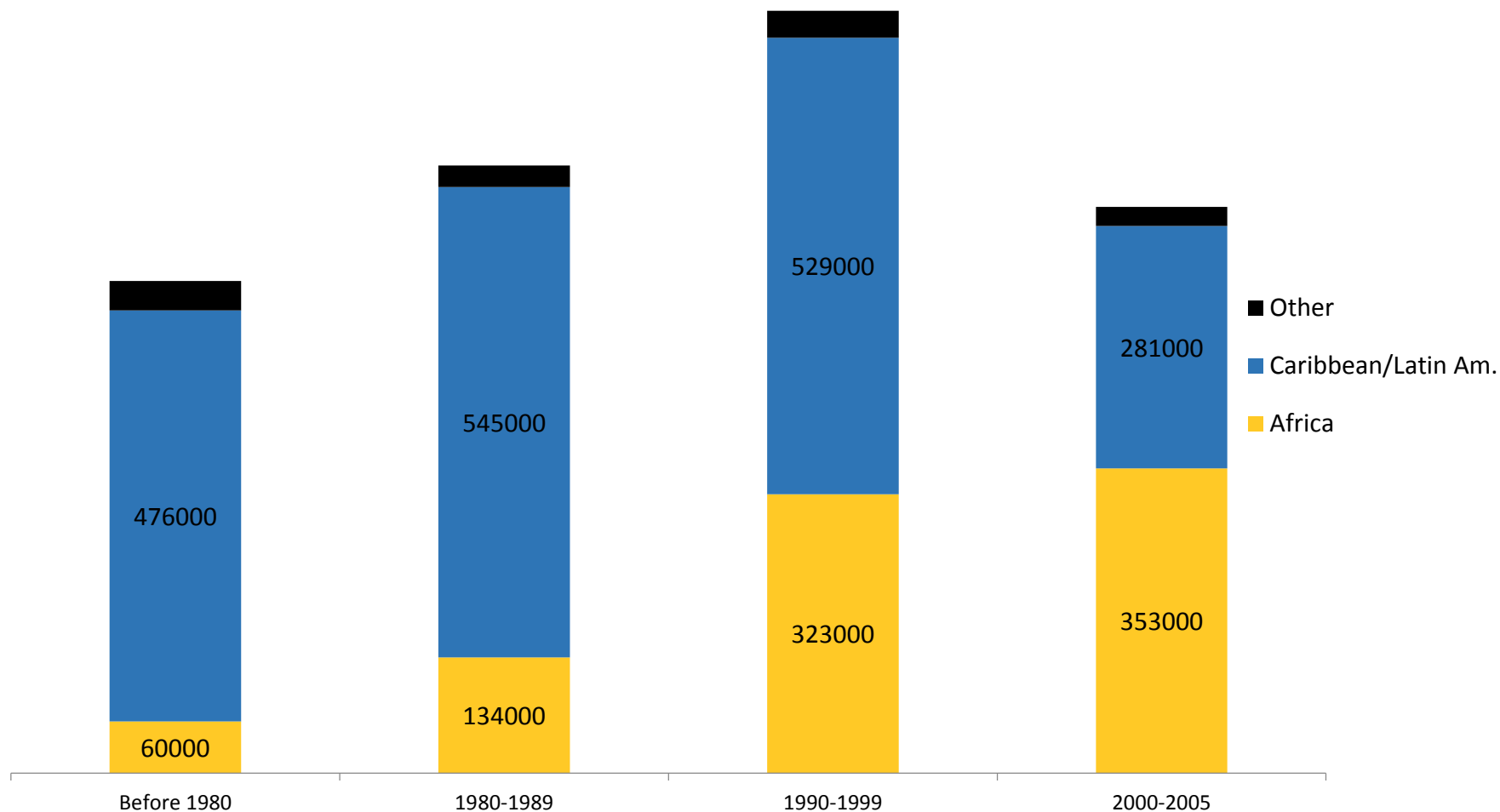
Learning Objectives

- Review preliminary data on the epidemiology of HIV among African and Caribbean immigrants in the US
- Discuss the African Diaspora Health Initiative, a program to engage African and Caribbean immigrants in HIV testing and care
- Consider key strategies for success in engaging and retaining African and Caribbean immigrants

Overview

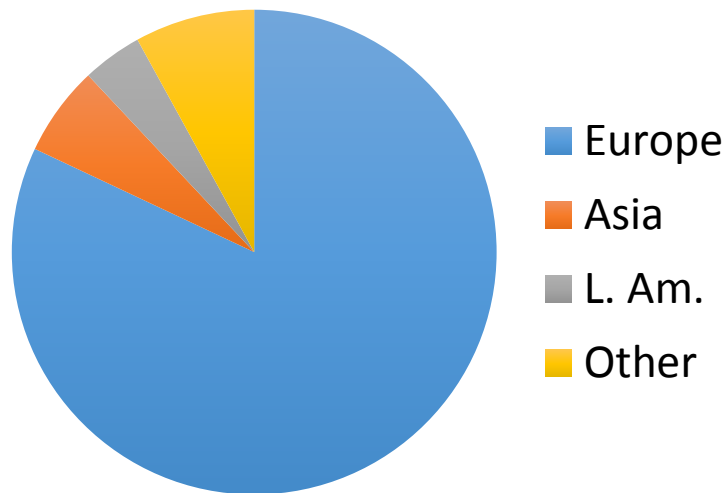
- Project background
- Project implementation
- Results (2011-2015)
- Case Studies
- Lessons Learned

Black Immigration to the US

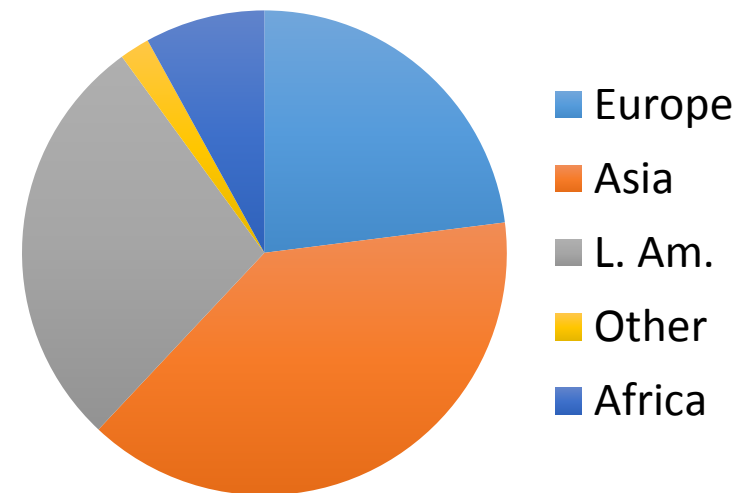


Region of Origin of the Foreign-born in Philadelphia, 1970-2006

1970



2006



Source: Brookings Institute analysis of US census decennial and American Community Survey Data

Rapid HIV Testing in Philadelphia's City Health Centers

When

- Started in 2007
- 2-5 days/week all health centers

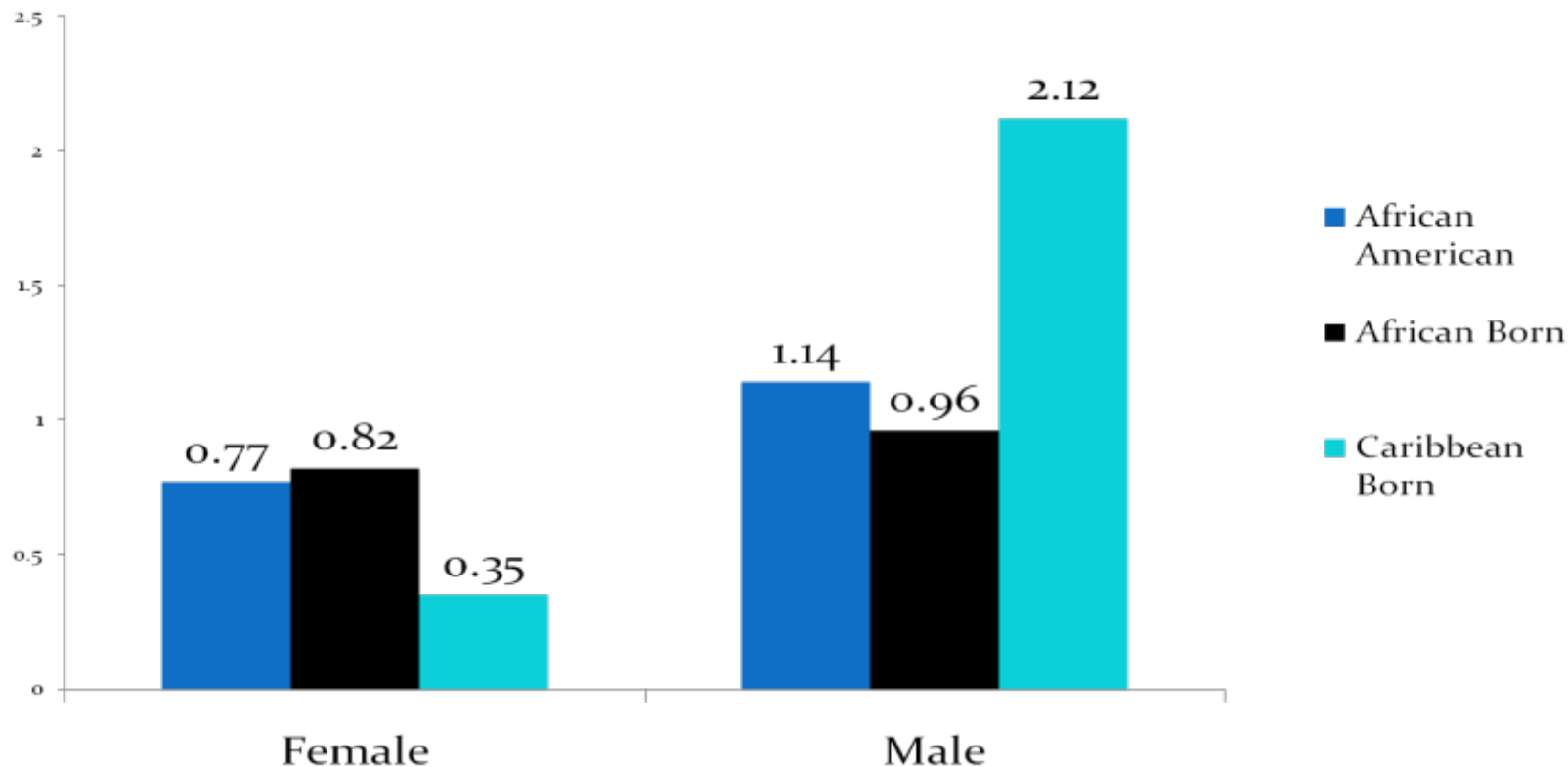
How

- By dedicated HIV Rapid Testers
- Referred by walk-in nurses

Data

- One-page survey, data de-identified
- Country of birth data collected

Rapid HIV Testing at City Health Centers, 2007-2011



Foreign-born Blacks and HIV in the US

Kerani et al,
2008

- Africans 0.6% population, 3.8% of HIV+
- Disparities in all 8 jurisdictions studied

Satcher-
Johnson et
al, 2010

- FB blacks more likely to diagnosed late
- FB blacks more likely to survive 1 & 3 yrs after dx

Urgency in Immigrant HIV Outreach

In January 2010, HIV entry ban was lifted

HIV testing no longer required for new immigrants coming to the US through permanent residency

Overall, those who came into the US after 2010 reported lower previous HIV testing rates than those who have been in the US longer (53.8% vs 63.3% $p=0.04$).

HIV prevalence was highest among those who had recently moved to the US (4.2% vs 2.4% $p=0.01$).

Need to create more intervention programs to capture missed opportunities in testing for new immigrants

Kwakwa HA et al. *J Natl Med Assoc* 2012 Jan-Feb;104(1-2):14-19.



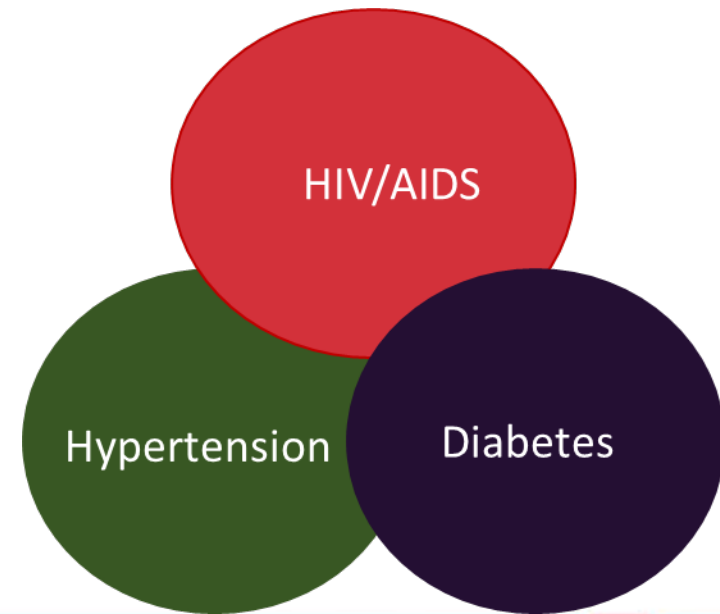
African Diaspora Health Initiative (ADHI)

Objective is to *reduce disparities in HIV infection* through the strategies below:



A Non-traditional Approach to HIV Testing

- Clinics without walls
 - Collaborative effort with various African and Caribbean orgs to provide education and testing
 - Advisory board includes key members of the immigrant communities
- Questionnaire
 - Length of stay in US, country of origin, HIV risk behaviors, last visit home
- Culturally Competent Staff
- Holistic screening model
 - 92% acceptance rate on HIV testing
 - Reduce HIV testing related stigma



Major Community Partners

- African Cultural Alliance of North America (ACANA)
 - Premier Liberian community center
- Sunray Pharmacy
- Community churches
- Kilimandjaro Restaurant
- Community centers
- Country organizations: Senegalese Association, Malian women's association, Ugandan Fellowship

Joint Ministry: United God is our Light Church INTL.
& Evangelical Beraca Present

Health Fair

6422 Dickens Avenue, Philadelphia PA 19142

Learn how to reduce the risk of
health problems and maximize your
physical and mental potential

COMMUNITY HEALTH &
AWARENESS PROGRAM

Topics of discussion:
Nutrition, Diabetes, Hypertension,
Cholesterol, HIV,
& Health Services available at Health Centers

Saturday September 29, 2012
4PM-6PM

SCREENING AREAS

- ~ High Blood Pressure
- ~ Diabetes
- ~ HIV Screening

Sponsored by the City Of Philadelphia Department of Public Health

Data Collection

Demographics

Country of origin, length of stay in US, last year home

Risk behaviors

Drug and alcohol use, condom use consistency,
MSM

No of partners

Health care utilization

Year and location of last medical check up

History of HIV testing, known diabetes or hypertension

HIV PrEP acceptance

Why or why not

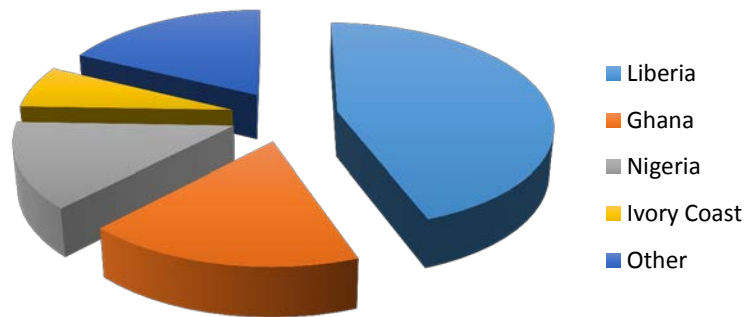
ADHI Participants, 2011-2015 (n=4,269)

	African	Caribbean
Gender: Male (%)	52.6	46.3
Gender: Female (%)	47.3	52.4
Mean Age	42	44
Length of stay in US (median # of yrs)	9	12
History of HIV testing (% ever tested)	62.5	54.9

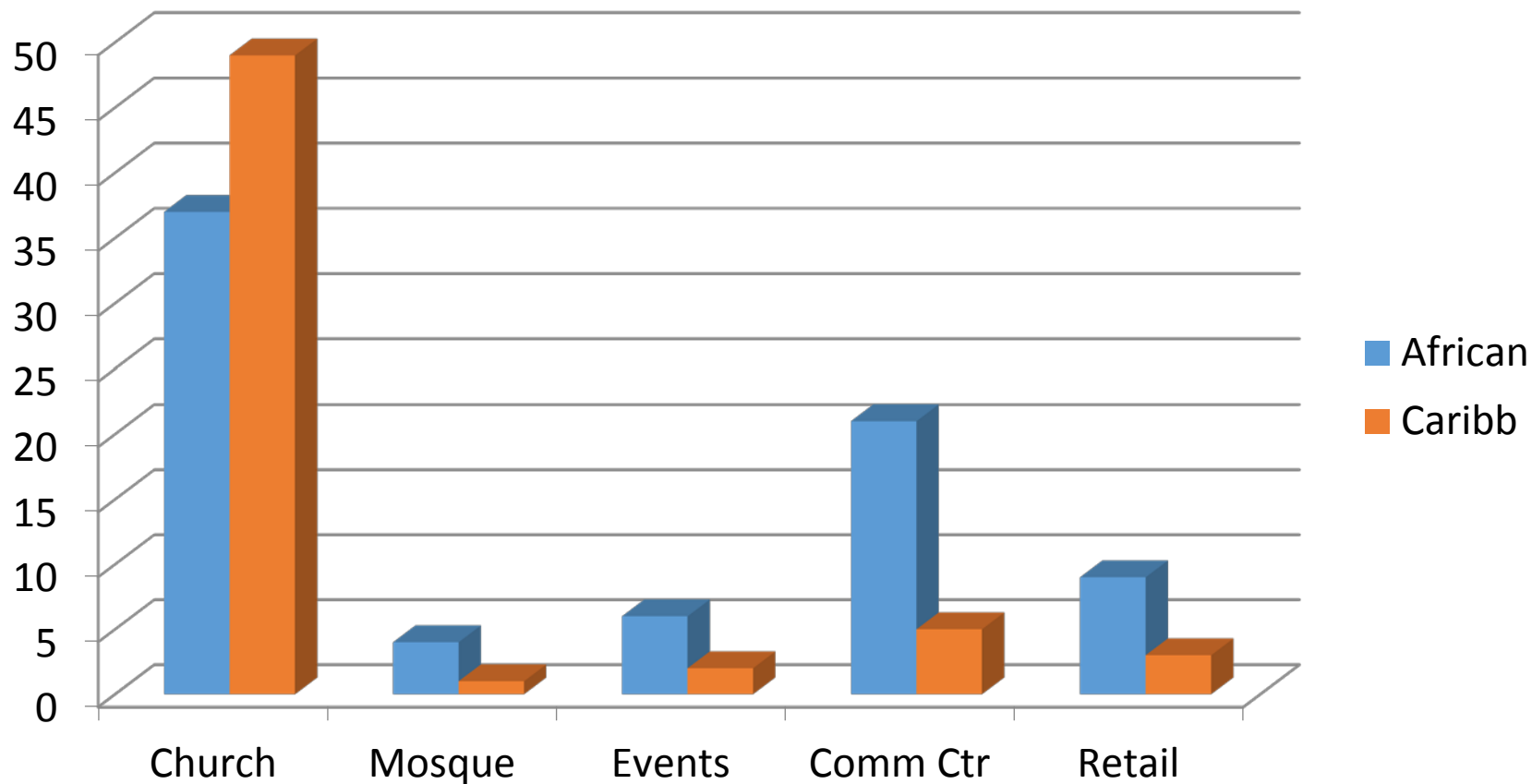
Number of languages spoken = 86

Nativity of Participants

The African-born represented 67% of those tested at Clinics Without Walls



Locations of Clinics Without Walls



ADHI Outcomes, 2011-2015

Condition	African Women	African Men	Caribbean Women	Caribbean Men
Hypertension	22.3	21.0	26.4	23.6
Diabetes	7.2	7.7	9.8	14.2
Pre-diabetes	6.8	8.6	4.9	9.8
HIV	1.9	1.3	0.4	8.4

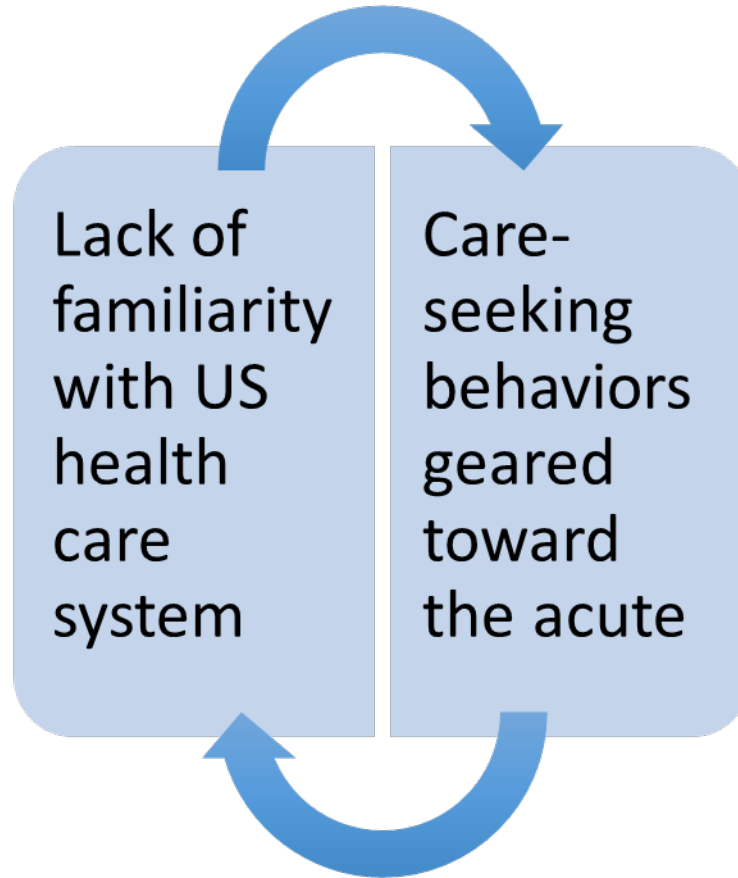
Health Care Utilization

Location of Last Health Care Encounter	African	Caribbean
Health Center	28.1	31.4
PCP	34.6	38.9
Home Country	10.9	9.1
ER or Hospital	18.5	14.5
Other	7.9	6.1

3.3% had not been seen by a health care provider in more than 10 years

Challenges & Best Practices

An Unfamiliar Health Care System



Engaging African and Caribbean Communities: Challenges

Risk perception

- Underestimation of risk

- Closely linked with stigma, denial, lack of HIV knowledge, experience of HIV, fear of HIV

Lack of trust of health care system/providers

- Closely linked with concern about confidentiality, lack of familiarity with US health care system

Deep rooted stigma among community, particularly the men who have sex with men

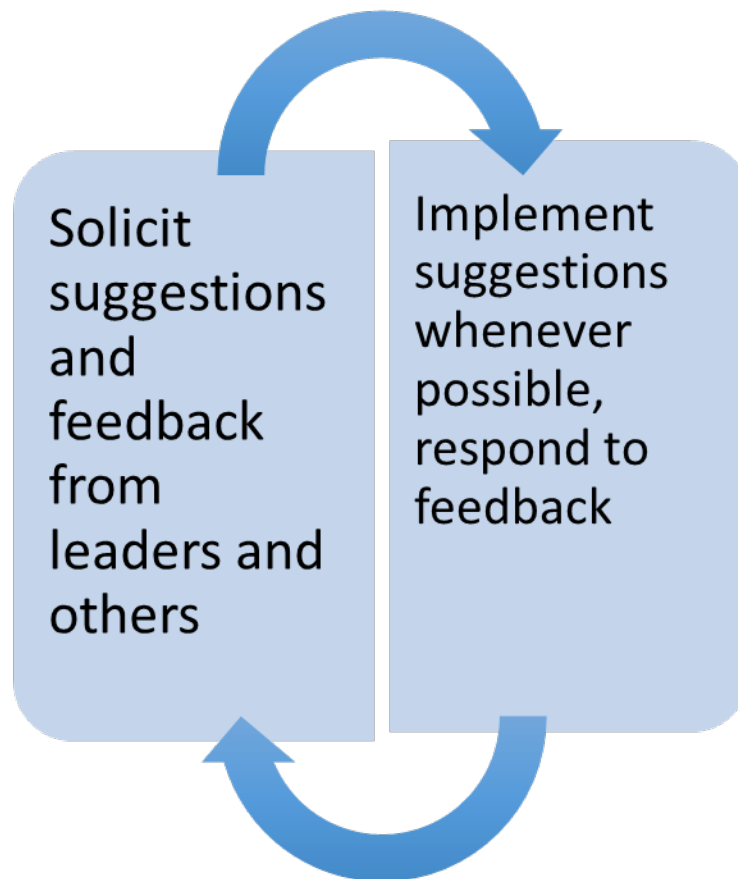
Best Practices

Engage
community
leaders from
the
beginning



Best Practices

Listen to
the
suggestions
of the
community



Combating Myths in African and Caribbean Communities, ADHI



“Even if you feel well,
you could still be
HIV-positive.”

Get tested

-Results in 20 minutes

Dr. XXXX XXXXXXXX, Nigeria
Clinical Director

Philadelphia Health Department, PA

Combating Myths in African and Caribbean Communities, ADHI

HIV is a virus that causes a chronic lifetime infection. For many years after acquiring HIV, one may feel well. When one feels sick it is often in the late stages of disease. That is why it is important, even if you feel well, to get tested.

For more information, please call ***_***_****



Best Practices

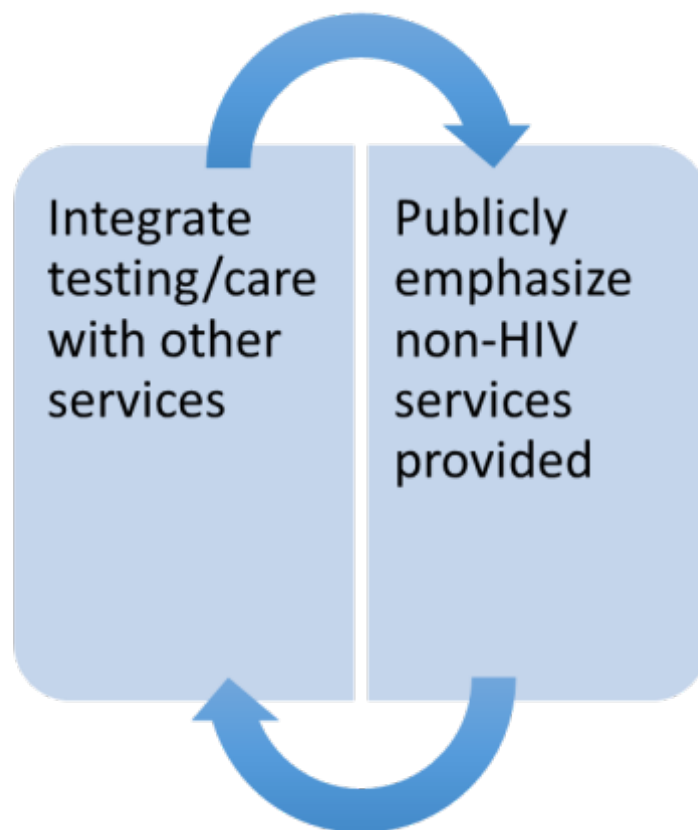
Engage the
community at
different
levels





Best Practices

Present
package of
bundled
services



Best Practices

Address fears
about HIV,
confidentiality



Best Practices

Persistence
and patience



Best Practices

Cultural fluency
in staff and in
program
development



Conclusions

Data on the foreign-born are essential to our understanding of the domestic HIV epidemic

Country of origin information is critical to understanding disparities

Community-based outreach efforts are more important than ever in reaching foreign-born populations and engaging them in HIV testing and care

Caribbean and African populations, given the relatively high rates in their regions of birth, are important allies in optimizing prevention and care

Novel strategies for reaching these populations are urgently needed