

Developing a culturally-appropriate HIV intervention in Puerto Rico: Managing stigma and building resilience

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Disclosure

- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
 - *No relationships to disclose*

This project is supported by the US Centers for Disease Control and Prevention (CDC) – Minority AIDS Research Initiative (MARI) grant U01PS003310 and the grant U54MD007587 from the NIH-National Institute on Minority Health and Health Disparities. The contents are solely the responsibility of the author and do not necessarily represent the official view of the sponsors. Sponsors of this study had no part in the analysis and did not take part in the writing of or decision to publish this presentation.



Objectives

1. Discuss the HIV epidemic in Puerto Rico (PR), particularly among men who have sex with men (MSM), and the need for culturally relevant interventions.
2. Share preliminary findings of the feasibility, acceptability and impact of a stigma management intervention for Spanish-speaking HIV+ MSM in Puerto Rico.

HIV/AIDS in Puerto Rico

- **The lifetime risk for diagnosis of HIV infection** among Hispanics/Latinos is estimated to be **1.92%** (1 in 52) (over three times the rate for non-Hispanic/Latino whites).
 - For Hispanics/Latinos living in Puerto Rico, the estimated lifetime risk is **2.08%** (1 in 48).
- **HIV incidence rate in PR is twice that of the general US population** (45 per 100,000) and **almost double the overall US Hispanic/Latino population.**

HIV/AIDS and MSM

- Globally, HIV continues to disproportionately affect MSM.
 - MSM are between **6-30 times** more likely to be infected with HIV than members of the general population.
- The prevalence of HIV among MSM in PR is estimated to be **7.3%**; this is **13 times higher** than among men who only engage in sexual practices with women (non-MSM).

HIV, sexuality, and stigma

- Stigma is not simply an accidental artifact of mistaken fears of contagion, but may also be understood as reflecting a fundamental exercise of social power.
- HIV stigma results in prejudice and discrimination.
- MSM also face stigma associated with their sexual practices and sexual identities.

Stigma among HIV+ MSM in PR

- Framed as a social determinant of health, stigma - **due to HIV status and sexual orientation/gender identity** - is negatively impacting:
 - Interactions with health care providers
 - Access and retention in health care
 - Quality of life
 - Among others

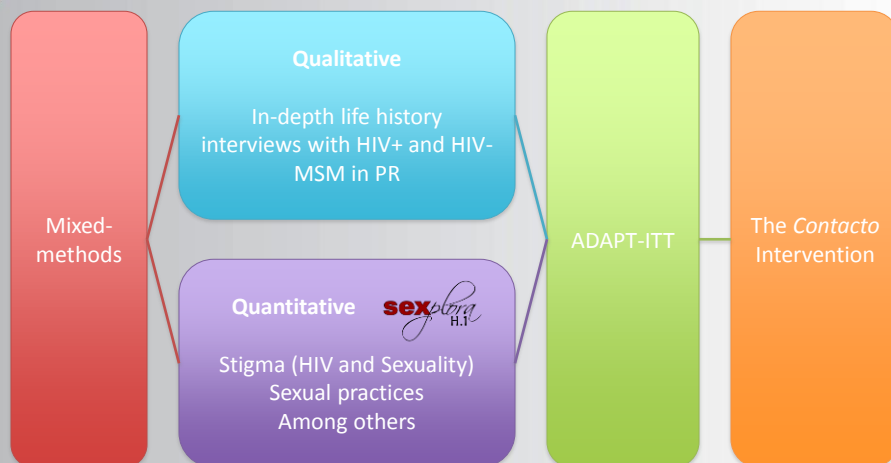
Do we have what we need to halt the epidemic?

- There are limited interventions targeted to Hispanic/Latino MSM.
 - Most aimed to HIV-prevention.
- Limited interventions have been developed in Spanish.
- No evidence-based interventions addressing social determinants of health or stigma as their primary objective.

Lack of culturally-relevant interventions

- Successful interventions should take into consideration the social and physical environments of the **people made vulnerable**, rather than the environmental conditions as related to the survival of the infectious agent.
- Reducing health inequities requires a broad portfolio of policy, research, and interventions to decrease exposure, lessen vulnerability, and ultimately decrease infection.

Formative research



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Formative research findings

1. Life history interviews with HIV+ MSM
2. Semi-structured interviews with healthcare providers
3. Survey with HIV+ MSM

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Intersection of HIV and gay stigma

Resilience

“I perceive it this way – the fact that I am gay has prepared me *with a tough skin* to deal with prejudice and discrimination. Eventually, having HIV is not so painful.”

- Gabriel, 28yo

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Interviews with healthcare providers Cont.

What are their recommendations to HIV+ MSM?

“To avoid rough and violent sexual encounters [...], avoid ejaculations in their mouths, and if they are having oral sex should be not too much...for not too long to avoid the exchange of fluids. They need a lot of counseling about safe sex. We should be aggressive with counseling; aggressive in a good way. [...] They should do their best to have a primary sex partner. [...] It’s not only about HIV, but to prevent other infections.

- Social worker, 45yo



Stigma is strongly associated with poor quality of life

	Gay-related Stigma		Internalized Homophobia		Felt HIV Stigma	
	r	p-value	r	p-value	r	p-value
Quality of Life						
Overall Function	-0.282	0.001	-0.274	0.002	-0.287	0.001
Life Satisfaction	-0.340	<0.001	-0.194	0.032	-0.222	0.010
Health Worries	-0.101	0.257	-0.216	0.017	-0.316	<0.001
Financial Worries	-0.040	0.407	-0.137	0.133	-0.143	0.100
Medication Worries	-0.293	0.002	-0.378	<0.001	-0.371	<0.001
HIV Mastery	-0.185	0.036	-0.334	<0.001	-0.511	<0.001
Disclosure Worries	-0.115	0.195	-0.294	0.001	-0.398	<0.001
Provider Trust	-0.081	0.366	-0.103	0.260	-0.067	0.445
Sexual Function	-0.108	0.223	-0.032	0.725	-0.178	0.041
Stigma						
Gay-related Stigma	1.000	--				
Internalized Homophobia			1.000	--		
Felt HIV Stigma	0.450	<0.001	0.417	<0.001	1.000	--



Mixed-methods analysis:

HIV status disclosure

- Most participants (88.6%) reported some kind of social support during the 3 months prior to the interview, mainly from friends (39.6%) and family (37.6%).
 - Those who did not receive any kind of social support obtained higher scores in the stigma scales (gay-related and felt HIV stigma).
- During the interviews, participants reported that **HIV status disclosure has been a challenge with family, friends, partners, and healthcare providers.**

Cada persona es una historia.
Que la salud sea parte de la tuya.

Buscamos hombres que participen del estudio

contacto.

Estarás participando en una intervención diseñada para manejar mejor situaciones relacionadas a tu salud.

requisitos

- Mayor de 16 años
- Sexualmente activo con otros hombres
- VIH positivo

comunicate

Edgardo Ortiz Sánchez
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Extensión 1525
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• Tu participación es voluntaria y completamente confidencial.
• Podrías recibir hasta \$145.00 en compensación por tu participación en el estudio.

UPR sex⁴³ IRB APPROVED (MSC/UPR) TEAM From 10/27/14 to 1/1/15

Tailored to:

- Spanish-speaking HIV+ MSM in Puerto Rico
- Men somehow linked to HIV care

For HIV+ Spanish speaking MSM in PR

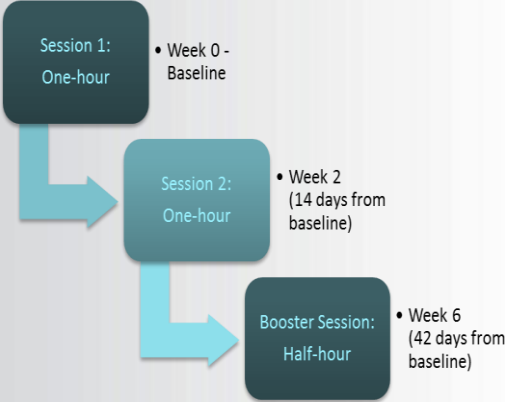
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- Six-week, three-encounters intervention with a health educator
 - Two 1-hour working sessions
 - One 30-minutes booster session
- Based on motivational interviewing (MI)

Intervention design and recruitment

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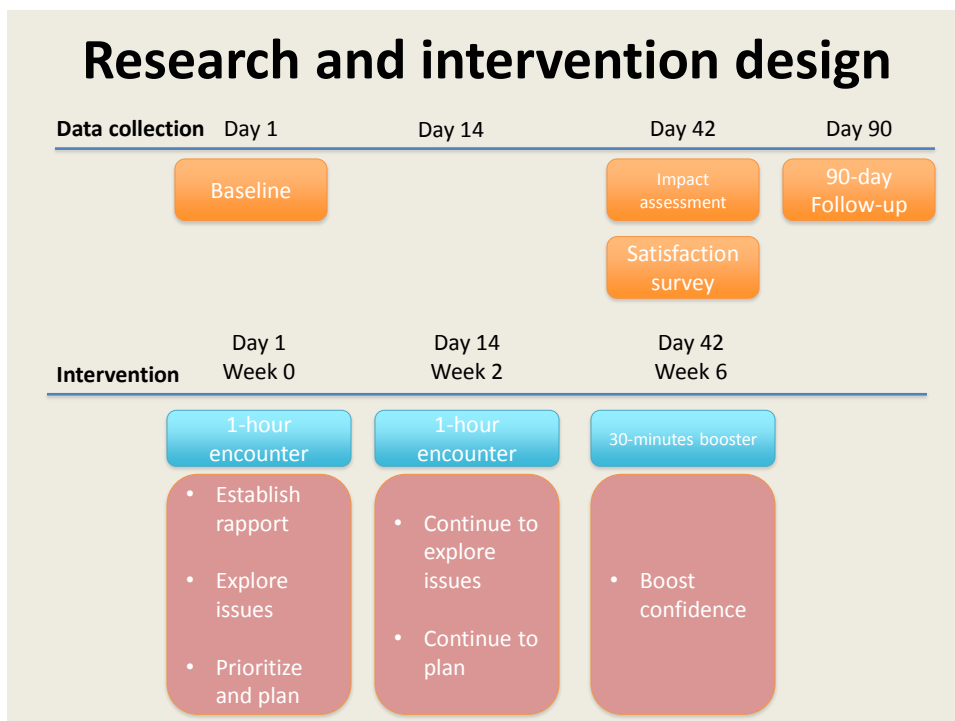
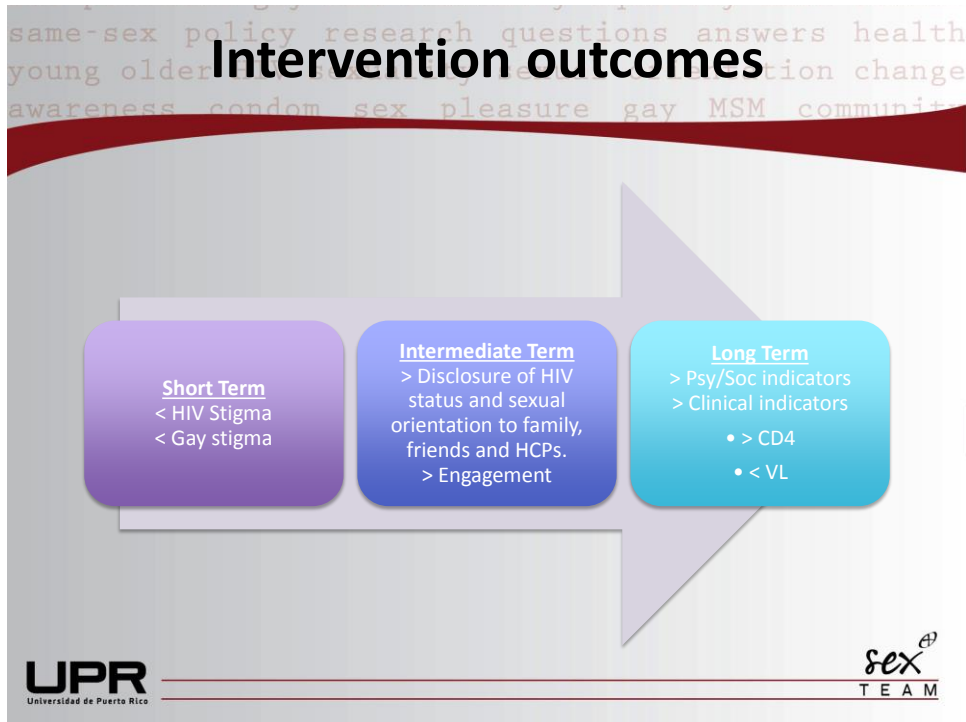
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Intervention domains

1. Trust
2. Health, emphasizing sexual health
3. Sexual identity
4. Stigma
5. Linkages to care
6. Risk assessment
7. STI prevention



Feasibility: Educational materials

¿cómo debo decirlo?

Recuerda que no temas que decirle a todos los que conozcas sobre tu diagnóstico. Tómalo el tiempo para decidir a quién le dirás y cómo le revelarás tu condición.

A continuación te presentamos algunos detalles que debes tener en mente cuando consideres divulgar tu condición.

- Analiza por qué quieres decirlo.
 - ¿(¿Será) algún beneficio?
 - Analízala en relación:
 - ¿(¿Qué es lo mejor que puedes esperar?
 - ¿(¿Qué es lo peor?
- proporciona información sobre VIH:
 - ¿(¿Has buscado información adicional?
 - ¿(¿Qué puedes contarles sobre tu condición?
- Busca apoyo.
 - Háblalo con alguien de tu confianza.
 - Diseña un plan para la divulgación.
- Acepta sus reacciones.
 - Ten presente que no puedes controlar las reacciones de las demás personas.

recuerda:

- Revelar tu diagnóstico es una decisión personal y privada.
- Solo tú sabrás cuándo estás listo para tomar esa decisión.

Este material fue creado con el apoyo de los Centros de Investigación y Control de Enfermedades (CDC) a través del proyecto IDENTITY HIV/AIDS Research Initiative (PH21-001).

contacto. **contacto.**

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¿por qué debo decirlo?

En algunas ocasiones debemos divulgar nuestra condición que nuestro bienestar y el de las personas que nos rodean. Estas situaciones especiales pueden incluir a familiares, proveedores de servicios de salud, empleadores y posibles parejas.

Poder decir que vives con VIH a las personas que tu decides puede ser bueno para tu salud por varias razones, por ejemplo:

- Algunas personas pueden estar informadas sobre los cambios que son importantes para ti.
- Pueden tener una mejor actitud en el resultado de tu salud.
- Puedes evitar las probabilidades de desarrollar la enfermedad o otras infecciones.
- Amplías el círculo de personas que pueden ofrecerte apoyo.

¿a quién debo decirlo?

Hablar de VIH con las personas que conoces puede convertirse en un reto para nosotros. Aún así, es importante que luego de tener el resultado hablar con personas que puedan apoyarnos en el proceso.

Divulgar el diagnóstico puede representar las siguientes ventajas:

- Algunas personas creen que puede ser difícil decirle a otras personas que pueden estar en riesgo de VIH. Lo que es importante recordar es que puede ser muy importante ocultar información tan importante a personas cercanas.

Es una decisión muy personal decirlo o no a la provveedor de servicios de salud. Sin embargo, el puede ofrecer un mejor servicio si conoce sobre tu condición y otras cosas que consideres importantes.

Tener una conversación sobre VIH con tu jefe o compañeros de trabajo puede ser difícil. Sin embargo, puedes beneficiarte al informar que los tratamientos que estás por recibir. La ley ADA (American Disabilities Act) te protege de ser discriminado por tu condición. Comienza a tu condición en privado, si ese es tu deseo.

En algunas ocasiones, el miedo al rechazo por esa persona especial puede impedir que hables de VIH. Recuerda que cada situación es diferente y no tienes por qué darle tiempo. Por otro parte, tarde o temprano en una relación más íntima que desarrolles sobre el VIH. Recuerda también que mientras más sabes, puede ser más fácil tomar esa conversación.

Puede ser difícil divulgar tu estado a personas cercanas o personas con quienes tienes buena relación de trabajo, como haber intercambiado tarjetas. Sin embargo, es importante que les digas haber a estas personas para que puedan y para VIH y seguir su estado de salud.

contacto. **contacto.**

sex TEAM

Acceptability

- 53.7%** • Of eligible participants approached by the research team were recruited to the intervention
- 93.7%** • Of those recruited have participated in at least one of the 4 research encounters
- 94.1%** • Of those who start the intervention complete participation in the study

What are participants discussing during the intervention?

- **Different manifestations of stigma** based on HIV-status and sexual orientation, such as discrimination by family members and co-workers and its impact on adherence and care.
- **Fear to reveal HIV-status and sexual practices** to relatives, at work, and in healthcare settings was also reported.
- Most participants have shared the need to **make changes** related to disclosure of HIV-status and sexual orientation (to family, friends and employers), improve practices in seeking mental health services, and substance use.

Participants

Demographics	HIV+ MSM (N=66)
Age	39.5 years (SD = 11.3; Range 21-63)
Year with HIV/AIDS	9.8 (SD = 7.8)
High school or less	25.7%
Unemployed	25.8%
No annual income	14.3%

Demographics Cont.

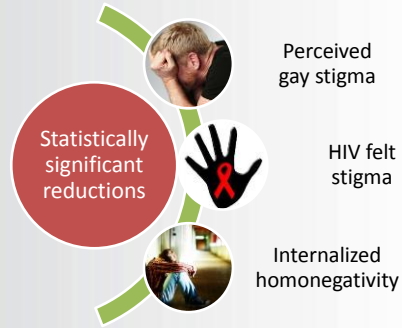
	n	%
Partnership status		
No partner	21	27.6
Only one partner	31	40.8
Regular and casual partners	10	13.2
Multiple casual partners	14	18.4
Sexual orientation		
Heterosexual	2	2.6
Homosexual/Gay	69	89.6
Bisexual	6	7.8
History of incarceration	10	13.0

Suicidal behavior

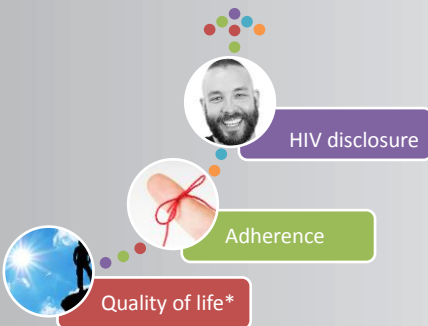
	n	%		
History of suicidal ideation	33	42.9		
History of suicidal attempt	19	57.6		
Suicidal attempt due to diagnosis	6	31.6		
Psychosocial indicators				
	Baseline		Week 6	
	n	%	n	%
Depression symptomatology	15	19.7	5	6.6
Anxiety symptomatology	51	66.2	46	59.7

Efficacy: Preliminary findings

HIV+ MSM (N=66)	Baseline	3 rd Encounter	p-value
Perceived gay stigma	20.8	19.4	0.029
Hidden gay stigma	22.1	20.5	0.001
Internalized homonegativity	30.5	28.2	0.042
HIV felt stigma	36.2	33.7	0.001
Viral load	3,858	1,440	0.010



Efficacy: Preliminary findings



HIV+ MSM (N=66)	Baseline	3 rd Encounter	p-value
HIV disclosure	31.5	34.9	<0.001
Adherence	93%	96%	0.036
Quality of life* – Disclosure worries	63.0	70.0	0.009

The intervention is also proven to support disclosure of sexual orientation

Satisfaction with the intervention

Participants have documented:

- High levels of satisfaction (85-91%) with the intervention and the interventionist.
- 89% would recommend the intervention to others.

On their own words

It's a safe space; made me feel tense, but helped me to release some stress".

- Robert

The intervention has provided me with the strength to look for professional help to deal with my health needs. [...] It has been a beautiful experience and important for me at this stage of my life."

- Miguel

On their own words Cont.

“I feel more confident. More confident on issues related to HIV.”

- Samuel

“It would be great to have more encounters to follow-up [...]. I would like to be part of a group of peers to support each other.”

- Omar

Conclusions

- Preliminary analyses suggest the feasibility of implementing a culturally congruent intervention for stigma management among HIV+ MSM in PR.
 - Intervention is providing participants with the **skills to identify challenges** and **plan for changes needed to overcome the negative impact of stigma** when using health care services.
- *Next steps:* Assess the effectiveness of the intervention and its feasibility with other groups and in other formants (ie, group-level).

Acknowledgements

Special thanks to:

- All the men who have participated in our studies;
- **Dr. Scott Rhodes, Dr. José Nanin, and Dr. Jesús Ramírez-Vallés** for their support in the development of the study.



- Our community collaborators



Acknowledgements



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Thank you!
¡Gracias!

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