

Transnational Practices and Engagement in Care: Lessons from NYC Rikers Island

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Disclosures

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Define what is meant by transnationalism and describe what influences transnational practices.
2. Delineate how transnationalism impacts engagement and retention in HIV care and treatment among both Mexican and Puerto Rican populations.
3. 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)

HIV and Incarceration: Interconnected Epidemics

Puerto Rico:

- 5th highest rate of HIV diagnoses (19.4)
- 3rd highest rate of adults and adolescents living with HIV (610.0)¹

HIV rate among prisoners was more than 5 times greater than among people not incarcerated²

There are 4.5 justice-involved Latinos for every 1 justice-involved White in New York State³

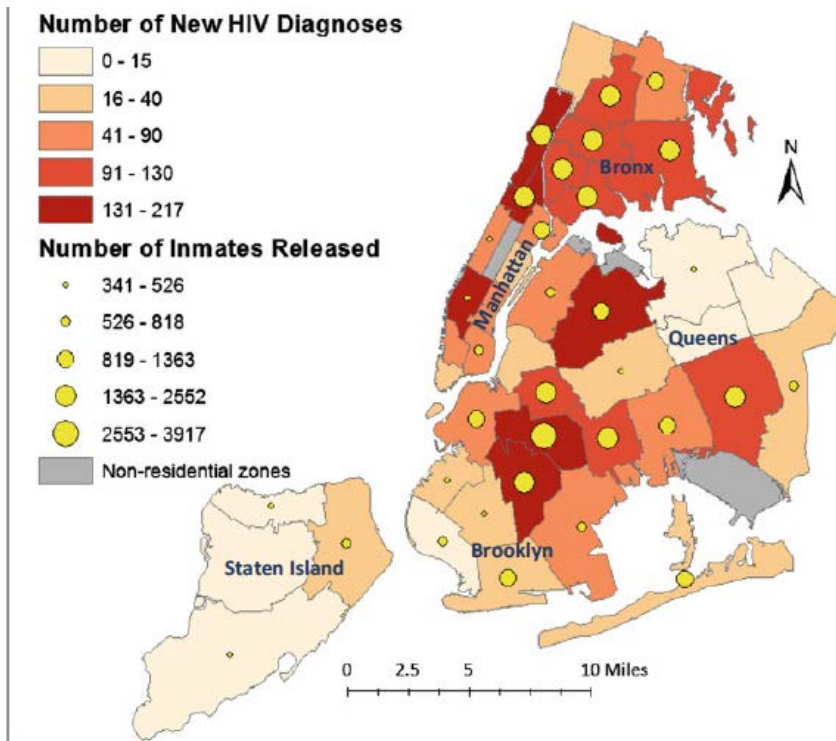


Often, the correctional system is the first place where justice-involved persons are diagnosed with HIV.

1) CDC HIV Surveillance Report 2014, excludes DC (rates are per 100,000); 2) CDC, HIV Among Incarcerated Populations (for 2010); 3) Mauer M. Uneven Justice: States Rates of Incarceration By Race and Ethnicity, The Sentencing Project. 2007

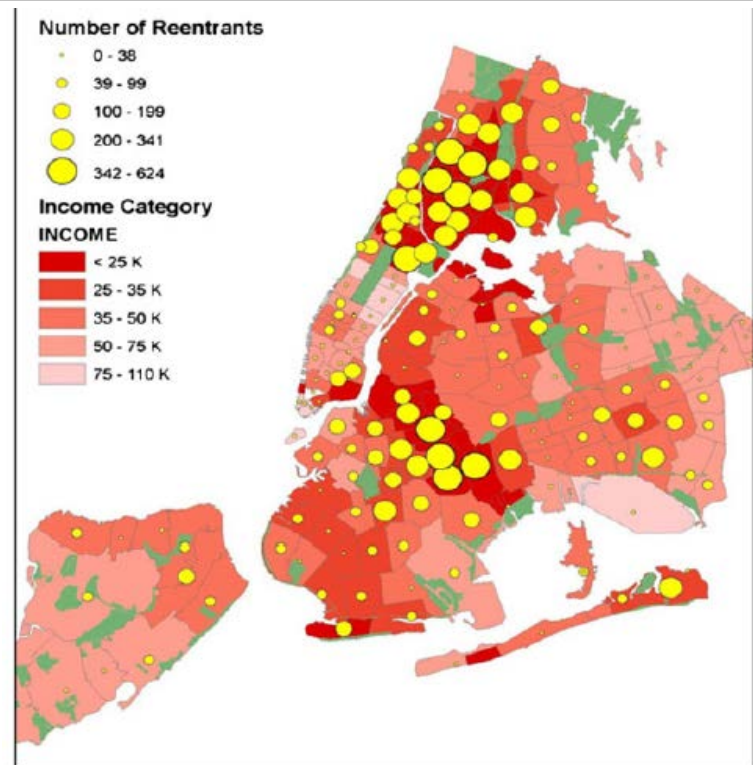
HIV and Incarceration: Interconnected Epidemics

New HIV Diagnoses & Jail Discharges



As reported to NYC DOHMH HIV/AIDS Registry (HARS) by June 30, 2011 (July 2009 to June 2010)

Socioeconomic Status & Jail Discharges

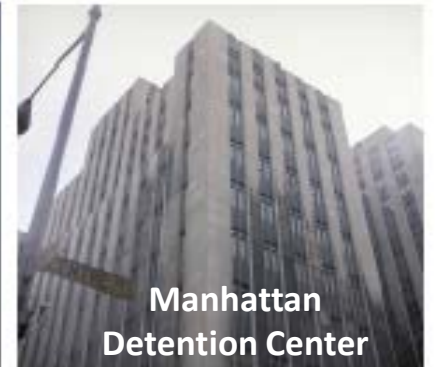


Jail discharges to NYC communities by Zip code and socioeconomic status (2014)

New York City Jail System



Brooklyn
Detention Center



Manhattan
Detention Center



Vernon C. Bain Center, Bronx



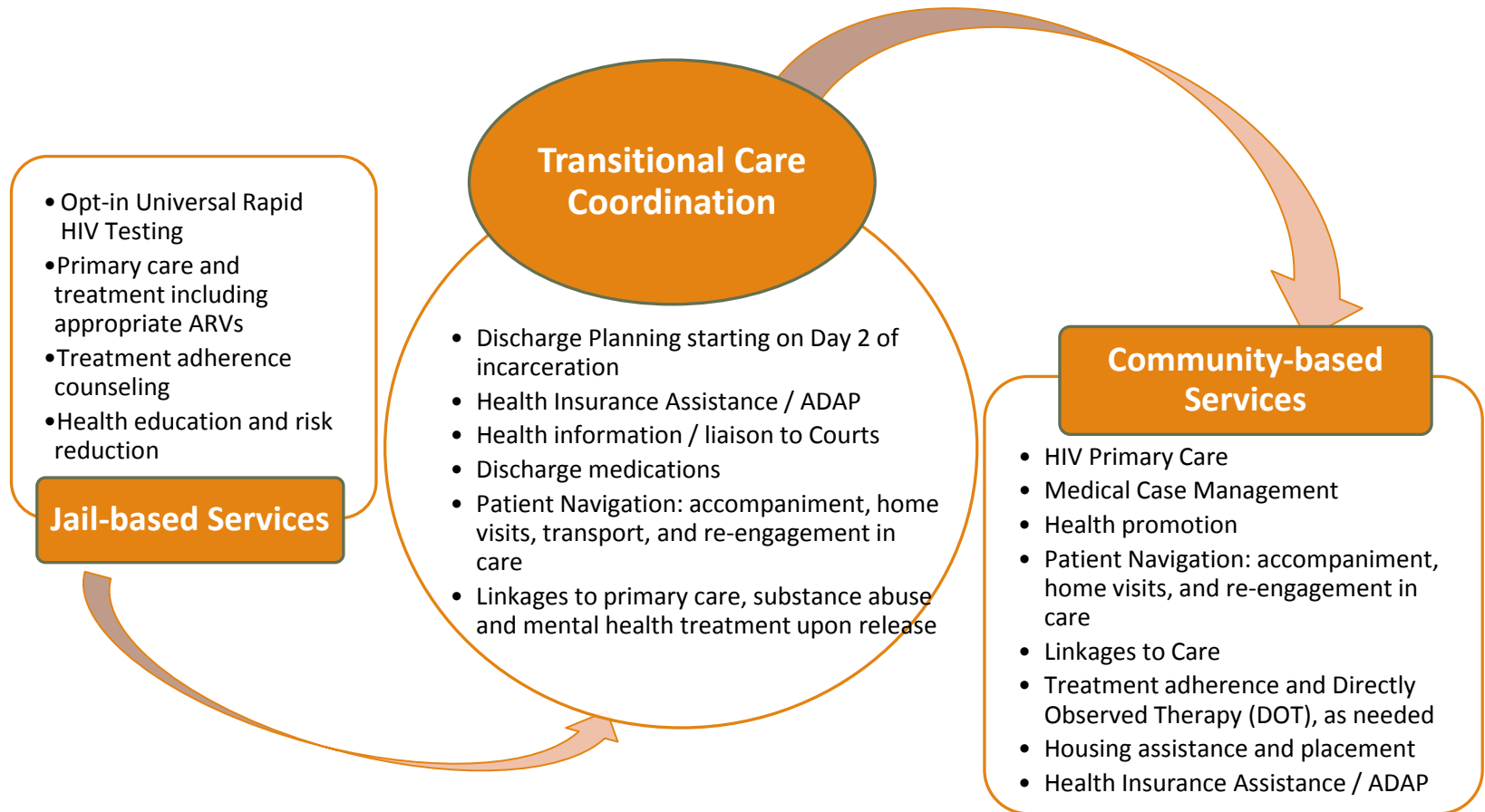
New York City Jail System

At a Glance

Facilities	12 jails: <ul style="list-style-type: none">• 9 on Rikers Island• 3 borough facilities• 2 Public hospital inpatient units
Average Daily Population	~10,800 (2014)
Annual Admissions	60,000 (2014)
Released to the Community	~78%
Length of Stay	Mean = 37 days Median= ~7 days

Correctional Health Services

Transitional Health Care Coordination





Overview

Latino SPNS at Rikers Island

Incorporating Transnational Framework

- Provider training: *Culturally Appropriate Engagement and Service Delivery with Puerto Ricans: A Transnational Approach to Enhance Linkage and Retention to HIV Primary Care*
- Care Coordination / Discharge Planning:
 - Transnational checklist
 - Puerto Rican clients matched with Puerto Rican patient care coordinators

Curriculum Development

- NYU's Center for Latino Adolescent and Family Health (CLAFH)
- Identification of:
 - Target audience
 - Training areas/needs
 - Strategies
 - Key models
- Iterative process

Provider Training: Key Topics

- Epidemiological profile of Puerto Ricans
- Interconnected epidemics of HIV & incarceration
- National HIV/AIDS Strategy
- Characteristics of Puerto Ricans and how they may affect HIV care
- Cultural and transnational frameworks
- Strategies to improve linkage, retention, and care coordination in HIV primary care



Provider Training: Format

Grand Rounds	Half Day	Full Day
<ol style="list-style-type: none">1. Welcome and Introduction2. In-Depth Look at Puerto Rican Culture3. Enhancing Linkage and Retention to Primary Care among Puerto Ricans<ul style="list-style-type: none">• Transnationalism• Cultural Formulation Framework4. Case study application	<ol style="list-style-type: none">1. Welcome and Introduction2. Overview of HIV/AIDS and Incarceration: Interconnected Epidemics3. In-Depth Look at Puerto Rican Culture4. Enhancing Linkage and Retention to Primary Care among Puerto Ricans<ul style="list-style-type: none">• Transnationalism• Cultural Formulation Framework5. Case study applications	<ol style="list-style-type: none">1. Welcome and Introduction2. Overview of HIV/AIDS and Incarceration: Interconnected Epidemics3. Overview of Latino Population4. In-Depth Look at Puerto Rican Culture5. Enhancing Linkage and Retention to Primary Care among Puerto Ricans<ul style="list-style-type: none">• Transnationalism• Cultural Formulation Framework• Shared Decision-Making Model• DECIDE6. Case study applications

Provider Training: Sample Slides

Culturally Appropriate Engagement and Service Delivery with Puerto Ricans: A Transnational Approach to Enhance Linkage and Retention to HIV Primary Care

Latino Origin Groups in New York City

Latino Origin Group	% of Total Latinos	Latino Population
Puerto Rican	29.9%	1,095,858
Dominican	22.0%	806,078
Mexican	13.5%	494,290
Ecuadorian	7.6%	278,291
Salvadoran	5.2%	189,201
Colombian	4.3%	156,023
Others	17.5%	642,301

52%
65%

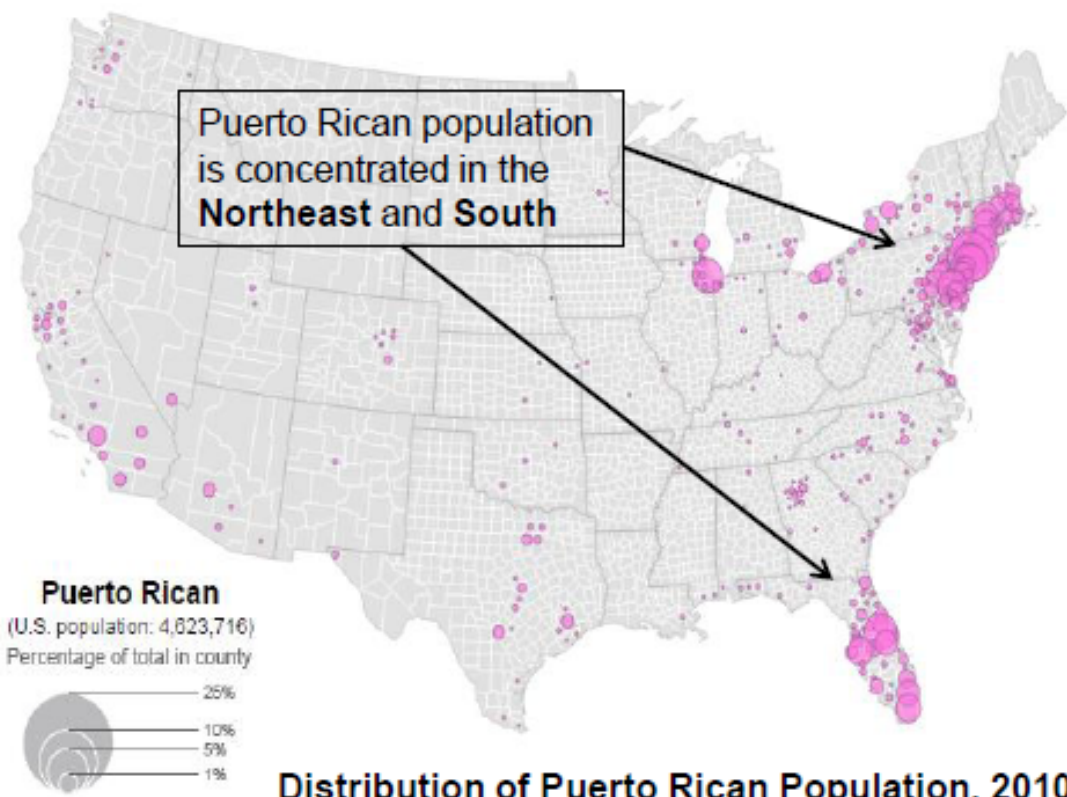
Puerto Ricans, Dominicans and Mexicans comprise nearly **2/3** of the NYC Latino population.

By 2024, it is predicted **Mexicans** will be the most populous Latino subgroup in New York City.

Contemporary Issue: The Puerto Rican Economic Crisis

For the past 10 years, Puerto Rico has been experiencing an economic crisis

- **Increase** in migration of Puerto Ricans to the continental U.S.
- Puerto Rico is losing a disproportionate share of its **younger** residents- leaving older (i.e. elderly) on the island
- Health and Social Welfare Systems Impacted



Distribution of Puerto Rican Population, 2010

Key Concepts: Cultural Appropriateness/Competency

Appropriateness: *Sensitivity to other cultures refers to the awareness of how other ethnic, racial, and/or linguistic groups differ from one's own.*

- Elder, J . *Encyclopedia of Public Health*. 2002.

Competency: *Knowledge and understanding of another person's culture; **adapting interventions and approaches** to health care to the specific culture of the patient, family, and social group.*

-*Medical Dictionary for the Health Professions and Nursing* 2012





Key Concepts: Cultural Appropriateness/Competency

The concept of **cultural competency** has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.

Cultural competency is critical to reducing health disparities and improving access to high-quality health.

-National Institutes of Health

Greater **cultural appropriateness** associated with :

- ✓ Increased treatment adherence
- ✓ Higher patient satisfaction
- ✓ Overall improvement in health behaviors and outcomes

PUERTO RICAN CULTURE

- ☐ **Latino Cultural Constructs**
- ☐ **Interpersonal Styles**
 - Collectivism and Individualism
- ☐ **Family Structure and Processes**
 - Gender Roles
- ☐ **Religion/ Religiosity**
- ☐ **Communication**
 - Verbal
 - Non-Verbal



CORE LATINO CULTURAL CONSTRUCTS RELATED TO LATINO FAMILY LIFE

Familismo: Represents Latino attitudes, beliefs, values, and norms regarding the **interdependence, attachment, loyalty, and reciprocity** that characterize relationships among members of the nuclear family and among extended family members.

Simpatía: Used to describe the Latino cultural practice of familial emphasis on the maintenance of **harmony** and **avoidance of controversy and conflict**.

Respeto: Used to describe the importance of adherence to **authority**, be it based on age or social position, such as demonstrating **respect** and **responsibility** toward **elders**.

Personalismo: Refers to the great value Latinos place upon **personal character**. In relationships, **warmth, trust, and respect** form the foundation for **interpersonal connectedness**, cooperation, and mutual reciprocity.



COLLECTIVISM AND INDIVIDUALISM

Collectivism:

People are **interdependent** within their in-groups (family, nation, etc.), give priority to the goals of their in-groups, shape their behavior primarily on the basis of in-group norms, and behave in a **communal** way. They are especially concerned with relationships.



Individualism:

People are **autonomous** and **independent**; they give priority to their **personal goals** over the goals of their communities, they behave primarily on the basis of their attitudes rather than the norms of their referent groups.



GENDER ROLES

Latino **machismo** and Latina **marianismo** are gender-role constructs that connote male dominance and female submissiveness..

Marianismo

- Refers to idealized Latina characteristics, such as **virtue**, **humility**, and spiritual superiority.
- **Femininity** is emphasized, but female sexuality and sexual feelings are expected to be repressed.
 - This may hinder Latinas from discussing sexual issues and being informed on safe sex (i.e. birth control).
- Women are expected to maintain proper distance from and be **deferent** to men.

Machismo

- Refers to a constellation of attitudes and behaviors that accompany the leadership or decision-making role that men individually and collectively assume in the home and community.



Responsible, confident,
personable

Aloof, risk-taking, aggressive

Puerto
Rican
Culture

Communication: Non-Verbal

Dominant
U.S.
Culture

Relaxed attitude towards time

Physical contact is common

Big hand gestures while talking

Direct eye contact is avoided

Differing views on personal space

Interrupting during talk is okay

Silence during talk is okay

Punctuality highly valued

Physical contact is limited

Subtle hand gestures while talking

Direct eye contact

Personal space highly valued

Interrupting during talk is not okay

Silence during talk is not okay

What is Transnationalism?



Processes by which immigrants forge and sustain *multi-stranded relations* that link their societies of **origin** and **settlement**. Transnationalism impacts *migrant's cultural reference points* and sources of emotional and practical support, discrimination, social stigma, beliefs about health, access to health care and health care practices.

CULTURAL FORMULATION FRAMEWORK

The Cultural Formulation Framework consists of **five steps**:

Step 1: Cultural identity of the individual

Step 2: Cultural explanations of the individual's illness

Step 3: Cultural factors related to psychosocial environment and levels of functioning

Step 4: Cultural elements of the relationship between the patient and provider

Step 5: Overall cultural assessment for diagnosis and care

Small Group Activity: Case Study #2

Roberto is a 37 year old male who was infected with HIV when he was 35 years old. He was born in Puerto Rico and migrated to Miami, Florida when he was 28. He is fluent in Spanish but is limited in his English. He had difficulties making friends in Miami, but instead kept close ties with his friends back in Puerto Rico. Roberto moved from job to job working in the service industry and after losing his job working at a hotel he failed to secure another job. He started to rely on his parents in Puerto Rico as his main source of financial support. Depressed about his inability to find work, Roberto began injecting drugs at 31 years old and was arrested after attempting to rob a convenience store. After his release, Roberto decided to move to New York City, where his older brother was living. Roberto became further involved with drugs and tried to make money by helping his brother sell street drugs. He was again arrested and upon entry to prison, he was diagnosed with HIV. Roberto believed he acquired HIV through his prior intravenous drug use. After returning back to NYC from prison, Roberto learnt of his sick parents back in Puerto Rico. He started to travel back and forth to Puerto Rico every 3 months, which delayed his transition to HIV care outside the correctional health care system. Roberto's consistent travel also made him miss his medical appointments and to lose track of his HIV medication.

Transnationalism & Transitional Health Care Coordination

- Provided by Patient Care Coordinators (PCC)
- All PCCs received provider training
- Transnational checklist
 - Learn about client transnational influences
 - Impact on health care
- Puerto Rican clients matched with Puerto Rican PCC
- Transitional Care and Linkage to HIV Primary Care

“Discharge” to Puerto Rico

People interested in being discharged to Puerto Rico are referred to One Stop Career Center

- CHS Workforce Capacity SPNS partner
- Over 60 MOUs with agencies to provide health care and support services





Thank you!

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