SPEAKER SERIES FALL 2019
LATINX HIV PREVENTION AND INTERVENTION
Welcome!

- Grateful for the invitation to participate today!
  - Thanks to Dr. Lorna Rivera, Pablo Goldbarg, Fabian Torres-Ardila, and colleagues at the Mauricio Gastón Institute for Latino Community Development & Public Policy
  - Thanks to Marta Rivera & Chief Marty Martinez of the City of Boston, and to José Sostre-Perez from the Ryan White Planning Council
  - Thanks to Carl Sciortino and Fenway Health for hosting us
  - Thanks to all of you for being here!
Who am I?
World AIDS Day

- December 1 annually since 1988
- 2019 Theme: “Communities Make the Difference”
Is HIV “a plague of the past?”
HIV in 2019

- 38 million people living with HIV worldwide
  - including an estimated 8 million people unaware of their status (UNAIDS)

- 1.1 million people living with HIV in the U.S. – with 39k new infections annual
  - including an estimated 162k people unaware (CDC)
Who are the Latinx individuals who are at highest risk?

New HIV Diagnoses Among Hispanics/Latinos by Transmission Category and Sex in the US and Dependent Areas, 2017

- Hispanic/Latino Men (N= 8,686)
  - Male-to-male sexual contact: 86%
  - Heterosexual contact: 7%
  - Injection drug use: 4%
  - Male-to-male sexual contact and injection drug use: 3%
  - Other: <1%

- Hispanic Women/Latinas (N=1,203)
  - Male-to-male sexual contact: 88%
  - Heterosexual contact: 7%
  - Injection drug use: 12%
  - Other: <1%
How has Latinx individuals’ risk changed over time?

### HIV Diagnoses Among Hispanics/Latinos in 50 States and the District of Columbia, 2010-2016

**Hispanics/Latinos overall: up 6%**

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<tr>
<th>Hispanic/Latino men by transmission category:</th>
<th>Hispanic women/Latinas by transmission category:</th>
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<tbody>
<tr>
<td>Male-to-male sexual contact: up 21%</td>
<td>Heterosexual contact: down 20%</td>
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<tr>
<td>Injection drug use: down 39%</td>
<td>Injection drug use: down 25%</td>
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<tr>
<td>Male-to-male sexual contact and injection drug use: down 21%</td>
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<tr>
<td>Heterosexual contact: down 17%</td>
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(CDC, 2018)
Too few Latinx individuals are engaged in needed healthcare to achieve viral suppression (50%)... and too few are taking PrEP (13% of all prescriptions)—especially relative to the heightened risk for HIV.
Why are Latinx individuals at such high risk for HIV acquisition, and for being under-treated if living with HIV?
Social Determinants of Health – *Healthy People 2020*

- **Economic Stability**
  - Employment, Food Insecurity, Housing Instability, Poverty

- **Education**
  - Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy

- **Social and Community Context**
  - Civic Participation, Discrimination, Incarceration, Social Cohesion

- **Health and Health Care**
  - Access to Health Care, Access to Primary Care, Health Literacy

- **Neighborhood and Built Environment**
  - Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing
SIEMPRE SEGUIRÉ - A Pilot Intervention Addressing Coping with Discrimination among HIV-Positive Latino Sexual Minority Men

David W. Pantalone, Laura M. Bogart, Frank H. Galvan, Jesus Leija, Sarah MacCarthy, & David J. Klein
Acknowledgements

- The funder:
  - R34 MH 96544 Supplement
  - R34 MH 113413

- Our amazing colleagues at Bienestar Human Services, Inc.
  - Including the Community Advisory Committee

- The participants!
Background

- Correlational data suggest that discrimination contributes to HIV-related disparities.
- Among LSMM+, discrimination is related to medication nonadherence, medication side effects, and AIDS symptoms.
- The chronic stress of discrimination may weaken immune function, leading to worse HIV outcomes, including increased viral load and greater mortality risk.
Behavioral stress responses may be exhibited as ineffective coping, including avoidance-related health behaviors like sexual risk or nonadherence.

- Avoidance and escape coping strategies (avoiding perceived perpetrators, using substances) generally lead to worse health.
- Emotion regulation (managing emotional responses to stress) can prolong distress through rumination or be effective, by leading to social support-seeking or problem-solving.
Coping with discrimination who have sex with men

Laura M. Bogart, Sannisha K. Dale, Kenneth H. Mayer, Gary K. Duffin, David J. Klein, and David W. Pantalone

ABSTRACT

In the USA, HIV-positive Black men and women experience large disparities in disease outcomes and risk groups. This study examined Cognitive Behavioral Therapy (CBT) for Black men who have sex with men (MSM) of discrimination. A total of 2:

Pilot Intervention for Discrimination-Related Coping Among HIV-Positive Black Sexual Minority Men

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ABSTRACT

In the USA, HIV-positive Black men and women experience large disparities in disease outcomes and risk groups. This study examined Cognitive Behavioral Therapy (CBT) for Black men who have sex with men (MSM) of discrimination. A total of 2:

Objectives: Discrimination is associated with worse health. Although interventions have been developed to improve coping with general stressors and chronic illness, no literature to date has reported the development and testing of an intervention specifically to address coping with discrimination. We examined the feasibility, acceptability, and preliminary effects of Still Climbin’, a pilot intervention created to improve coping with discrimination experienced by HIV-positive Black sexual minority men, who face significant HIV-related...
The burning building analogy
The present studies

- Using a community-based participatory research approach, we assessed anticipated acceptability, feasibility, and preliminary effects of a 9-session, group-based, CBT intervention to improve coping with discrimination among LSMM+

- Community-academic partnership was crucial

- Embedded within Bienestar Human Services, Inc., a community-based organization that offers culturally congruent HIV services to a predominately Latinx immigrant population in Los Angeles County, CA.
Step 1 - Qualitative Interviews

- We conducted semi-structured Spanish-language interviews with 30 HIV-positive Latinx immigrant adult men and 10 providers of HIV social services to Latinx SMM.

- Latinx SMM were recruited via flyers, and providers (who were known relevant stakeholders in the community) were contacted directly and offered participation.
All but one of the client interviewees were enthusiastic about the potential program and viewed it as an important opportunity to learn and connect with others.

“... because all of these experiences people have can happen to anyone. We can all go through a process of discrimination for the same reasons that the other person did. That is why it is good to be alert, to prevent yourself from going through that. That is why it is important to be mindful about discrimination.”

(42-year old gay man)

“I think that it’s very much needed, and it would be filling a specific need and addressing some of the issues that are not often addressed. So, when we talk about people with HIV and adhering to their medication, we often think that they are lacking knowledge around the benefits of treatment—without looking at the other factors or the social constraints that prevent them from accessing care and treatment. So, I believe that addressing stigma and homophobia are key to insuring that individuals adhere to their medication.”

(social services provider)
Results

- Agreed that the facilitator should have characteristics in common with participants (gay/bisexual, male, Latinx, immigrant),
  - *and should have professional expertise in group facilitation*

- Mixed attitudes about having take-home activities.
  - *acknowledged that such activities would be valuable in helping to process discrimination events*
  - *skeptical that attendees would complete the activities, as evidenced by quotes from both clients and providers.*

- ... and then we wrote the manual!
Intervention

1. Orientation to Discrimination Experiences and the Group & Identity Activity
2. Discussion of Multiple Identities & Coping with Discrimination
3. Introduction to CBT Model & Using the CBT Model to Understand Discrimination and Coping with Discrimination I
4. Using the CBT Model to Understand Discrimination and Coping with Discrimination II
5. Skill Building: Identifying and Overcoming Barriers to Effective Coping with Discrimination
6. Addressing Healthcare Discrimination and Medical Mistrust
7. Getting the Social Support You Need
8. Addressing Structural Discrimination
9. Graduation
Step 2 - Testing the Intervention

- **Intervention:** 9 weekly group sessions conducted in Spanish (N = 30)
  - Professional facilitator & peer co-facilitator
  - 8 content sessions + graduation

- **CBT and DBT techniques**
  - *Psychoeducation*
    - Effects of discrimination on health, CBT model
  - *Skills*
    - Functional/chain analysis, self-monitoring, mindfulness, relaxation, decentering, cognitive restructuring, homework
    - Evaluating skills effectiveness in terms of goals/values
    - Some skills taught ad hoc → relying on the wisdom of the group
      - From Bogart et al. (2017) differential coping across identities
Results & Discussion

- Preliminary Effectiveness (it worked!)
  - Decreased negative emotional responses to discrimination events (due to HIV, ethnicity, and sexual orientation) pre-to-post intervention.
    - less anger and frustration
    - lower levels of sadness, powerlessness, helplessness, and shame
  - Excitement from the group members and a desire to expand the focus to other groups of Latinx individuals

- First intervention that we know of to apply the CBT model to address coping with discrimination from intersectional identities.
Discussion

- Promising acceptability, feasibility, and preliminary effects of Siempre Seguiré.
  - Working on a new version, PRISM, focused on PrEP uptake for HIV-negative Latinx sexual minority men

- Structural-level interventions are needed.
  - In the meantime, so are thoughtfully delivered individual-level interventions that don’t blame individuals who are targets of discrimination.
  - And that do leverage their innate resilience resources to improve their health in the face of real and persistent discrimination.
There was a time when old friends called to say goodbye, and by “goodbye” they meant forever. When all of us had a file folder marked “Memorial” that outlined how we wanted our service to be conducted...

There is profound, shocking sadness here, right here among us, but years went by and medicine got better and we found other lives to lead. Our sadness is a distant, dark dream...

My best friend Stephen just bought a new condo. He’s having a ball picking out furniture. But there was a time when he knew all the intensive care nurses by name. When a phone call late at night always meant someone had died. And just who, exactly, was anyone’s guess.
THANK YOU!
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MAYOR’S OFFICE OF HEALTH & HUMAN SERVICES

Chief Marty Martinez
RYAN WHITE PLANNING COUNCIL

José Sostre-Perez
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