

Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Hispanic Adolescent MSM Communities

Learning Objectives

- Understand the impact of the epidemic among young Latino men who have sex with men (MSM)
- Identify critical cultural issues and other considerations related to Latino MSM and HIV infection
- Provide an example of a successful HIV prevention intervention with Latino MSM
- Identify important priorities for maintaining the health and wellness of young Latino MSM

Terminology

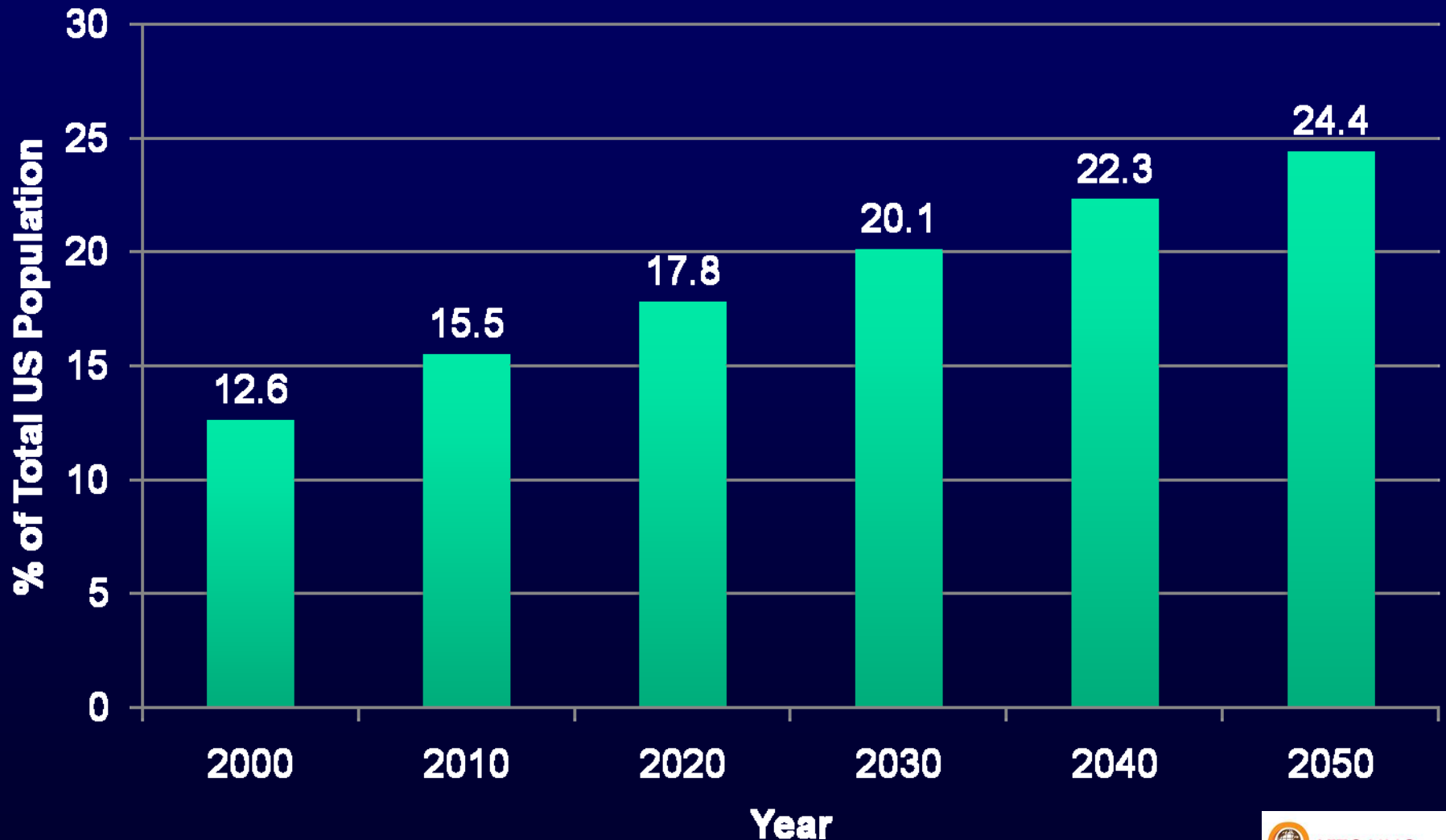
- MSM embodies a wide range of men with varying social identities related to their sexual and or relationship practices with other men.
- The term “Latino” is used to denote a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race as men born in the U.S.
- Youth/young encompasses adolescents and young adults ages 13-24 years.

Why is the Latino Community a Major Concern for HIV Prevention?

- The Latino community is the fastest growing population in the U.S. and the group with the second-highest risk for HIV/AIDS¹
- Between 2000 and 2010 the Latino population in the U.S. has increased by 43%; from 35.3 million in 2000, to 50.5 million in 2010²

1. The Henry J. Kaiser Family Foundation HIV/AIDS Policy Fact Sheet. Latinos and HIV July 2010
2. U.S. Bureau of the Census. Available at www.census.gov

Projected Latino Population in the US: 2000-2050



1. U.S. Bureau of the Census, Available at www.census.gov

HIV Infection in Hispanics/Latinos — 40 States and 5 U.S. Dependent Areas

Of the 171,840 diagnoses of HIV infection from 2006–2009, Hispanics/Latinos^a accounted for:

- 20% of total

- 17% of women

- 18% of infections attributed to heterosexual contact^b

- 17% of children aged <13 years

In 2009, 19% of diagnoses of HIV infection among adults and adolescents were in Hispanics/Latinos.

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

^a Hispanics/Latinos can be of any race.

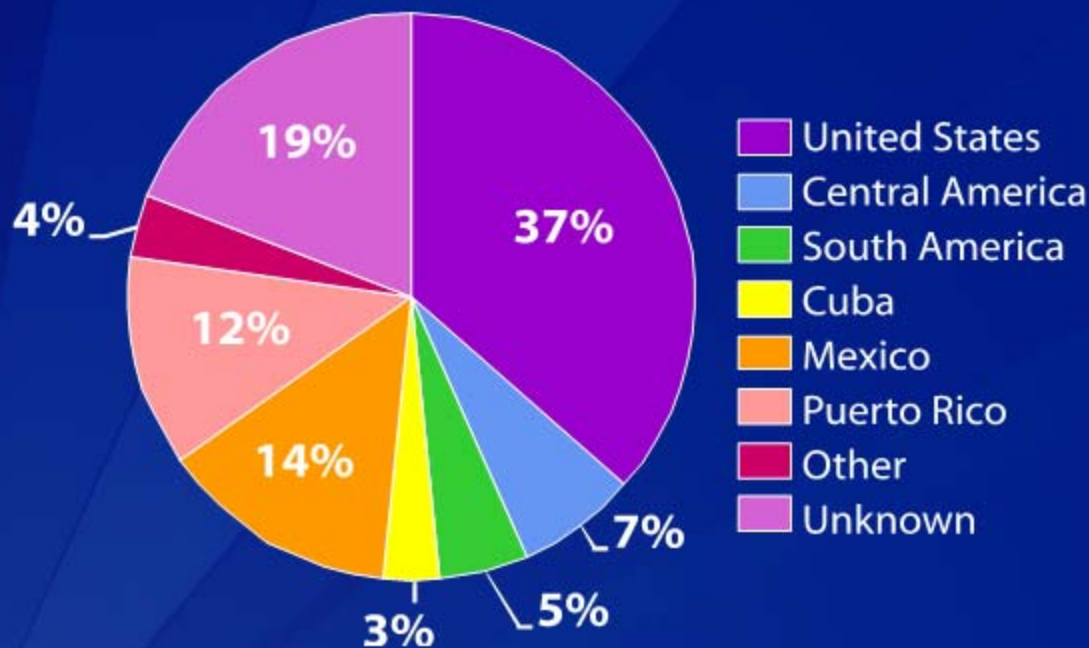
^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.



Diagnoses of HIV Infection among Adult and Adolescent Hispanics/Latinos^a, by Sex and Country of Birth, 2009—40 States and 5 U.S. Dependent Areas

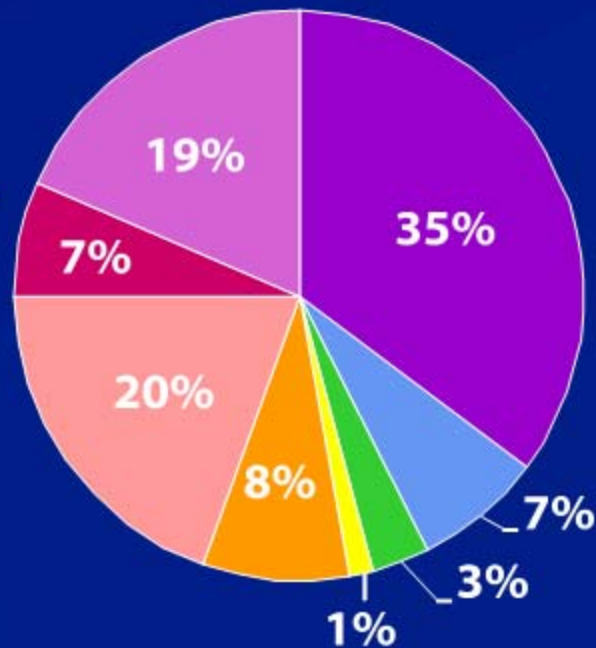
Males

N=6,615



Females

N=1,625

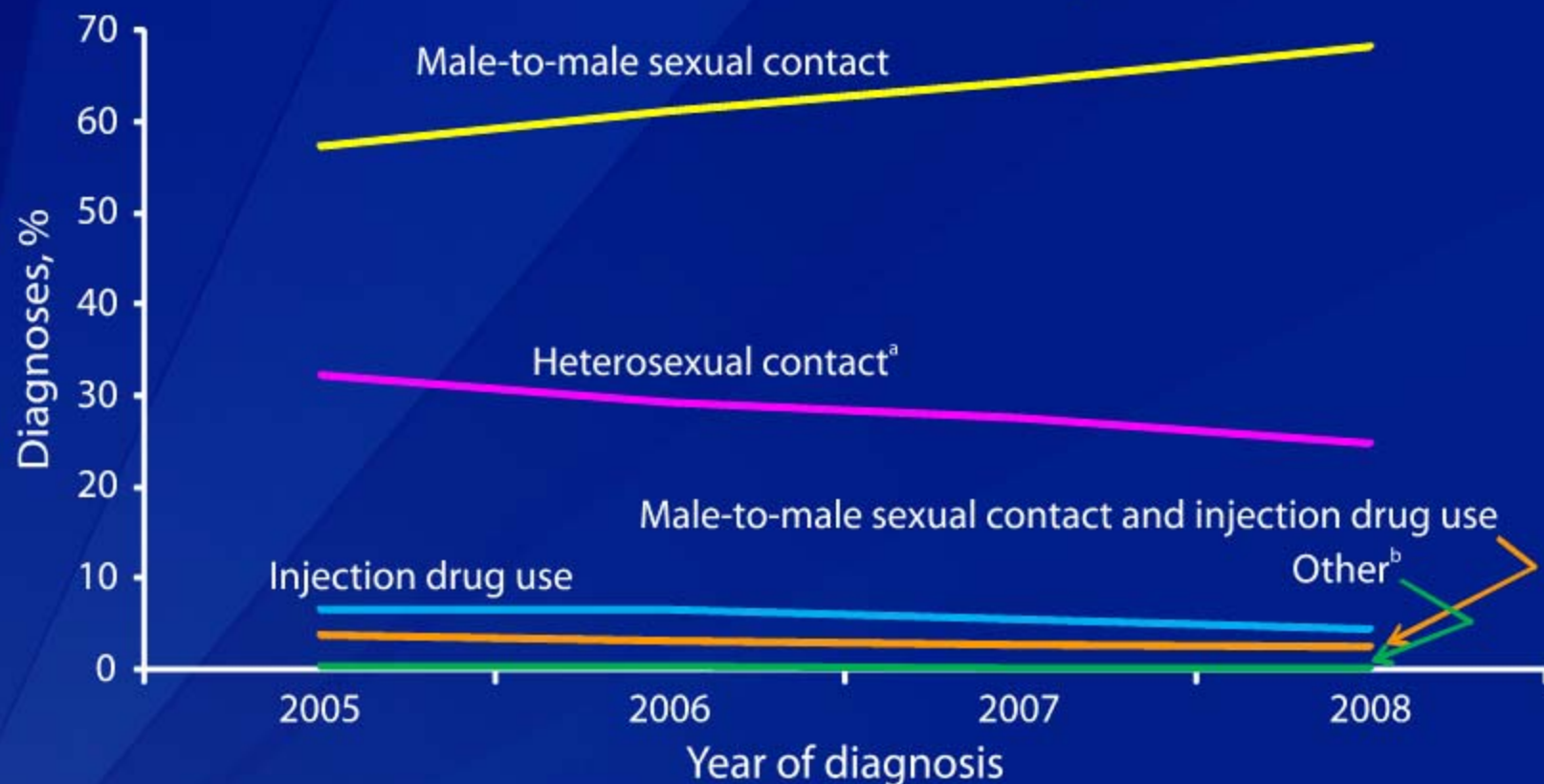


Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

^a Hispanics/Latinos can be of any race.



Diagnoses of HIV Infection among Adolescents and Young Adults 13–24 Years of Age, by Transmission Category, 2005–2008—37 States and 5 U.S. Dependent Areas



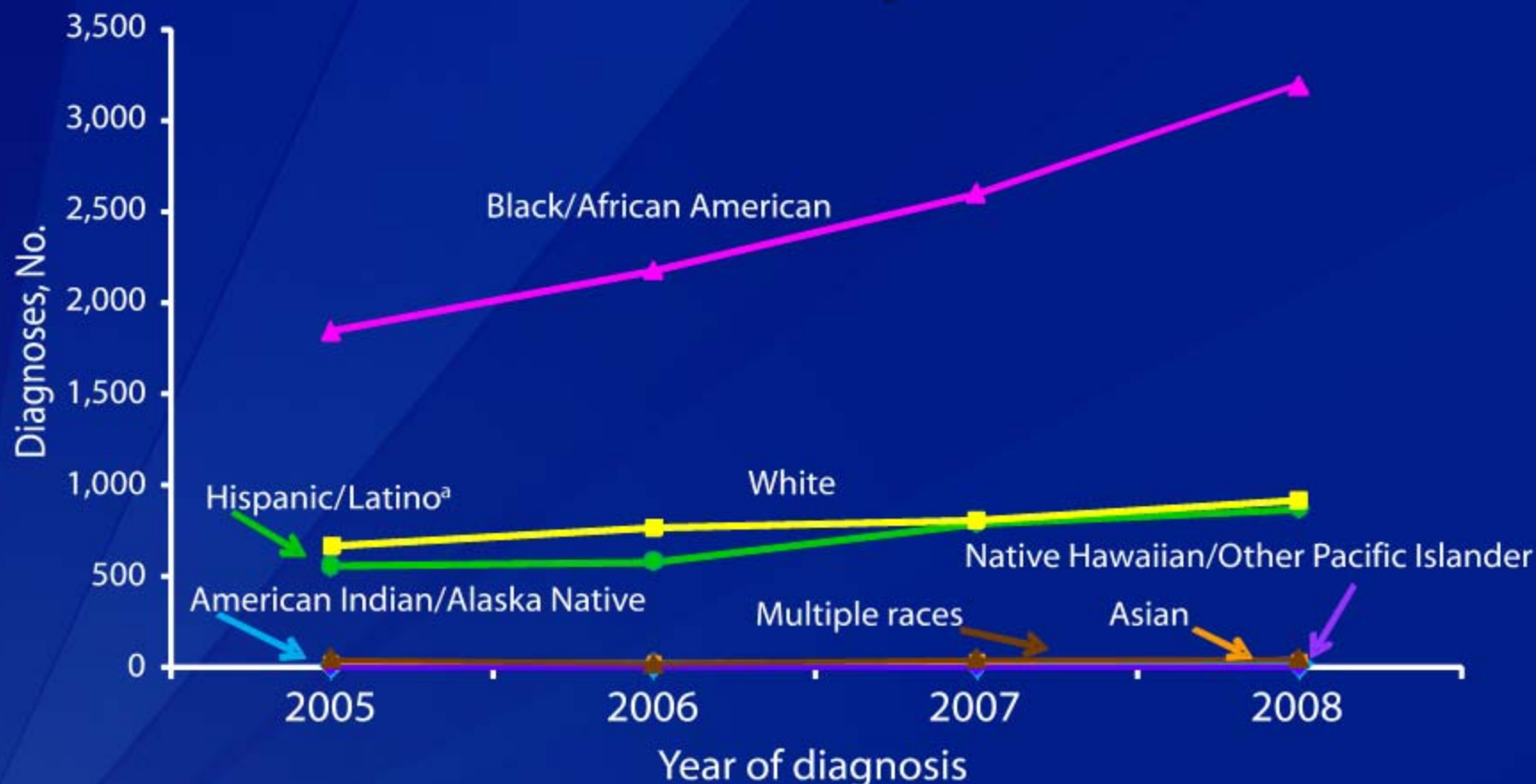
Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



Diagnoses of HIV Infection among Men Who Have Sex with Men Aged 13–24, by Race/Ethnicity, 2005–2008—37 States and 5 U.S. Dependent Areas



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting. Data exclude men who reported sexual contact with other men and injection drug use.

^aHispanics/Latinos can be of any race.



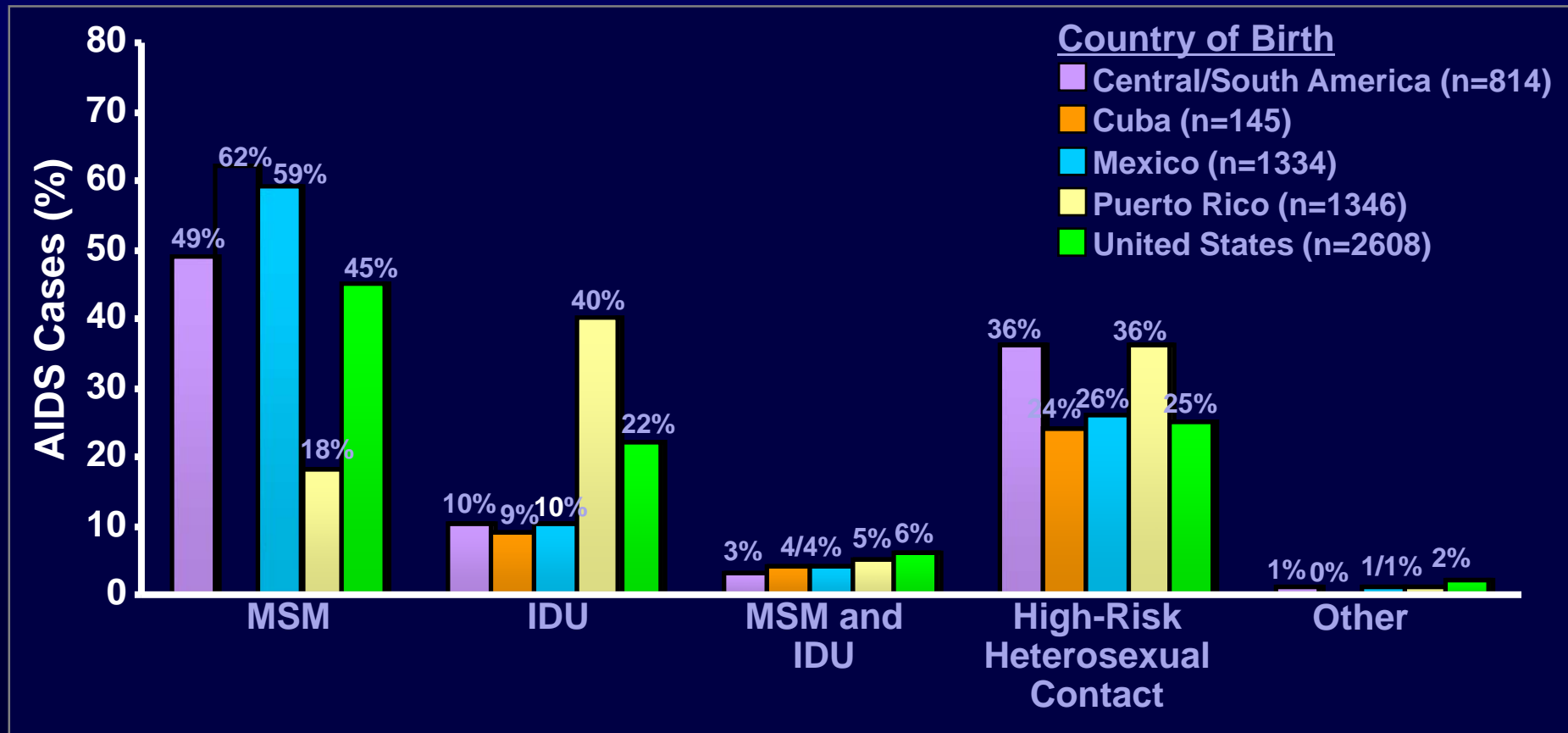
CRITICAL CULTURAL ISSUES AND OTHER CONSIDERATIONS RELATED TO LATINO MSM AND HIV INFECTION

Health Disparities and Barriers to HIV Prevention and Care for young Latino MSM

- Risk factors vary by country of origin
- Cultural beliefs
- Substance and alcohol use
- Engagement in HIV risk behaviors/High rates of STIs
- Low HIV testing rates
- Limited access to health care/HIV treatment

Behavioral Risk Factors Differ From Country of Birth Among Hispanics

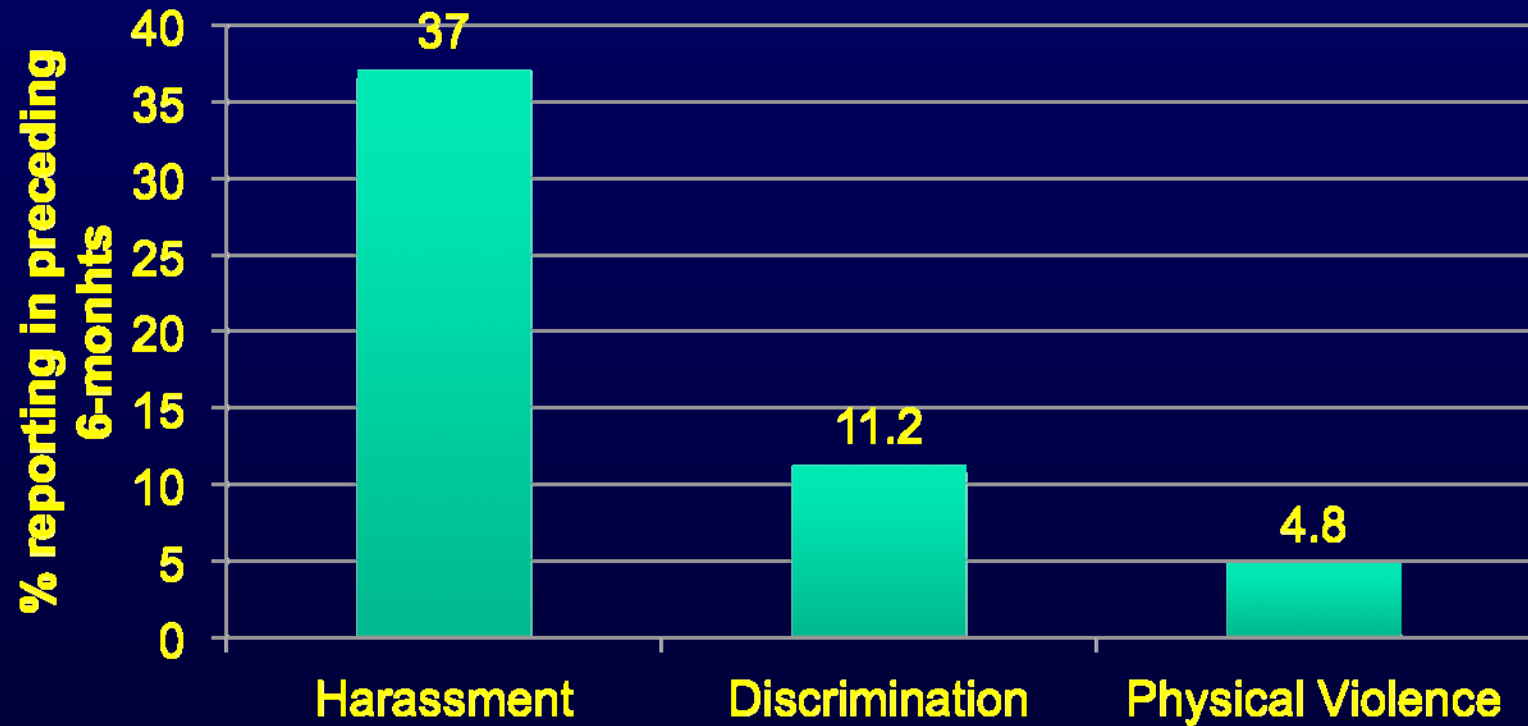
AIDS Diagnosed in the United States During 2006



Experiences of Stigma and Discrimination

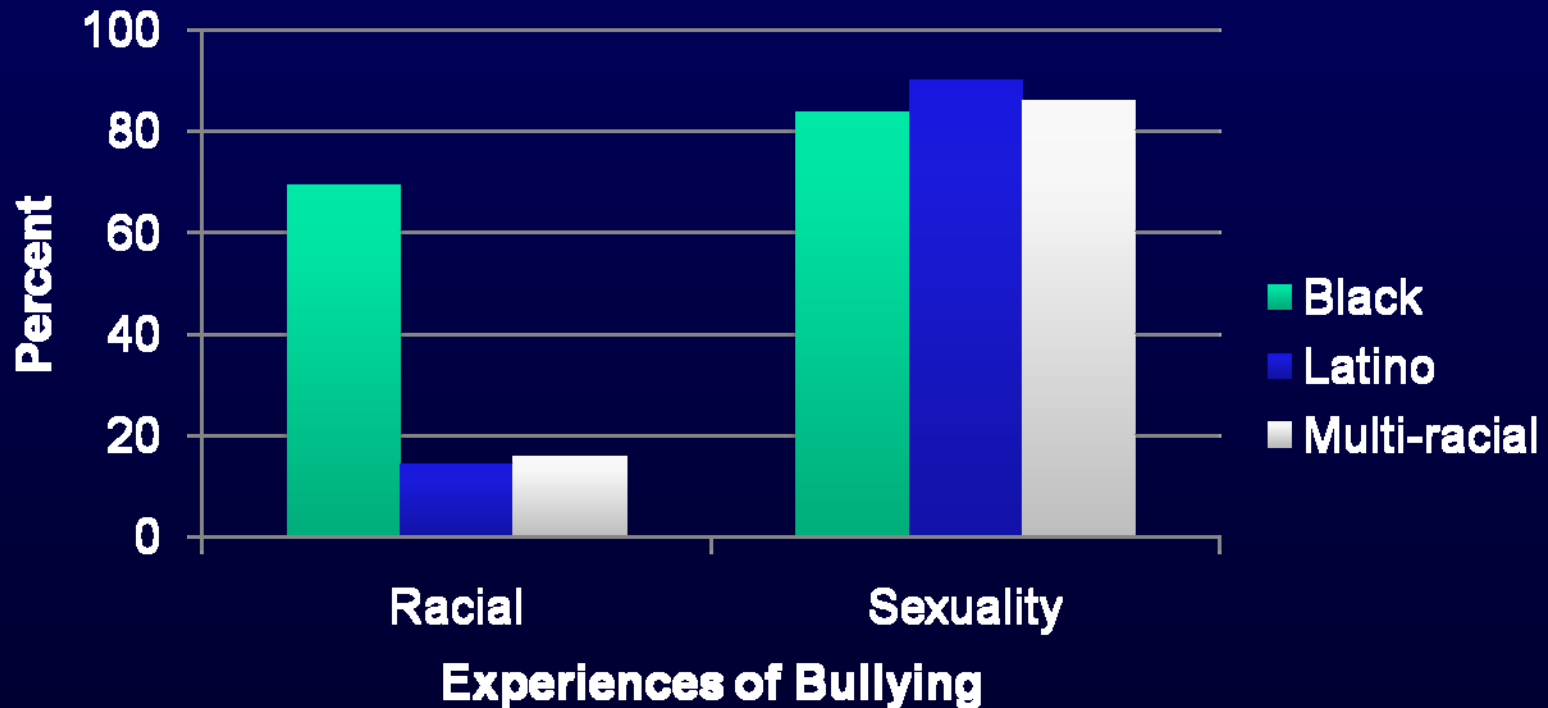
- Discrimination toward homosexual behavior, racism and poverty associated with greater rates of sexual risk behaviors among Latino MSM
- Internalized homophobia associated with increased consumption of drugs and alcohol during sex among Latino MSM

Experiences of Anti-gay Discrimination Among Young Gay/Bisexual Latino Men



Experiences of Racial and Sexuality-Related Bullying Among Young Latino MSM

- Multisite study of 351 racial/ethnic HIV+ minority young MSM





Nuestras Voces

National Latino Gay Men's Study

- 912 men recruited in 35 Latino gay bars

New York: n = 309

Miami: n = 302

Los Angeles: n = 301

- 50% under age 30
- 82% self-identified as gay or homosexual
- 55% some college or more
- 27% unemployed
- 73% immigrant (including from Puerto Rico)
- 41% mostly Spanish-speaking (with friends)
- **19% HIV-positive**

Experiences of Homophobia

Ever experienced % (95% confidence interval)

Made fun of as a child	64% (60-68)	As a child heard gays not normal	91% (89-94)
Violence as a child	18% (15-21)	As a child felt their gayness hurt family	70% (66-75)
Made fun of as an adult	50% (45-54)	Have had to pretend to be straight	64% (59-69)
Violence as an adult	10% (7-12)	Job discrimination	15% (12-18)
As a child heard gays grow old alone	71% (67-75)	Had to move away from family	29% (25-33)
		Police harassment	20% (17-24)

Cultural Factors Relevant in Lives of Young Latino MSM

- **Machismo:** complicated and global concept that defines what is “manly” in the Latino community; may consist of values and behaviors related to masculinity, pride, bravery, and invulnerability
- **Familismo:** Strong commitment to family
- **Acculturation:** the exchange of cultural features that results when groups of individuals having different cultures come into continuous first hand contact

Cultural Factors: Machismo

Positive Characteristics

- **Strength and protection of the family**
- **“Male honor,” demanding respect from others, sticking to personal beliefs**

Negative Characteristics

- Proving masculinity through power and dominance can lead both straight and gay Latino men to engage in risky sex behavior
- Higher levels of machismo predicts having a greater number of sex partners
- Exaggerated hyper-masculinity can be expressed with physical and sexual aggressiveness

Cultural Factors: Familismo

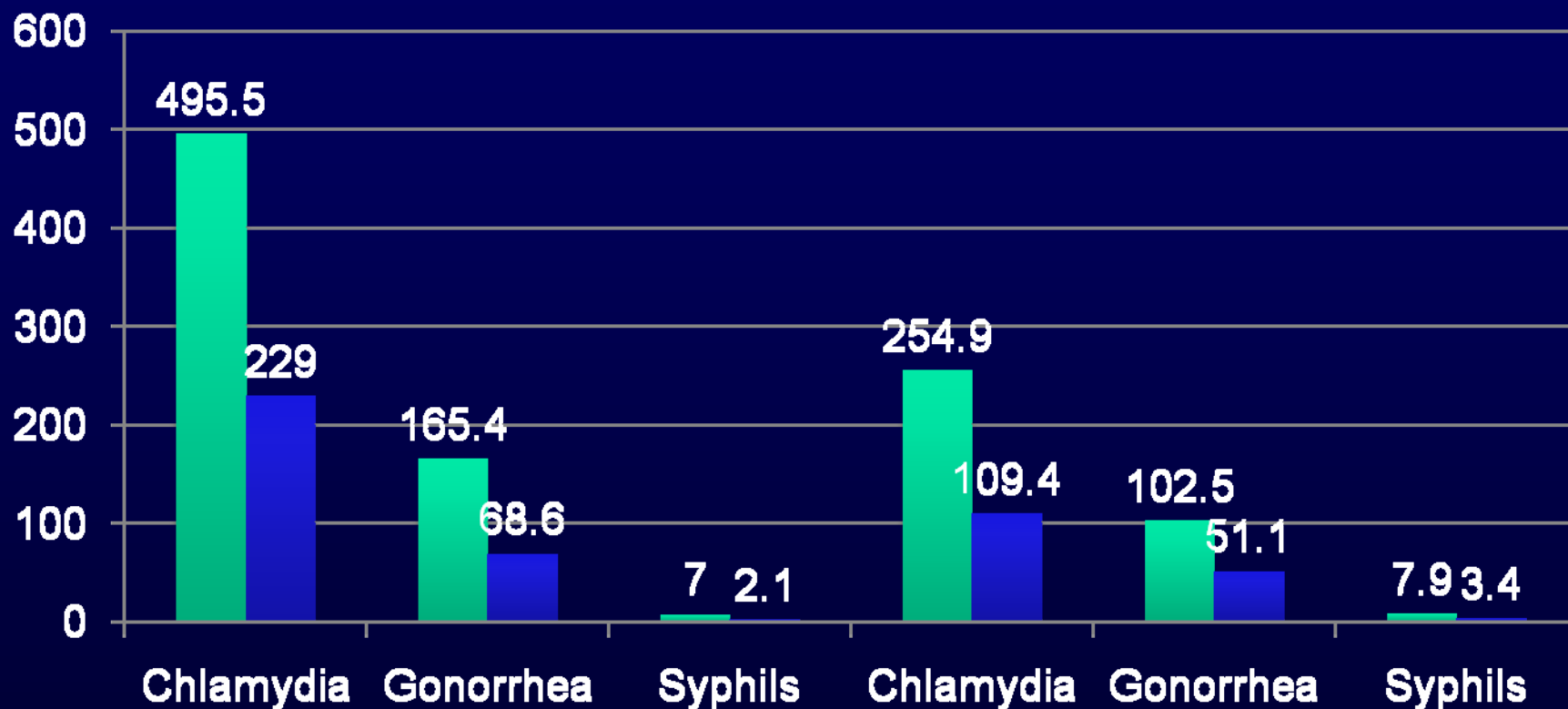
- Can be a strong incentive for some Latino men to reduce unprotected sex with casual partners.
- Can also be a source of conflict for young Latino MSM, whose families may have a negative view of homosexuality.
- Many Latino MSM identify themselves as heterosexual and, as a result, may not relate to prevention messages crafted for gay men.

Acculturation/Migration

- Greater acculturation into the U.S. culture has been associated with the adoption of several health-protective behaviors among Latinos, as well as with an increase in behaviors that are risk factors for HIV infection.
- Latino MSM frequently report coming to the U.S. to escape homonegativity and to achieve greater sexual freedom
 - Among younger MSM - tendency to engage in high levels of sexual activity during the early period after arrival

STDs by Age, Race/Ethnicity in Men, 1996-2008

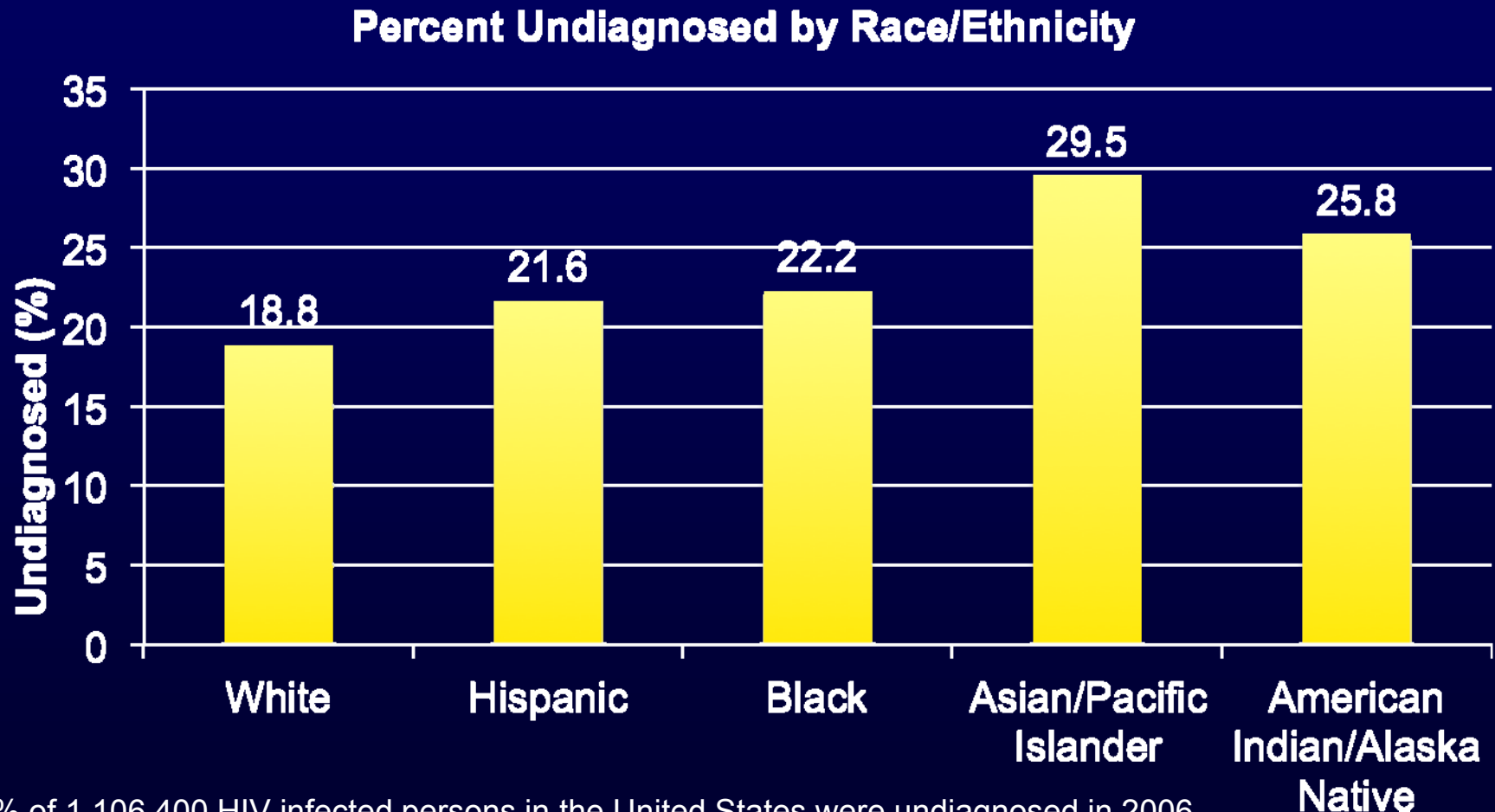
■ Latino ■ White



20-24 years

25-29 years

CDC: Estimated Prevalence of Undiagnosed HIV Infection in the United States (2006)



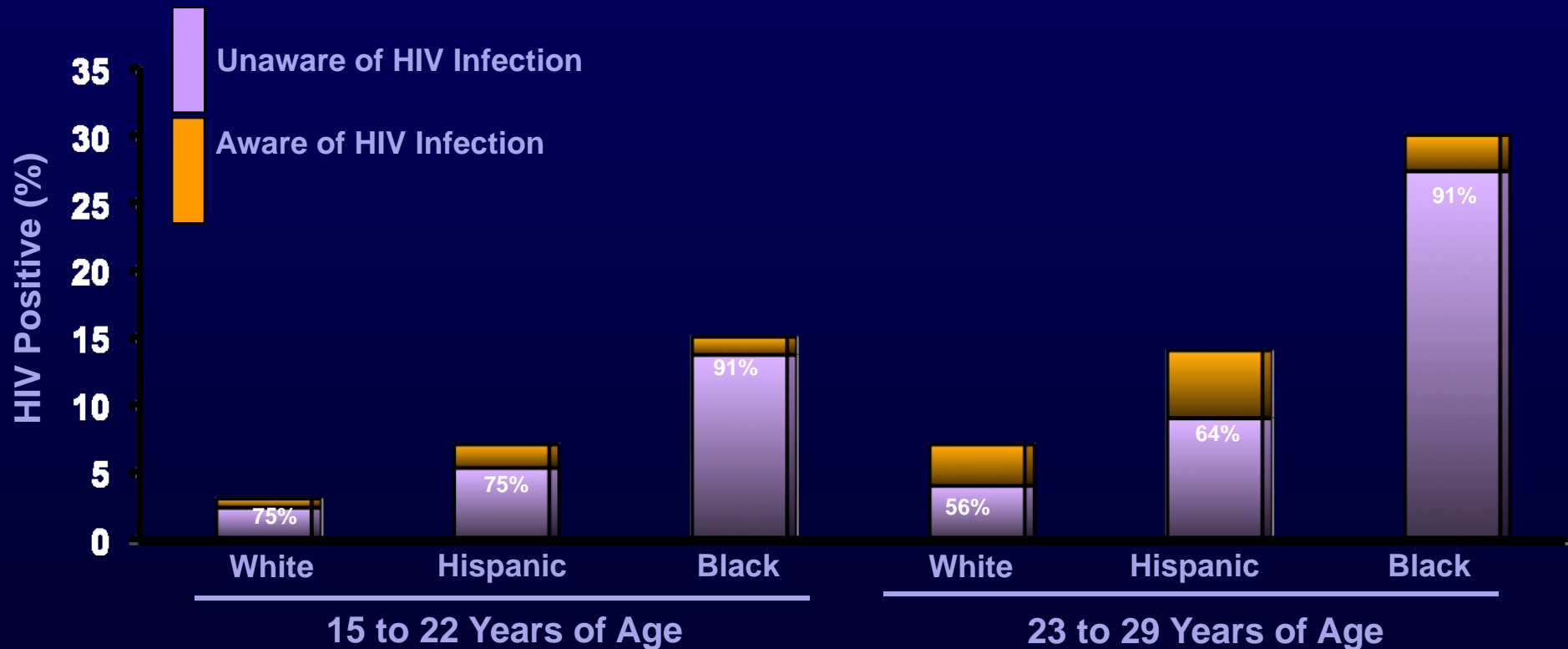
21% of 1,106,400 HIV-infected persons in the United States were undiagnosed in 2006.

Campsmith ML, *JAIDS*. 2009



Young Men's Survey (1994-2000): Prevalence and Unrecognized HIV Infection

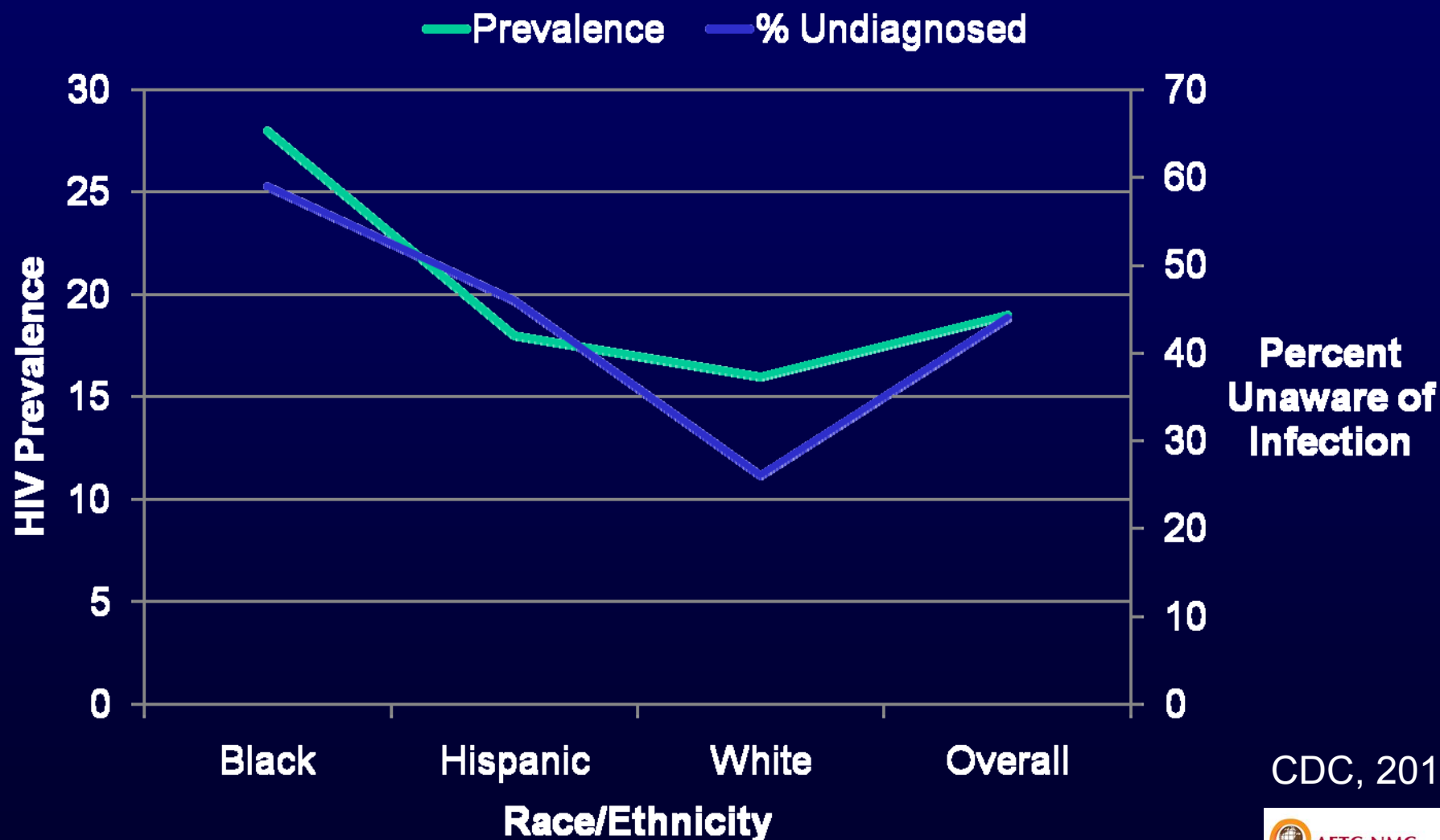
10% of 5649 Young MSM Tested Were HIV Positive
77% Were Unaware They Were HIV Infected



Conducted in Baltimore, Dallas, Los Angeles, Miami, New York, and Seattle.

MacKellar DA, *JAIDS*. 2005.

Prevalence and Awareness of HIV Infection Among Men Who Have Sex With Men — 21 Cities, United States, 2008



Increase the number of young Latino MSM who know their HIV status

- Persons aware of their HIV infection often take substantial steps to reduce their risk behaviors, which could reduce HIV transmission (Colfax et al., 2002)
- People with unrecognized infection primarily responsible for ongoing epidemic (Marks et al, 2006)
- Increased efforts to educate MSM and health-care providers about HIV testing guidelines and to reduce barriers to HIV testing for young Latino MSM

BEHAVIORAL INTERVENTIONS FOR YOUNG LATINO MSM

Lack of Culturally Relevant HIV Prevention Interventions for Latino MSM

- Paucity of data examining HIV prevention within Latinos in general and within Latino MSM in particular
- Only one reported RCT that addressed an HIV prevention intervention directed specifically at Latino MSM¹
- Interventions focused on MSM in general are less effective for Latino MSM²

¹Carballo-Diequez, *AIDS Care*, 2005; ²Johnson, *Cochrane Review*, 2008

“¡Cuídate!! (Take Care of Yourself)”

- Helped reduce risky sexual behaviors among Latino adolescents (55% male), even a year after students attended the training.
- The intervention consists of six 60-minute modules delivered to small, mixed-gender groups.
- ¡Cuídate! incorporates salient aspects of Latino culture, including familismo and gender-role expectations like machismo.
 - These cultural beliefs are used to frame abstinence and condom use as culturally accepted and effective ways to prevent sexually transmitted diseases, including HIV.

Culturally Specific Prevention Opportunities: House Ball Community

- House: collective of people, frequently gay or transgender Black and Latino youth who share a communal lifestyle
- Ball: social event in which houses and individuals engage in dance and performance competitions
- Community: provides social framework and source of support for young Black and Latino MSM

Why should we care?

Gay families/houses are a primary source (if not THE source) of support & health/sex information

Those in this “scene” are in it because they don’t have anything else – often very transient, hard to keep in care

Retention

- Tumultuous lives: unstable housing, relationships, employment, cell phone service, transportation, support networks
- Typically come in with a lot of baggage (history of abuse, abusive relationships, violence, bullying, homelessness)
- Their priorities ≠ our priorities

CASE PRESENTATION

Case Study: Pedro

- **Pedro is a 19-year-old youth from Mexico.**
- **He is a seasonal worker who spends months each year in the US working as a day laborer.**
- **He has a girlfriend and a 2 month old son in Mexico. He sends financial support to his family when he can.**

Case: continued

- When in the United States, he lives with 2 male roommates, one of whom he has sex with from time to time.
- His girlfriend and family in Mexico and most of his friends are unaware of his sexual relationships with men. He is afraid to face rejection from his family. Pedro has not been tested for HIV and he is concerned about his status.
 - Is Pedro at risk for HIV?
 - How should Dr discuss this with him?



Factors That Impede Routine HIV Testing: Key Patient-Based Issues

- Lack of knowledge about HIV/AIDS and new treatments
- Fear of knowing they have the disease
- HIV-related stigma and discrimination
- Financial reasons that extend beyond testing and include costs related to follow-up health care, medications, and possible job loss
- Cultural attitudes
- Believing that this could never happen to them
- Mistrust of health care providers
- Drug use
- Mental illness

Case continued

- **Pedro tests positive for HIV infection is referred to an HIV provider**
 - **What are some things to consider that might be barriers for Pedro to keep that appointment?**
 - **Language issues, transportation, cost, fear of deportation**

Disparities in Accessing Health Care Among Minorities with HIV

- **Minority patients with HIV often experience difficulties accessing necessary health-care services compared with white patients:**
 - Delay in accessing health-care services
 - Delay in ART initiation
 - Delay and/or lack of prophylaxis for opportunistic illnesses
 - More frequent use of emergency-department services for primary-care needs
- **A number of obstacles may account for these observed disparities in accessing health care:**
 - Poverty
 - Lack of private health insurance
 - Lack of or inadequate patient-provider communication
 - Distrust of health care system

Cargill VA, Stone VE. *Med Clin N Am.* 2005; 89:895-912.

Case: continued

- Pedro makes it to the HIV clinic
- At his first visit
 - HIV-1 RNA was 88,500 copies/mL
 - CD4+ cell is 280 cells/mm³
- Should Pedro start medications?



Assess Readiness for HAART

- **Key issues to explore with the patient**
 - Are they ready to begin HAART
 - Can they take and adhere to the prescribed HAART regimen
 - Do they believe the medications are effective and can make a difference
- **Evaluate for depression and active substance abuse**
- **Evaluate for health literacy level**
- **Become familiar with the patient's social situation, stability of social and living situation, psychosocial supports and key people in their life**
- **Logistical aspects**
 - Medication organizers

Provide Culturally Competent HIV Care

- **Build trust and optimize patient-provider encounter**
 - Be aware of health-related cultural beliefs, including stigma, within the predominant minority groups in your practice
- **Be comfortable and skilled in eliciting personal and cultural views and perspective of each individual patient and applying a cultural competency framework for each visit**



Provide Culturally Competent HIV Care

- Identify the patient's core cultural issues
- Explore the meaning of the illness to the patient
- Explore the patient's social context
 - Life control
 - Change in environment
 - Literacy and language
 - Support systems
- Negotiate across patient-physician culture to develop a treatment plan that is mutually agreeable

Stone V, et al. *HIV/AIDS in U.S. Communities of Color*. Springer; New York, NY: 2009.

Carrillo JE, et al. *Ann Intern Med*. 1999;130:829-834.

Stone VE. *Clin Infect Dis*. 2004;38:400-404.

THE WAY FORWARD

Priorities (1)

- **Increase the number of young Latino MSM who know their HIV status**
 - Persons aware of their HIV infection reduce their risk behaviors, which could reduce HIV transmission (Colfax, 2002)
 - People with unrecognized infection primarily responsible for ongoing epidemic (Marks, 2006)
 - Efforts to ensure at least annual HIV testing for young Latino MSM should be strengthened
 - Increased efforts to educate young Latino MSM and health-care providers about HIV testing guidelines and to reduce barriers to HIV testing

Priorities (2)

- **Structural interventions and policy changes to improve the long term health of Latino MSM and reduce HIV/STD disease burden**
 - Work to eliminate stigma, discrimination and homophobia
 - Provide comprehensive sex education in schools that is appropriate for both heterosexual and homosexual students
 - Ensure that laws and policies promote the basic human rights of MSM and protect them from hate crimes
 - Immigration policies
 - Educate and support parents of young gay, bisexual Latino men

Priorities (3)

- **Create and Implement New Evidence-Based Behavioral Interventions for HIV- and HIV+ Young Latino MSM**
 - There is an urgent need for innovative approaches to address the paucity of efficacious and culturally appropriate HIV/STI prevention interventions that are available for Young Latino MSM
 - Must partner with communities
 - Cultural and psychosocial factors need to be incorporated to more effectively reach and impact young Latino MSM

Priorities (4)

- **Address Barriers to HIV Access, Engagement and Retention in Care and Treatment**
 - Culturally competent strategies are needed to encourage Latino MSM to seek testing and, once aware of their status, to obtain and remain in care.
 - Effective strategies to urge HIV-positive Young Latino MSM to access care must consider the many nuances, social constraints, and homophobia (both external and internal) that define the realities of Latino MSM.

Priorities (5)

- **Provide Comprehensive Health and Wellness for Young Latino MSM**
 - Support men throughout their lifetime, not just when they are young (or when they are negative or positive)
 - Focus on the whole person
 - Operate from an 'asset' rather a 'deficit' model (resiliency)
 - Include enhanced access to mental health services and substance use treatment



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