



Increasing HIV Awareness, Testing, & Linkage to Care Services within Mexican Communities

SPNS Proyecto Promover Intervention

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Ruth M. Rothstein **CORE** Center



Disclaimer

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Presentation Outline

- Overview
 - Chicago and The CORE Center
 - Project Purpose and Goals
- Program Capacity Requirements
- Implementation of *Proyecto Promover*
 - Description of Intervention Model
 - CHARLAS (Platicas or Chats)
 - Implementation Realities
- Preliminary Findings
- Sustainability
- Recommendations
- Contact Information





Chicago and HIV

- The Chicago Eligible Metropolitan Area, including Cook County, represents one of the metropolitan statistical areas most affected by HIV/AIDS. The city of Chicago carries the burden of HIV in Illinois; home to 22,875 PLWHAs.
- Chicago Department of Public Health data shows that historic Latino immigrant ports of entry, with high Mexican populations, like the Lower West Side are disproportionately affected by HIV/AIDS.
- Chicago is home to the nation's second largest Mexican immigrant population.





The Ruth M. Rothstein Core Center

- The CORE Center is one of the largest HIV/AIDS clinics in the United States. It is a safety net health delivery system serving approximately 1 in 4 Chicagoans living with HIV.¹
- The CORE Center has a deep and longstanding history of providing HIV care and treatment services in Chicago and has an extensive network of relationships across the city and state.
- In 2018, close to 4900 unduplicated patients with at least one primary care visit were seen at The CORE Center.
- One in four CORE Center service recipients are of Latino origin.





Proyecto Promover Purpose

Proyecto Promover serves as a guide for health and social service providers to improve linkage, engagement and retention to care among Mexican immigrant individuals living with HIV.

Overall Goal:

To increase linkage, engagement and retention-in-care services among Mexican individuals living with HIV in the city of Chicago, through the creation and implementation of a culturally- specific and transnational service delivery intervention.

- ✓ To reduce HIV related morbidity and mortality
- ✓ To reduce HIV incidence



Identifying the Needs

- Literature Reviews
- Cultural Advisory Board
- Focus Groups
- Stakeholder Interviews



Proyecto Promover Intervention Overview

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

Clinic

One-on-one
Transnational
Clinical Patient
Navigation

CHARLAS

Five (5)
intervention
sessions

- Support
- Knowledge
- Self
management

Community

Social marketing

Testing

Community
CHARLAS





Transnationalism and Relevance to HIV

- Defined as “*the processes by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement.*”
- Transnationalism helps inform a migrant’s cultural reference points and can serve as sources of support, stigma, and influences beliefs about health and health care seeking behaviors.
- Recognizes the importance of transnational connections (e.g., family and friends in place of origin) to support current HIV health care behaviors (e.g., retention in medical care and medication adherence) and HIV disclosure.
- A first major adaption of the transnational framework for public health research





Capacity Resources Checklist Assessment

Questions to consider include:

- How does the Mexican community in your area perceive your organization? Are there organizations you can partner with who have ties with the Mexican community?
- Does your staff understand the HIV epidemic among Mexican MSM?
- Do you have a staff member who can link clients to necessary services and who can provide educational sessions (e.g., Charlas) & emotional support?
- Do you have staff who are fluent in Spanish?
- Do you know where in your community to find Mexican MSM living with HIV or at risk for HIV or have partners in the community who can refer to you?
- Is your organization able to provide flexible scheduling services?
- Are you able to add migration questions to the intake interview process?
- Is your staff trained in trauma-informed care and motivational interviewing?





Clinic Intervention Sessions

CHARLAS

- *CHARLAS*: Five (5), one-on-one, 60-90 minute culturally tailored discussions over the course of 6-12 months.
- Staffing: Clinical Patient Navigator
- Each *CHARLA* had a transnational goal designed to identify and address structural and psychological barriers to care...to increase support, knowledge, self-management of HIV for increased adherence in care and improved health outcomes.





CHARLAS

- **Charla 1:** Exploration of Migration history, diagnosis experience, identity, social support and connections to Mexico; HIV knowledge, work lives, living situation, treatment planning & barriers assessment.
- **Charla 2:** Structured and unstructured Interviewing around substance use, depression, trauma and violence. Exploration of healthcare history (before, during & since) migration to the U.S. to provide context for linkage/engagement in care.
- **Charla 3 & 4:** Exploration of Stigma; Identify HIV messages clients are receiving from their community and how this affects them. Disclosure exploration (partners, family, friends); identify individuals in their social support networks who they would like to disclose their status to; (practice & role play).
- **Charla 5:** Lessons learned; areas for on-going consideration that may support or hinder continued HIV care; referrals as needed.





***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
- Client-centered.....





Why it worked: The HOOK (Migration Story)

Establish rapport & understand barriers to care

- Health care seeking practices in Mexico and US
- Migration trauma
- Adaptation to US
- Support systems in Mexico,
- US > Chicago
- Allowed a forum to be nostalgic about life in Mexico:
 - To mourn the loss of no longer living in their home country
 - To reflect on their resiliency in the U.S. by acknowledging struggle, rejection, discrimination, racism...





Implementation Reality: Two (2) Different Stories

- Old New / Lost to Care
 - Adaptations
 - Outreach
 - Collaboration
- Newly Diagnosed
 - Successful Implementation
 - Adherence
 - Full Participations
 - Check-in/Assess Barriers





Baseline Characteristics: (N=114) (Data)

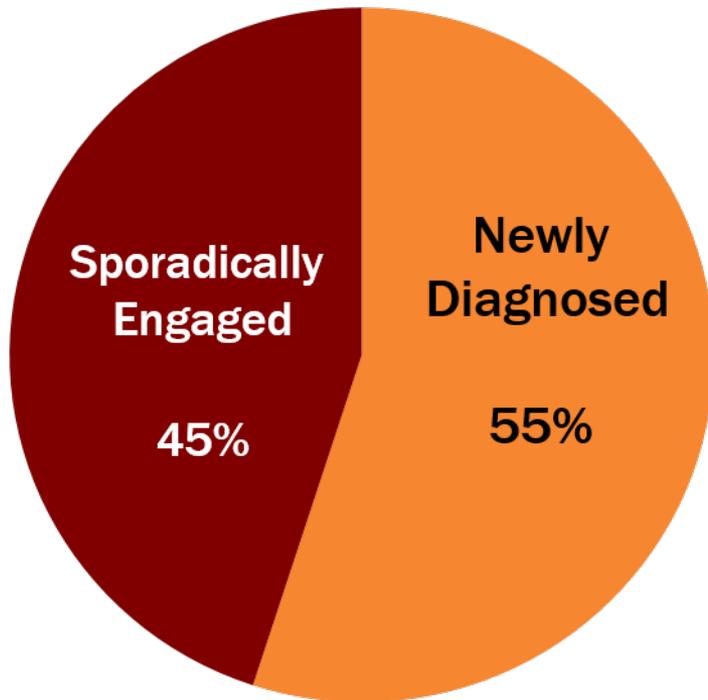
Characteristic	Data
Mean age	38.1
Mean age of diagnosis	34.7
Gender Identity	94% Cis-Male
Country of Birth	93% Born in Mexico Mean age of 1st migration to US = 20.4 years Mean time in the US = 17.8 years (0-38 years) 18% reported traveling back to Mexico at least once
Sexual Orientation	99% Identify as heterosexual; 50% of males report MSM
Preferred Language	95% Spanish
Educational Experiences	<ul style="list-style-type: none">• 8.2% Grade 4 or less• 29.6% Some middle school (5th-8th)• 22.4% Some High School• 19.4% High School/GED• 9.2% Some college, associate's or technical degree
High rates of mental health, substance abuse concerns, & socio-economic concerns	<ul style="list-style-type: none">▪ 49.3% screened positive on CES-D▪ 14.7% PTSD (co-occurrence with depression)▪ 57.3% with alcohol concerns (CAGE)



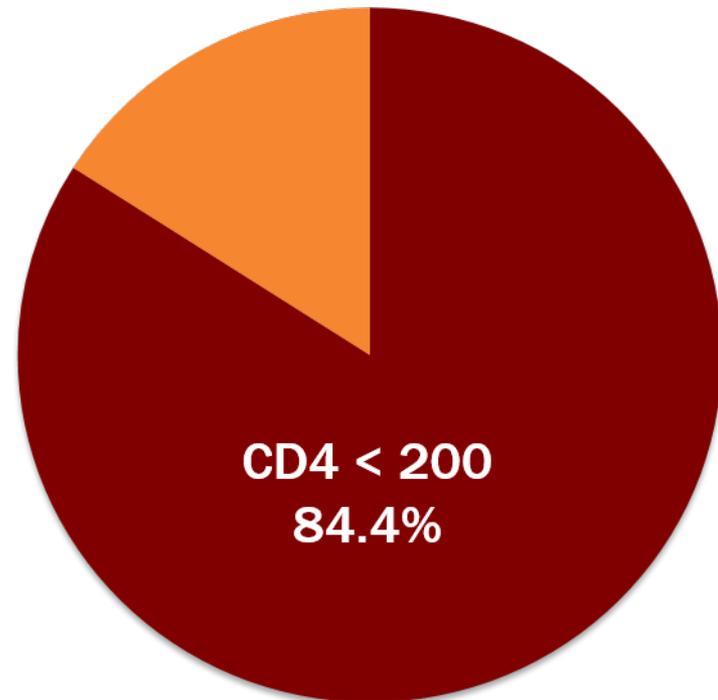


Baseline Characteristics: (N=114)

Newly Diagnosed vs
Previously Diagnosed



CD 4 < 200 at Enrollment
Stage 3 HIV Infection





Perceived HIV Care Barriers

Stigma

Lack of
knowledge

Fear

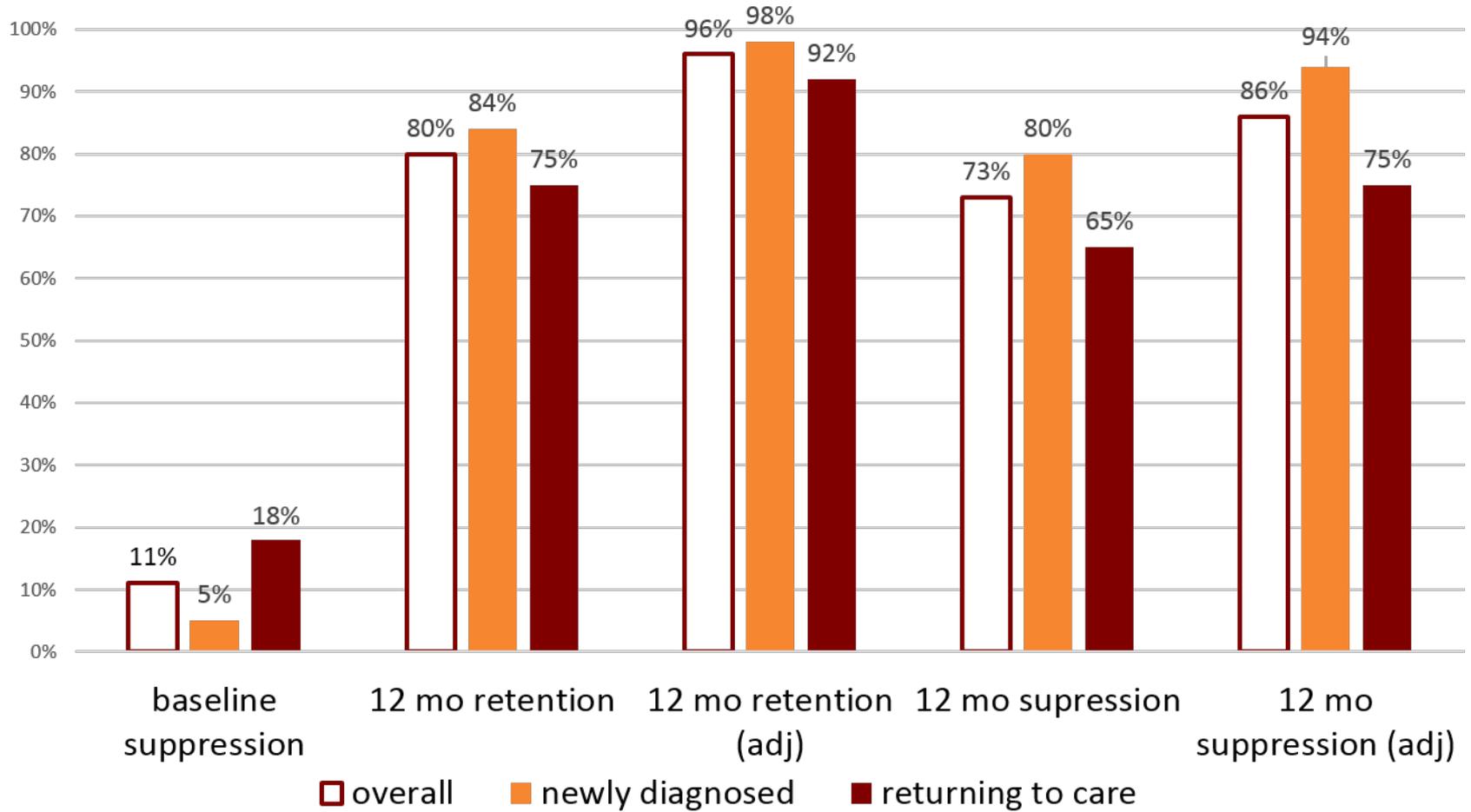
Hopeless-
ness

Not
feeling
sick





Retention & Suppression





Sustainability

- A navigator continues to meet clients at the hospital and link them into services.
- Promover worked with the CORE Center's administration to incorporate some additional language into intake interviews and components of the migration interview are being incorporated at clinics with larger Mexican and Central American clients.
- The CORE Center developed new relationships and strengthened its old relationships with community organizations involved in *Promover* and continues to serve Mexican clients within its bilingual clinic.
- Through this work, CORE Center saw how critical it was for staff to understand trauma-informed care and how trauma affects the body and continues to encourage staff to access trainings on these topics.





Recommendations

- Define your audience and Secure buy-in
- Establish a transnational approach in your intervention and utilize culturally tailored discourse
- Hire staff that reflect or have a deep regard for your client population
- Hire staff that are skilled in understanding & treating trauma
- Be flexible and accessible; Be visible in the community
- Follow up and outreach
- Embed an educational component looking at psychological, social and structural barriers to care





Resources

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