Cultural Considerations in the Care of HIV in Hispanics

Susana Lazarte, MD
Assistant Professor of Medicine,
UT Southwestern Medical Center
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Objectives

- Review the data of HIV/AIDS in the Hispanic population
- Understand behaviors unique to the Hispanic community
- Review and discuss how these impact the HIV epidemic and their healthcare
Sin Vergüenza

http://svseries.com
Alta Med
Amelia Court Clinic

• # of patients
• % Hispanics

Anecdotal observation:
• 3 groups:
  – heterosexual couples:
    • man tested after wife is diagnosed
    • undisclosed MSM
  – young MSM
  – Men >55, usually stage 3 AIDS:
    • Female sex workers
What am I?

Definition of Hispanic or Latino Origin Used in the 2010 Census

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Hispanic: people born in a country conquered by Spaniards, Spanish is primary language
Latino: people born in a country whose language evolved from Latin
Considerations

• Latino/Hispanic:
  – Broad term includes different races and origins
  – Geographically diverse in the US
    • NY: Puerto Rican
    • Florida: Cuban, DR, South America
    • California, Texas: Mexico, Central America
  – Latino born in US vs foreign born
Hispanic/Latino in the US

• Largest minority group and growing fast:
  – 16.9% of population in 2010 census (up 43% from 2000) 2015: 17.6%
  – Mexican 63%
  – Puerto Rican 9.2%
  – Cuban 3.5%
  – Central American 7.9%
  – South American 5.5%

• 41% in West, 36% South

US Census Bureau, 2010
Texas: 2\textsuperscript{nd} largest Hispanic population

Source: U.S. Census Bureau, 2010 Census Summary File 1.
Dallas: 8th city with largest number of Hispanics (4th in Texas)
Hispanics in US, 2014

- 48% 12\textsuperscript{th} grade or less
- 23.5% living in poverty vs 15% general population
- 23.7% uninsured vs 9% general population

Pew Research Center, 2016
HIV/AIDS: HOW ARE WE DOING?
Diagnoses of HIV Infection and Population by Race/Ethnicity
2016—United States

- American Indian/Alaska Native: 1%
- Asian: 6%
- Black/African American: 12%
- Hispanic/Latino: 18% (a)
- Native Hawaiian/Other Pacific Islander: <1%
- White: 26%
- Multiple races: 2%

Population, United States (%): N = 323,127,513
Diagnoses of HIV Infection (%): N = 39,782

Note. Data for the year 2016 are preliminary and based on 6 months reporting delay. (a) Hispanics/Latinos can be of any race.

Diagnoses of HIV Infection and Population among Male Adults and Adolescents, by Race/Ethnicity, 2016—United States

Note: Data for the year 2016 are preliminary and based on 6 months reporting delay.

- Hispanics/Latinos can be of any race.
Rates of Diagnoses of HIV Infection among Hispanic/Latino\textsuperscript{a} Adults and Adolescents, 2016—United States

N = 9,750     Total Rate = 22.2

Note. Data for the year 2016 are preliminary and based on 6 months reporting delay.

\textsuperscript{a} Hispanics/Latinos can be of any race.
Rates of Diagnosed HIV Infections Classified as Stage 3 (AIDS) among Hispanic/Latino Adults and Adolescents, 2015—United States

N = 3,865   Total Rate = 8.9
HIV: Texas

• Texas HIV Medication Program (THMP)
  – ADAP: AIDS Drug Assistance Program
  – SPAP: copay assistance for Medicare part D

• ADAP, 2015:
  – 39.5% Hispanic
  – 35% AA
  – 22.3% white, non Hispanic

Texas HIV Annual Report. DSHS, 2016
Quick Stats in Latinos

Transmission:

- Men: 84% MSM/bisexual
  - 70% general population
- Women: 86% heterosexual

• Infection rates 3x of non Latino whites
• Death rates PLWH 3x of non Latino whites

Sheehan et al, 2015
Quick Stats

Increasing rates of HIV in Hispanic gay and bisexual men

From 2008-2013: increased 16%

(Mahle Grey at al. MMWR, 2015)

CDC: “If current rates continue, 1 in 4 Hispanic/Latino gay and bisexual men will be diagnosed of HIV in their lifetime”

CDC, HIV surveillance report, 2015
A Systematic Review of HIV/AIDS Survival and Delayed Diagnosis Among Hispanics in the United States

Chen N, Gallant J, Page K.
J Immigrant Minority Health, 2012


Sheehan D, Trepka MJ, Dillon FR
Testing and Outcomes

• Higher risk of late diagnosis compared to whites
• Decreased survival after AIDS diagnosis
• Men later than women
• Differences gone after ART initiation

Chen et al, 2012
Hispanics are at higher risk of late diagnosis

- Foreign born or male: higher risk of delay diagnosis (Chen et al, 2012)
  - AOR: 2.2-2.5 Mexicans/Central Americans vs US born (Espinoza et al, 2008)
  - Along Mexican-US border:
    - Hispanic: 46% vs White 37%
    - Foreign born vs US born (51 vs 37%) Espinoza et al, 2012

- Immigrants (79% Hispanic) vs non immigrant: 3x more likely to have an OI than non immigrants (7% Hispanic)

- Mean CD4 lower than non Hispanics

- California: Spanish speaking 3x than English speaking Hispanics

(Chen et al, 2012)
Retention in care seems to be higher

• Jail study: once engaged, Hispanics seem to remain in care more than non Hispanics (Amon et al, 2017)

• Chen et al: outcomes once ART is started are same than whites

• Ross et al: undocumented immigrants (CROI, 2017) better retention

• Foreign born is a positive predictor for engagement in HIV care
DO THE USUAL RACIAL/ETHNIC DISPARITIES APPLY?

HIV Care After Jail: Low Rates of Engagement in a Vulnerable Population

Benjamin Ammon · Princess Iroh · Yordanos Tiruneh · Xilong Li · Brian T. Montague · Josiah D. Rich · Ank E. Nijhawan


Courtesy of Ank Nijhawan
Linkage to Care w/in 90 Days of Release

Percent Linking to Care (%)

- White
- Black
- Hispanic
- Overall

Amon et al, 2017

Courtesy of Ank Nijhawan
Does Documentation Status Matter?

Treatment Outcomes in Undocumented Hispanic Immigrants with HIV Infection

Kenneth K. Poon¹, Bich N. Dang¹,², Jessica A. Davila¹,², Christine Hartman¹,², Thomas P. Giordano¹,²*

¹Department of Medicine, Baylor College of Medicine, Houston, Texas, United States of America; ²VA Health Services Research and Development Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, Texas, United States of America

Sociocultural and Structural Barriers to Care Among Undocumented Latino Immigrants with HIV Infection

Bich N. Dang · Thomas P. Giordano · Jennifer H. Kim

PLOS One 2013(8)3:e60022
Table 1. Baseline characteristics of persons initiating care at Thomas Street Health Center in Houston, Texas.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total</th>
<th>Undocumented Hispanic*</th>
<th>Documented Hispanic</th>
<th>Black</th>
<th>White</th>
<th>p**</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 1620</td>
<td>n = 186</td>
<td>n = 280</td>
<td>n = 984</td>
<td>n = 170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age, Median Years n(%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>&lt;30 years</td>
<td>399 (24.6)</td>
<td>73 (39.3)</td>
<td>65 (23.2)</td>
<td>232 (23.6)</td>
<td>29 (17.1)</td>
<td></td>
</tr>
<tr>
<td>30-39 years</td>
<td>528 (32.5)</td>
<td>81 (43.6)</td>
<td>87 (31.2)</td>
<td>307 (31.2)</td>
<td>52 (30.6)</td>
<td></td>
</tr>
<tr>
<td>40-49 years</td>
<td>473 (29.1)</td>
<td>25 (13.4)</td>
<td>74 (26.4)</td>
<td>312 (31.7)</td>
<td>62 (36.5)</td>
<td></td>
</tr>
<tr>
<td>&gt;50 years</td>
<td>221 (13.7)</td>
<td>7 (3.8)</td>
<td>54 (19.3)</td>
<td>133 (13.5)</td>
<td>27 (15.9)</td>
<td></td>
</tr>
<tr>
<td>Female n(%)</td>
<td>508 (31.4)</td>
<td>40 (21.5)</td>
<td>62 (22.1)</td>
<td>360 (36.6)</td>
<td>46 (27.1)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Married n(%)</td>
<td>286 (19.5)</td>
<td>51 (27.7)</td>
<td>76 (29.8)</td>
<td>142 (16.1)</td>
<td>17 (11.3)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Monolingual-Spanish Speakers n(%)</td>
<td>202 (12.4)</td>
<td>116 (62.4)</td>
<td>86 (30.7)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Income &lt;100% Federal Poverty Level n(%)</td>
<td>1222 (76.9)</td>
<td>123 (69.5)</td>
<td>184 (66.0)</td>
<td>791 (81.6)</td>
<td>124 (75.2)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>HIV Risk Factors n(%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>MSM</td>
<td>439 (27.1)</td>
<td>58 (31.2)</td>
<td>101 (36.1)</td>
<td>210 (21.3)</td>
<td>70 (41.2)</td>
<td></td>
</tr>
<tr>
<td>IDU and IDU+MSM</td>
<td>109 (6.7)</td>
<td>0 (0.0)</td>
<td>14 (5.0)</td>
<td>57 (5.8)</td>
<td>38 (22.4)</td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>963 (59.4)</td>
<td>118 (63.4)</td>
<td>147 (52.5)</td>
<td>647 (65.8)</td>
<td>51 (30.0)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>109 (6.7)</td>
<td>10 (5.4)</td>
<td>18 (6.4)</td>
<td>70 (7.1)</td>
<td>11 (6.5)</td>
<td></td>
</tr>
<tr>
<td>Median CD4 cells/mm³ (IQR)</td>
<td>201 (48-413)</td>
<td>132 (37-308)</td>
<td>166 (47-383)</td>
<td>226 (49-439)</td>
<td>264 (84-504)</td>
<td>0.0001</td>
</tr>
<tr>
<td>Median Viral Load Log₁₀ (IQR)</td>
<td>5.08 (4.43-5.60)</td>
<td>5.40 (4.81-5.85)</td>
<td>5.14 (4.53-5.65)</td>
<td>5.00 (4.33-5.53)</td>
<td>5.05 (4.47-5.66)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

UD Hispanics: - lower CD4 than White and Black patients
- higher VL than documented Hispanics, White and Black
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Total</th>
<th>Undocumented Hispanic*</th>
<th>Documented Hispanic</th>
<th>Black</th>
<th>White</th>
<th>p**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention in care, n (%)</td>
<td>N = 1620</td>
<td>n = 186</td>
<td>n = 280</td>
<td>n = 984</td>
<td>n = 170</td>
<td></td>
</tr>
<tr>
<td>Optimal, 4 quarters with visit</td>
<td>499(30.8)</td>
<td>70(37.6)</td>
<td>108(38.6)</td>
<td>268(27.2)</td>
<td>53(31.2)</td>
<td>0.0008</td>
</tr>
<tr>
<td>1 to 3 quarters with visit</td>
<td>988(61.0)</td>
<td>104(55.9)</td>
<td>160(57.1)</td>
<td>623(63.3)</td>
<td>101(59.4)</td>
<td></td>
</tr>
<tr>
<td>No quarters with visit</td>
<td>133(8.2)</td>
<td>12(6.5)</td>
<td>12(4.3)</td>
<td>93(9.5)</td>
<td>16(9.4)</td>
<td></td>
</tr>
<tr>
<td>VL&lt;400 c/mL, n(%)</td>
<td>N = 671</td>
<td>n = 85</td>
<td>n = 147</td>
<td>n = 387</td>
<td>n = 52</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>451(67.2)</td>
<td>70(82.4)</td>
<td>115(78.2)</td>
<td>224(58.8)</td>
<td>42(80.8)</td>
<td></td>
</tr>
</tbody>
</table>

Undocumented Hispanics: much better outcomes than Black patients
Not statistically significant between UD vs D vs W
Outcomes Along the HIV Care Continuum Among Undocumented Immigrants in Clinical Care

Jonathan Ross, Uriel R. Felsen, Chinazo O. Cunningham, Viraj V. Patel, and David B. Hanna
Country of origin for undocumented patients with immigration status confirmed by chart review (N=101)

- Central America: 37%
- Caribbean: 27%
- Sub-Saharan Africa: 22%
- South America: 10%
- Missing: 2%
- Other: 3%

Courtesy of Jonatan Ross, MD, Albert Einstein College of Medicine (unpublished)
Proportion of patients retained in care, prescribed ART and with viral suppression, by undocumented status'

Retained in care
Prescribed ART
Viral suppression

Documented
Undocumented

RR: 1.05

Courtesy of Jonatan Ross, MD, Albert Einstein College of Medicine
Documentation Status

- Engaged in care at later stages
- Higher retention in care, ART prescription and Viral suppression than documented immigrants
Country of Origin

• HIV transmission varies by place of birth (MMWR, 2015)
  – Proportion of IVDU higher in Hispanic males born in Puerto Rico than elsewhere (MMWR, 2015)
  – MSM: 53.6% PR vs 86.4% born in South America

• Foreign born vs US born
  – Foreign born Hispanic males higher risk for late presentation.

• Born in Mexico/Central America:
  – more likely to be diagnosed with AIDS within 30 days of diagnosis
  – Lower 3-year survival
  – Worse survival than South Americans

(Espinoza el al, 2012; Sheehan, 2015)
Outcomes by country of origin

• HIV to AIDS within 12 months:
  – Foreign born worse than US born (Wohl et al, Espinoza et al)
  – Mexico/Central America worse than South America (AOR 2.5 vs 0.8) (Sheehan et al, 2015)
Adjusted HIV related death rates among Hispanics by subgroup, 2006-2010

- Cuban: 36.1
- Dominican: 19.4
- Mexican: 16.9
- Other subgroup: 37.3
- Puerto Rican: 100.9
- South/Central American: 17.9

Clark et al. 2015
Countries of Origin

- It is not just about being Hispanic or Latino or speaking Spanish
- Relates to background, level of education, reason for immigration (Sheehan et al, 2015)
- Reason for immigration:
  - Economic opportunities, escaping from poverty: Mexico, Central America
  - Political reasons: Cuba, South America
  - Proximity to US - higher likelihood to keep home country identity and values (Espinoza et al, 2012)
  - HIV diagnosis in their home countries (Dang et al, 2012)
Countries of Origin

• Level of education:
  – South Americans higher likelihood of having bachelor degrees than Mexico/Central America (Sheehan et al, 2015)
  – Likelihood of speaking English
  – Reliability in traditional medicine
  – Employment opportunities

• Access to health care:
  – Cubans, PR: access to benefits and care like US citizens (Sheehan et al, 2015)
  – Professionals: health insurance through work, school
  – Undocumented: no benefits, less access

(Ross et al, Poon et al)
Understanding the statistics

• “Health and health related behaviors are inexorably tied to social class” (Singer, 1990)

• Delays in treatment and access to care:
  – Linguistic barriers
  – Cultural barriers
  – Financial
  – Immigration status
  – Employment status
  – Migrant workers

Clark et al. 2015
Understanding the statistics

• Higher incidence of misconceptions about transmission
  – Initial approaches based on white, English speaking MSM
  – Educational material didn’t reach Latino population
  – Less awareness about PLWH looking “healthy”; role of oral and anal unprotected sex, perinatal transmission
  – 1980s: latino children and adolescents received less information about AIDS from their parents than whites. (MA)
  – 1980s: less condom use among Hispanics vs AA and whites

Singer et al, 1990
HISPANIC CULTURAL VALUES
Machismo

- Set of identities and attitudes associated with Hispanic views of masculinity
  - “the belief that men by virtue of their gender should exercise authority over females” (Singer, 1990)
- Comes from word “macho”: masculine, strong, womanizer
- Expected to be the main provider, family protector.
- Behaviors that “prove” manhood: heavy drinking, risk taking, multiple (female) sexual partners
- Physician: sign of weakness
- Will seek help when work is no longer possible due to illness

Caballero et al, 2011
Marianismo

• Expectations for social, sexual and economical subordination
  – “women, like Virgin Mary, are...morally and spiritually superior to men and have the ability to endure any kind of suffering promulgated by men” (Singer, 1990)

• Woman does not feel she can negotiate with partner: sexual activity, condom use, acceptance of high risk behavior, forgiving infidelity (Singer, 1990)

• Wives/partners may be too “pure” for certain sexual practices (Singer, 1990; Sheehan et al, 2015)
• **Familismo**
  – Loyalty to the family is more important than the needs of the individual
    • Difficult for patient to make independent decisions
    • May be a motivator or a deterrent

• **Fatalismo**
  – Individuals cannot alter their disease process because it’s part of their destiny

Caballero et al, 2011
Personalismo

– Expectation that the patient will develop a personal relationship with their healthcare provider

• Provider who will engage in close physical contact
• Provider who is interested in their personal life.
• Lack of this may be a factor for non adherence or not returning to care
• “loyalty” to provider as a motivator to adhere to treatment

Caballero et al, 2011
Role of Women

• Primary caretakers
• Expected to be wives and mothers
• Usually more knowledgeable about healthcare
  – Motivate husbands to go to doctor
  – Motivate healthy behaviors
  – Usually come with husbands/fathers to their appointments and talk for them
Role of Religion

- 56% Hispanics in US identified as Catholic
- 70% in 2006
- Catholic Church bans condoms, condemned homosexuality
- Only God can control the disease
- Positive impact: support system, God can provide cure
  - “God has helped us develop these drugs”
  - “primero Dios”
- HIV: “punishment” for homosexual behavior

(Dang et al, 2012)
Role of Physician

- Classic “paternalistic” attitude – more in older generations
- Physician may be seen as the “know it all”
- High sense of respect and loyalty
- “I don’t want to fail him/her”
- Personalismo applies to this
- “I’ll do it for you doctorcita”
HOW DO THESE VALUES APPLY TO HIV CARE?
Roles in increased transmission

- Machismo:
  - Homosexuality is unacceptable, shameful
  - Those identified as gays are mocked, seen as inferior. Mockery is publicly acceptable
  - May not consider homosexual behavior if no anal receptive sex
  - Leads to bisexual behavior- men with wife, kids but having clandestine MSM.

Heterosexual transmission to wife/spouse

(Singer, 1990; Dang, 2012; Espinoza 2012, Hirsch 2007)
Roles in increased transmission

- "womanizing" behavior can lead to promiscuity
- Using condoms is seen as a sign of weakness
- "Macho" is invincible, nothing will happen
- Drinking, risk behavior- can lead to increase number of sexual partners + no condom use

Hirsch et al, Dang et al
Roles in Increased Transmission

• Marianismo:
  – Leads to perpetuation of high risk behaviors, multiple sexual partners
  – Lack of sexual education, knowledge about HIV
  – Low risk perception
  – Forgiving of infidelity, continuing to have sex with unfaithful (hetero/bisexual) husband
Marriage as a risk factor

- Hirsch:
  - Qualitative study in a small town in Rural Mexico (Jalisco)
  - Representative of migrants to US
  - Marriage and relationship with wife defines risk behavior:
    - + love: CSW, anonymous MSM (“socially safe sex”)
    - No love: extramarital long term relationships

- “one woman at home to raise his children and provide him with hot food and clean clothes and another (or several others) to provide pleasure and diversion”

Hirsch et al. AMJPH, 2007
Transmission and Prevention

- Reluctance to get tested
  - Testing may imply accepting high risk behavior, MSM (Lopez-Quintero, 2005)
  - “If I have it, I have it, there’ll be nothing to do”. (fatalismo)
  - HIV = sick = inability to work/provide for family (familismo, machismo)
  - Denial: “I’m not sick” “I didn’t do it”
Access and Linkage to Care

• Man is the breadwinner
  – Doctors’ visits mean less hours of work, less income, risk their jobs, immigration status (Poon et al, 2013)

• Retention in care: affected by need to work (machismo)

• Lack of support and help from female partner

• Coming to doctor without the wife, making appointments, etc,
Adherence: negative impact

• Days off from work, if wife not aware then may not be as proactive
• Shame of taking medications- many have to take their medications to work
• When to take pills- multiple jobs
• Taking medication daily may be perceived as a sign of weakness
Adherence: adverse factors

• Immigration status:
  – Fear of being reported, deportation (Poon et al)

• Employment status: no benefits, no rights for PTO/FMLA
  – Days off are not allowed by employers
  – Doctors’ visits are seen as a sign of weakness, not accepted by employers
  – Days lost mean less income - family dependent in country of origin
  – Migrant workers- missed visits, inability to get refills
Adherence: challenges

• Lack of familiarity with American healthcare system
  – Refills system
  – Relationship with nurses, case managers, mid level practitioners
  – Preventive medicine

• Level of education
  – Almost half have less than 12th grade education

• Background
  – Rural areas, farmers: different HIV risk factors
Adherence: Positive impact

- Need to stay healthy in order to keep providing for the family
- Relationship with provider: loyalty, looking forward for visits
- Respect for provider: “if the doctor says so”
- Religious influence “God gave us the medications”
- Religious: hope for cure and that medication will be transient
Adherence: Positive Impact

• Shame of behavior, need to do as instructed “because I deserve it”
• “I failed God, now I need to do things right”
• Women: as primary caretakers need to stay healthy for their children
• If both infected woman will have a positive influence in husband’s adherence
Conclusions

• Hispanic/Latino is a broad term that includes different races and backgrounds

• Hispanic/ Latinos: disproportionately affected by HIV/AIDS

• Hispanics tend to be diagnosed later which may affect long term outcomes

• Data is worse for men than women

• Foreign born Hispanics higher risk for late presentation though mortality outcomes vary among studies.

• Seems to be increased retention in care, and viral suppression.
Conclusions

• Despite similarities, each subgroup has different opportunities and challenges affecting HIV acquisition, testing and treatment

• Understanding these common values and differences is necessary to provide culturally competent and sensitive care to improve the HIV care continuum among Hispanics/Latinos

• Future interventions should be done taking these into account
Questions to be answered

- Demographics and risk factors
- Stage of HIV at presentation

Outcomes:
- Engagement in care
- ART prescription
- Viral suppression

- OIs: any difference?
- HIV-related cancers
- Hispanic women
References

- [https://gis.cdc.gov/grasp/nchhstpatlas/charts.html](https://gis.cdc.gov/grasp/nchhstpatlas/charts.html)
- US Census Bureau [www.census.gov](http://www.census.gov)
- Sheehan DM et al. Rate of new HIV diagnoses among Latinos living in Florida: disparities by country/region of birth.
- Ross et al. Outcomes Along the HIV Care continuum among Undocumented Immigrants in clinical Care. CROI 2017 Abstract 1016
- Fernandez MI et al. Predictors of HIV Risk among Hispanic Farm Workers in South Florida: Women are at Higher Risk than Men. AIDS and Behavior 2004; 8(2):165-174
- Poon KK et al. Treatment Outcomes in Undocumented Hispanic Immigrants with HIV Infection. Plos One 2013 e0060022
- Dang B, Giordano TP and Kim, JH. Sociocultural and Structural Barriers to Care Among Undocumented Latino Immigrants with HIV Infection. *J Imm Minor Health* 2012; 13:124