



PROYECTO
PROMOVER

Pamela Vergara-Rodriguez, MD,
The CORE Center in Chicago

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



HIV Stigma
Employment
Insurance
Lack of Knowledge
AIDS myths
poverty
Geography
Fear of La Migra
Transportation
Immigration laws
SIDA
Machismo
homophobia
language barriers
internalized homophobia
Health disparities





Intervention Overview

Community

- Social marketing
- Testing
- Community *Charlas*

Clinic

- 1-1 Clinical Patient Navigation (*Charlas* & Check-Ins)
 - Support
 - Knowledge
 - Self management



Charlas Overview

<i>Charlas</i>	Topics Explored
Intake & <i>Charla 1</i>	Diagnosis experience, identity, immigration history, social support and connections to others in Mexico beginning exploration around disclosure, HIV knowledge, work lives, current living situation, early healthcare and HIV care experiences, treatment planning, barriers assessment
<i>Charla 2</i>	Structured and unstructured Interviewing around substance abuse, depression, PTSD, and violence
<i>Charla 3-4</i>	Stigma & Disclosure (partners, family, friends); may include role play
<i>Charla 5</i>	<i>Charlas</i> overview; lessons learned; areas for on-going consideration; referrals as needed



Proyecto Promover Enrollment

- ❖ 85 Mexican Participants
 - 88% Men (75/85)
 - 6% Women (5/85)
 - 6% Male to Female Transgender (5/85)
- ❖ Over half Newly Diagnosed (62%, 53/85)
38% Out of Care/ Lost to Care (32/85)
- ❖ 30 Participants have completed 5 session *Charla* intervention.

Transnational Integration

❖ Staff

- Mexican,
- bilingual-bicultural,
- HIV experience,
- Commitment to supporting, celebrating and advocating for the multiple identities our participants hold: immigrant, undocumented, HIV positive, MSM, father, mother, son, daughter, worker, Mexican.....



Clinical Snapshot

- Over half are recruited through acute care settings
- Vast majority of participants were recruited with Stage 3 HIV infection (96% had CD4 counts < 350).
- We have a high linkage rate of newly diagnosed patients (91%)
- All are placed on ART at linkage/re-engagement
- 93% retained in care over 1 year of intervention
- 96% were suppressed within 1st 12 months

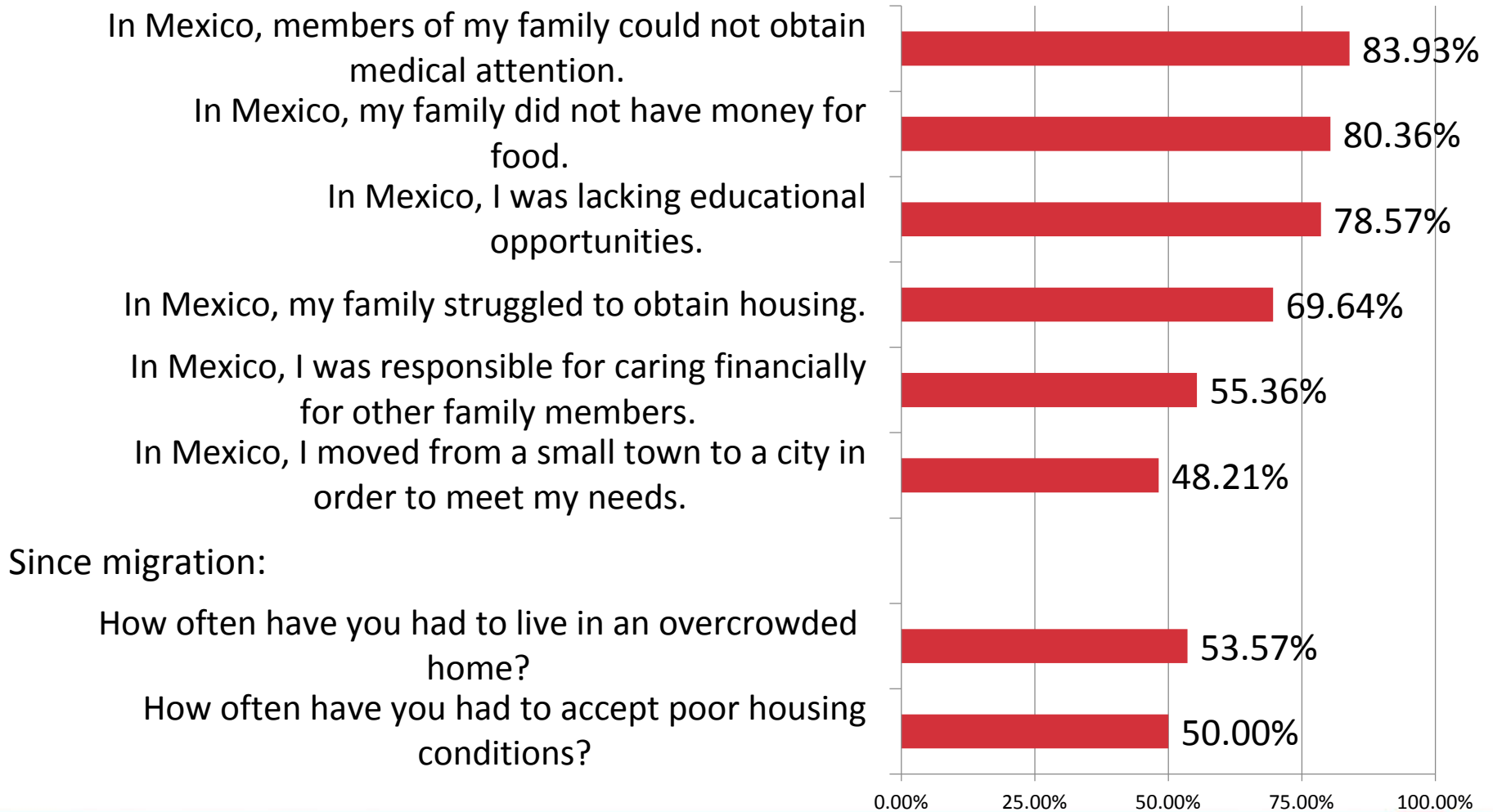




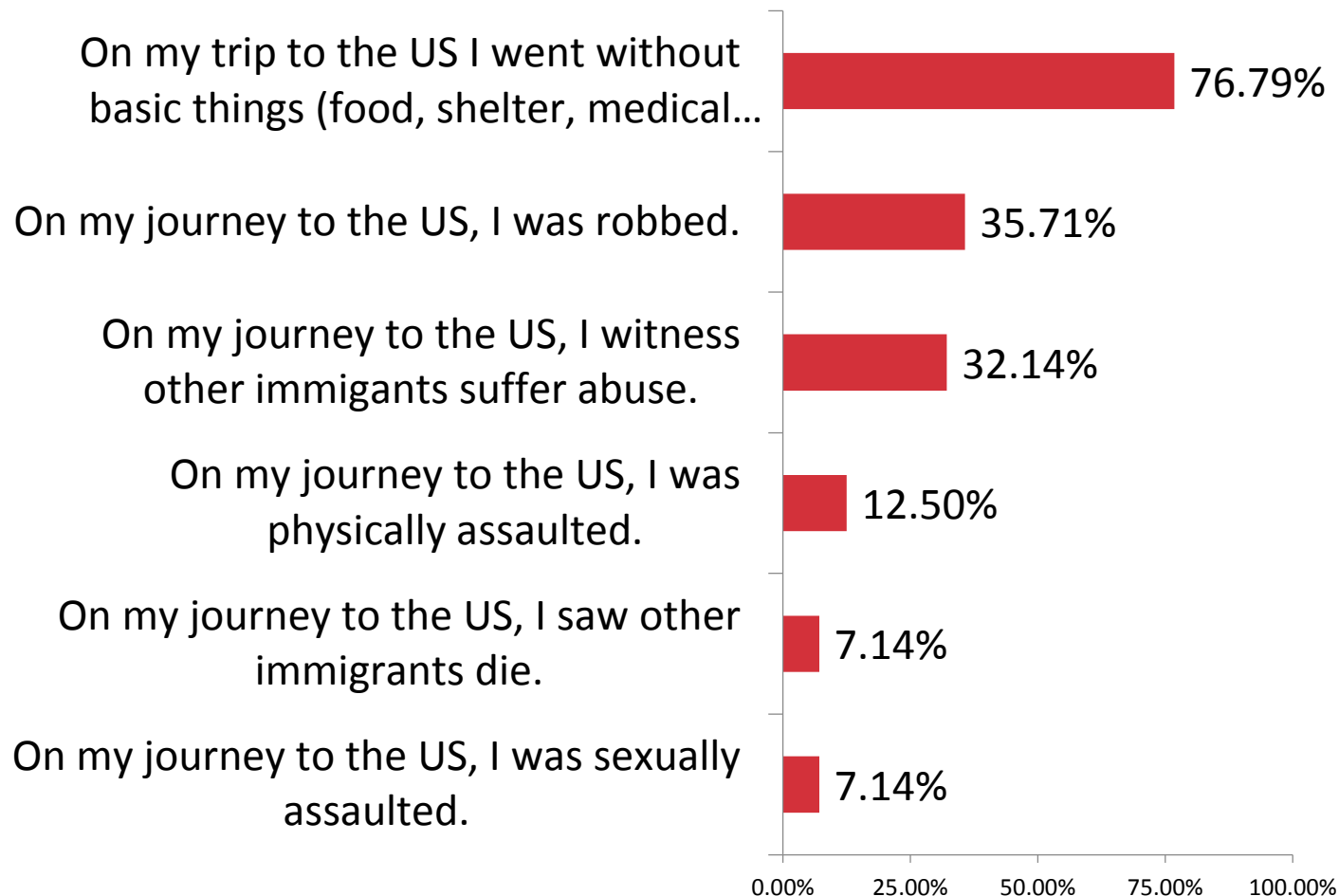
Transnational Integration

- ❖ Cultural constructs of *Personalismo* and *Familismo* central to the relationship building between CPN and participant.
- ❖ Migration story helps to establish rapport and understand barriers to retention.
 - Health care seeking practices in Mexico and US
 - Migration trauma
 - Adaptation to US
 - Understanding of support systems in Mexico and U.S. > Chicago
 - Allows a forum to be nostalgic about life in Mexico; to mourn the loss of no longer living in their home country and to reflect on their resiliency in the U.S. by acknowledging struggle, rejection, discrimination, racism..... here

Pre/Post Migration Economic Stressors



Migration Economic Stress & Trauma

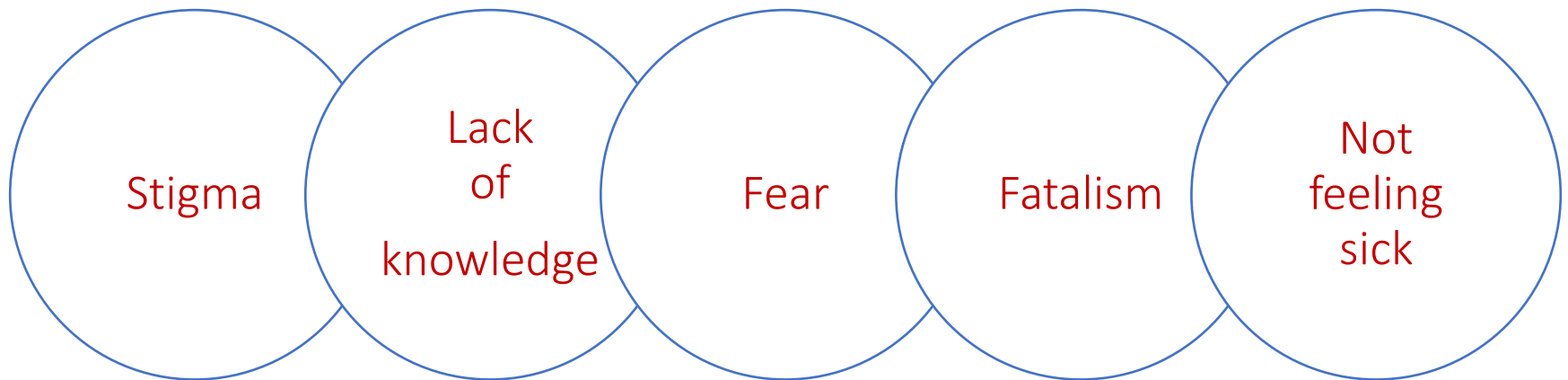


Transnational Integration

- ❖ Flexibility: An understanding of our participants competing life responsibilities and adapting our intervention based on these responsibilities.
 - Scheduling on days and times that are convenient for participants.
 - Meeting people in their respective communities or conducting *Charlas* via phone as needed
 - Operating within a fluid structure and being okay with participants who are late or no show
 - Continued communication between *charlas* via phone and text
 - Staying after hours and working on weekends



Perceived HIV Care Barriers





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
- Information Sharing with a trusted person
- Individualization based on patient needs
- RETENTION is a side effect of the relationship

Questions ?