HIV and Latinos Living in U.S.A.

Presenter: Thomas Donohoe
Outline

• Brief review of the cultural characteristics that increase vulnerability

• The patient-centered care movement
  – Self-care strategies: The holistic approach
  – Life-style changes
What we know about Latinos and HIV/AIDS

• Increase in number of new infections
• Increase in number of Latinos newly diagnosed with AIDS
• Late detection of HIV status and advanced disease
• Lack of access to healthcare
• Fear of stigmatization
• Specific cultural beliefs associated with HIV/AIDS
• Issues related to immigration status
Centers for Disease Control HIV incidence surveillance system in selected areas of U.S.

- CDC estimated 54,230 new infections in 2006 (Figure)
- Incidence rates of HIV infection are higher in people of color and females (Table)

<table>
<thead>
<tr>
<th>Race</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td></td>
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</tr>
<tr>
<td>Blacks</td>
<td>5.9x</td>
<td>14.7x</td>
</tr>
<tr>
<td>Hispanics</td>
<td>2.2x</td>
<td>3.8x</td>
</tr>
</tbody>
</table>

- Incidence data will guide intervention measures to those populations at greatest risk for HIV infection

New HIV Infections in U.S. in 2006 by Race (N=54,230)

Blacks: 46%  Whites: 36%  Hispanics: 18%
There are similarities and differences among sub-groups:

- Language
- Tradition
- Religion
- Acculturation

Source: U.S. Census Bureau, 2006
Clinical, Epidemiologic Characteristics of Foreign-Born Latinos with HIV/AIDS at an Urban HIV Clinic.

Kelley CF, Hernandez-Ramos I, Franco-Paredes F, del Rio C.

*The AIDS Reader* 2007; 7(2)
Clinical, Epidemiologic Characteristics of Foreign-Born Latinos with HIV/AIDS at an Urban HIV Clinic

• Results:
  – 72% men, median age of 38.5 years
  – Most common HIV risk factor: Men having sex with men
  – 27% were infected within a marital relationship with 1 sexual partner
  – 13% of men reported having sex with both men and women
  – Source of HIV testing in women: prenatal HIV testing (23.6%); because a spouse tested positive (23.6%)
  – Most were from Mexico, had low level of education, unable to speak English, had no health insurance.
  – Median CD4 count at time of HIV diagnosis = 119 (consistent with AIDS)
  – Most receiving antiretroviral therapy; 91% achieving undetectable HIV RNA levels

Clinical, Epidemiologic Characteristics of Foreign-Born Latinos with HIV/AIDS at an Urban HIV Clinic

• Results:
  
  – Multivariable analysis:
    - Men more likely than women to have
      - a history of STD
      - received a diagnosis at a lower CD4 count
      - virologic failure after achieving an undetectable HIV RNA level while receiving ARV therapy

  • Conclusion: In foreign-born Latinos, HIV disease is usually diagnosed at an advanced stage, but when ARV therapy is administered, many achieve an undetectable HIV RNA level; however, a sustained virologic response is difficult to achieve in men.

Cultural Characteristics That Increase Vulnerability and Delay of HIV Testing and Care

• Gender inequity
• Machismo
• Homophobia
• Drug or alcohol abuse
• Stigma associated to the disease
Latina Women at Risk

• Traditional gender roles
  – Predetermined roles and family pressures\(^1\)
  – Infidelity as part of the male social role and passive acceptance by female partners\(^2\)
  – Stigma\(^3\)
  – Gender inequity\(^4\)
  – Domestic violence\(^1\)
  – Machismo/homophobia\(^1\)


Poster: YWCA/WINGS—Shelter services for victims of domestic violence.
• 65% of women living with AIDS reported having 1 sexual partner their entire life¹


Art work: Prof. Antonio Salazar, National School of Fine Arts UNAM Mexico, 1990.
Consequences of Homophobia and Latino MSM

HOMOPHOBIA

↓

Low self-esteem

Depression

Use of drugs

Denial

↓

HIGH RISK OF HIV INFECTION

For many the process of acceptance of being homosexual is more difficult than being HIV positive.


Evolving High-risk Groups
Men on the Down Low (DL)

• Heterosexually identified men who have sex with men but do not tell their female partners¹
  – Don’t “subscribe” to gay subculture
  – Usually unaware or nondisclosing of their HIV status
  – Prevalent behavior among Black and Latino men

HIV and Stigma

• Person affected is seen as responsible for having the illness
• Disease is progressive and incurable
• Disease not well understood
• Symptoms cannot be concealed

A person who is stigmatized “is reduced in our minds from a whole and usual person to a tainted, discounted one.”

Stigma and discrimination among health care providers in Mexico

Will you share your house with .......?

A person living with HIV?
- Yes: 12%
- No: 88%

A homosexual?
- Yes: 29%
- No: 71%

Fuente: Encuesta sobre Estigma y Discriminación. INSP-CENSIDA 2003
Stigma and discrimination among health care providers in Mexico

Would you actively work defending gay human rights?

- Yes: 26%
- No: 71%

Fuente: Encuesta sobre Estigma y Discriminación. INSP-CENSIDA 2003
Advanced Disease at Diagnosis

- Delayed presentation, which is common among Latino patients,\(^1\) results in
  - Disproportionately high number with AIDS\(^2\)
  - High baseline viral load
  - Impaired immune status\(^3\)
  - Increased morbidity, hospitalization for opportunistic infections
  - Increased mortality

2. Turner et al, Delayed Medical Care After Diagnosis of Persons Infected With HIV. Arch Intern Med 16, 2000.
Percent of People With HIV/AIDS Learning of Diagnosis Late in Illness, by Race/Ethnicity, 1994-1999

Note: Data based on national HIV/AIDS Surveillance data from 104,780 persons in 25 states between 1994 through December 1999. Late diagnosis within 1 year of the first reported HIV diagnosis. White and African Americans do not include those of Latino origin.

Late HIV Testing Is Too Common

• Analysis of 16 States showed that among 4,127 persons with AIDS, 45% were first diagnosed HIV + within 12 months of AIDS diagnosis (Late Testers)

• Late testers, compared to those tested early (> 5 yrs before AIDS) were
  – Younger (18-29 yrs)
  – Heterosexual
  – Less educated
  – African American or Hispanic

Time Between First Learned of HIV+ Status and AIDS Diagnosis, by Race/Ethnicity Los Angeles County 1999-2002

Late detection

Early detection

<table>
<thead>
<tr>
<th>Time Between HIV+ and AIDS Diagnosis (months)</th>
<th>Latino</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>35</td>
<td>16</td>
<td>14</td>
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<td>1-12</td>
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<td>24</td>
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</tr>
<tr>
<td>13-16</td>
<td>14</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>37-60</td>
<td>5</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>&gt;60</td>
<td>14</td>
<td>14</td>
<td>28</td>
</tr>
</tbody>
</table>

Percent

One in Five Have Gone Without Care When Needed due to Language Obstacle\(^1\)

Spanish Speaking Latino Data

Years of Education Attainment and Language Among Latinos

• Formal education

  – 43% of Latinos in US over 25 years of age have not graduated from high school\(^1\)

• Language

  – About one third of Latinos in US are monolingual Spanish-speaking\(^2\)

  – Several studies have shown the importance of English language proficiency and the ability to understand medical instructions\(^3\)

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When talking about HIV treatment issues

This is how a patient feels....
Latinos and HIV
Treatment Services Must Take Into Account:

• Latinos/as appreciate mutual respect in social relationships, especially with authority figures

• Latinos strive to preserve personal integrity in interactions with others

• A Latino receiving medical or drug treatment must feel that he or she is treated with respect and valued, or they will reject treatment

Model of an Effective and Culturally Competent System of Care Throughout the Entire Continuum of Services

Latinos and HIV
Treatment Services Must Take Into Account:

• Latinos have a different perception of time, with a more flexible understanding of punctuality

• Saving time is seen as less important than smooth, warm social relationships

• A Latino patient may see as rudeness a hurried pace or focus on saving time on the part of a caregiver

• Community Advisory Boards can be extremely helpful to change habits among clients and help to adequate services according to the clientele needs (5P21 experience).
Styles of Communication about Sex and Drugs

- Latinos/as communicate in an indirect manner
- Sex and drug use matters should be addressed in a professional way, but in a comfortable manner for both parties
- Individualize the communication approach
- First address personal relations and after the patient is open start asking more intimate questions
- No rush, this is a slow and progressive process

Stigma associated to sex, sexual identity, drug use and HIV precludes the discussion of very important matters during the medical encounter.