

Transnational Practices and Engagement in Care: Lessons from the SPNS Latino Access Initiative, 6332

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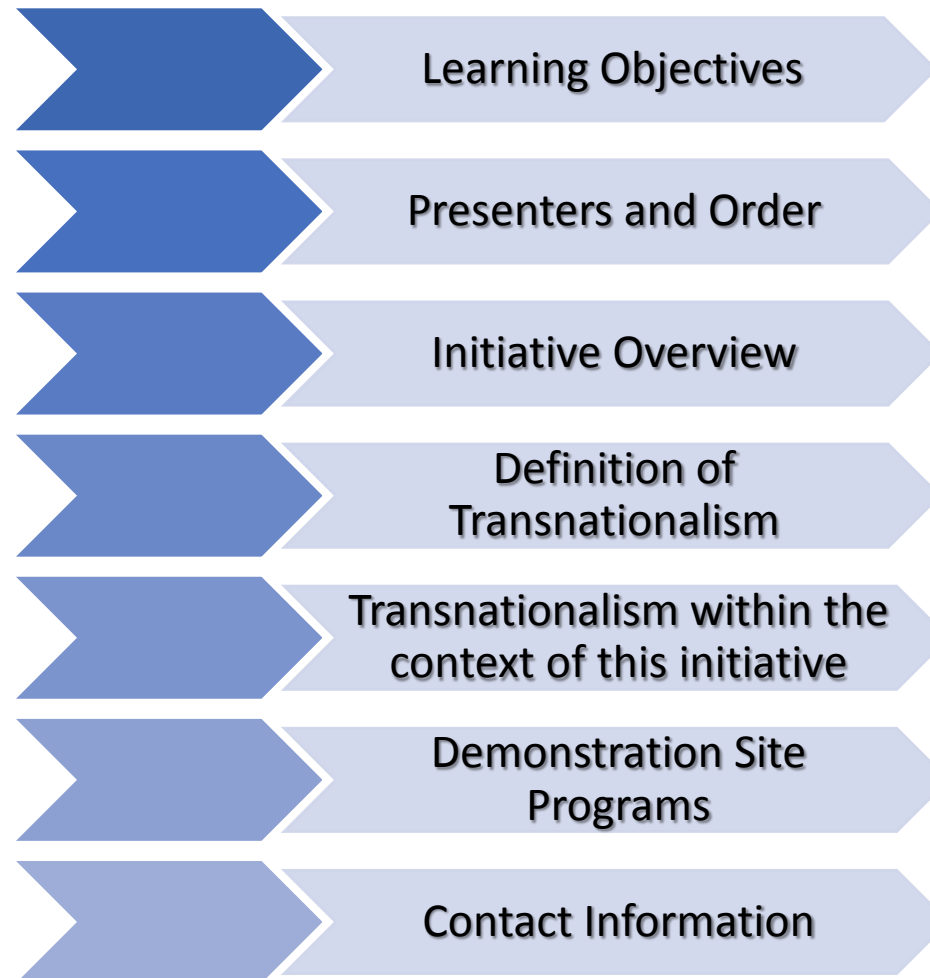
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Disclosures

Presenters have no financial interests
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Overview





Learning Objectives

Define what is meant by transnationalism and describe what influences transnational practices

01

Apply knowledge gained in this workshop to successfully integrate transnational goals into an ongoing intervention, intervention development, or clinical practice

02

Demonstrate the ability to integrate transnationalism into intervention delivery and evaluation through tools including navigator notes and logs, ETAC transnational framework and CHS transnational checklist

03

Presenters and Order of Presentation



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Culturally Appropriate Interventions of Outreach, Access and Retention among Latino Populations

- Multi-site demonstration and *culturally specific* service delivery models
- The Latino SPNS Initiative's goals are to:
 - Improve access, timely entry, and retention to quality HIV primary care
- Adapt the transnational approach for interventions targeting HIV-infected Latino subpopulations in the U.S.

Transnationalism



- Defined as ***“the processes by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement.”***
- This is accomplished via practices and relationships that link migrants and their children with their place of origin, where these practices have significant meaning and are regularly observed

Sources: Basch et al., 1994; Duany, 2011; Levitt et al., 2007 Basch et al., 1994; Mouw et al., 2014; Basch, Schiller, & Blanc, 1994; Greder et al., 2009; Stone, Gomez, Hotzoglou, & Lipnitsky, 2005; Smith 2005

Transnational Points of Reference

While living in the U.S., immigrants use their transnational connection to “home” that informs their cultural understandings and shapes those of their children.

For example, perspective about causes and treatment of a disease may be influenced by country or place of origin.



Transnational Practices

Economic & Social
Remittances

Communication



Travel



Politics

Activities and spaces that allow immigrants to remain connected to their places of origin



Transnationalism is best represented by the **cross-border activities**, practices and attachments of immigrants and can include informal and formal **social, political, economic, cultural, and religious practices**

Influences on Transnational Practices

- Length of time in the U.S.
 - We know transnational practices decline over time, regarding time living in the U.S.
- Generational impact
 - Transnationalism diminishes with each subsequent generations, but not unidirection (2nd and 3rd generations can adopt transnationalism to reconnect with cultural roots).



Why is Transnationalism Relevant for this Initiative?

- Impact on health and healthcare-seeking behavior
 - Benefit of transnationalism on life satisfaction and quality of life for immigrants
 - Greater understanding of the role that culture and migration play in a person's ability to access and stay engaged in medical care
 - Culture and language can be facilitators, and not always barriers, when better understood
- But what is the impact of transnationalism on HIV care?

Demonstration Sites



THE UNIVERSITY
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NYC
Health



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Enlaces Por La Salud

University of North Carolina-Chapel Hill

Finding, Linking, and Retaining Mexican Men and Transgender Women in HIV Care

Intervention Overview

- Personal Health Navigators trained in strengths based counseling work one-on-one with clients to provide connection to HIV care and support services and deliver six intervention sessions

Intervention Goal

- Initial linkage to HIV care within 30 days
- Post-intervention health self-management

Referral Sources

- HIV providers
- Disease Intervention Specialists/State Bridge Counselors
- Clinic out-of-care lists

Intervention Sessions: Key to Client Engagement

- Six sessions delivered one-on-one over the course of 6 months
- Each session has an outlined transnational goal which provides a comprehensive approach to the client's healthcare as is influenced by their engagement with multiple communities/identities
- Navigator schedules must be flexible according to the client's availability – often meeting in the evening and weekends to be accommodating
 - Navigators keep in frequent contact with clients via phone calls and text messages

- Life prior to migration



- Reasons for migrating

- Life in North Carolina



Session 1: Migration history and identify any relevant event or experiences (highlighting strengths) that may shape the HIV care and treatment experience

- Connection to family/friends in Mexico

- North Carolina community

- Health history timeline



- Previous healthcare providers/experiences

Session 2: Healthcare history prior to, during, and following migration to provide context for initiation or re-engagement with care



- Health beliefs and practices

- Differences in care between US and Mexico

- Clients' social networks in Mexico and US



Session 3: To elicit a social network and support inventory (both local and transnational) to understand the social context in which the client currently lives. To identify messages surrounding their HIV status that clients are receiving from their community and how this affects them.



- Cultural issues within social networks: machismo, discrimination/stigma

- Experiences involving stigma in Mexico and US



Session 4: To identify individuals in their social support networks who they would like to disclose their status to and practice the language they want to use in talking about their HIV infection



- Coping with HIV with support from different social networks

- Continue to explore cultural beliefs and practices around health – nutrition, exercise, mental health, substance abuse



Session 5: To identify the client's responsibilities as a migrant to improve understanding of external pressures that may impact healthy living, HIV care and treatment behaviors and outcomes



- Experiences with medication in Mexico and US and importance of adherence

- Social networks and impact upon continued care



Session 6: Define future plans with regard to migration and relationships with country of origin and North Carolina



- Balancing health, work/life priorities as it relates to migration and connection to Mexico

Client Breakdown

	El Centro	RAIN	Total
Clients Enrolled	29	31	60
Newly Diagnosed	12	20	32
Out-of-Care	17	11	28
Male	25	30	55
Transgender Woman	4	1	5

Retention

	El Centro	RAIN	Total
6-month ACASI Completion	13/18: 72%	20/21: 95%	33/39: 85%
12-month ACASI Completion	13/13: 100%	12/15: 80%	25/28: 90%
18-month ACASI Completion	5/5: 100%	2/4: 50%	7/9: 78%

Examples of Transnational Aspects in Documentation

PHN had to translate for client because CMC interpreter never came

Client did not know the term transgender & all LGBT definition. She was so excited learning more about who she is. She asked PHN to write it down. Client states when people ask her she does not know what to say: now she will be so proud saying "I am a transgender I am a translatineo".

Narración:

PHN & Client completed session 3 by phone. PHN tried hard to reach client but he always stated he was working. Client agreed to have the session by phone. Client states he does not have any social support in this country & even his family in Mexico. Client has a depression history & he states he feels that he doesn't belong to the place he lives in Gastonia. Client would like to move to a big city.

Client states he feels stigma for being Latino - no English speaking.

Retention Tactics

	# of Text/Calls to Clients per Month	Time spent texting/calling clients per month	Appointment Accompaniment	Time spent accompanying clients to appointments	Intervention Session Location
Charlotte (HIV case management agency)	At least 3-4 times per month* (caseload of 31)	30 minutes/client	Attends first 2 appointments of every client minimum, particularly if newly diagnosed	2-3 hours per visit	Agency office
Raleigh-Durham (Latino CBO)	At least 3-4 times per month (caseload of 29) *does not include clients calling/texting navigators	1 day per week set aside specifically for phone calls. At least 2 hours per week spent contacting clients.	Attends first 2 appointments of every client minimum, particularly if newly diagnosed	3-5 hours, not including travel time	Clinic following an appointment, mutual locations – home, navigator or client's cars in a parking lot due to home privacy issues, shopping centers

Additional Retention Tactics

- Texts/calls to client for scheduled appointment, intervention session, and ADAP renewal reminders
- Responsive during evening and weekend hours
- Meeting with clients the day of their appointment as they usually take off the entire day; not interfering with their work schedule
- Clients prefer texting to phone calls
- Follow-up texts after an appointment if they did not accompany them