Transnational Practices and Engagement in Care: Lessons from NYC Rikers Island

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Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Define what is meant by transnationalism and describe what influences transnational practices.

2. Delineate how transnationalism impacts engagement and retention in HIV care and treatment among both Mexican and Puerto Rican populations.

3. Demonstrate the ability to integrate transnationalism into intervention delivery and evaluation through tools including navigator notes and logs, ETAC transnational framework and CHS transnational checklist.
HIV and Incarceration: Interconnected Epidemics

Puerto Rico:
- 5th highest rate of HIV diagnoses (19.4)
- 3rd highest rate of adults and adolescents living with HIV (610.0)¹

HIV rate among prisoners was more than 5 times greater than among people not incarcerated²

There are 4.5 justice-involved Latinos for every 1 justice-involved White in New York State³

Often, the correctional system is the first place where justice-involved persons are diagnosed with HIV.

¹) CDC HIV Surveillance Report 2014, excludes DC (rates are per 100,000); ²) CDC, HIV Among Incarcerated Populations (for 2010); ³) Mauer M. Uneven Justice:States Rates of Incarceration By Race and Ethnicity, The Sentencing Project. 2007
HIV and Incarceration: Interconnected Epidemics

New HIV Diagnoses & Jail Discharges

- Number of New HIV Diagnoses
- Number of Inmates Released

Socioeconomic Status & Jail Discharges

- Number of Reentrants
- Income Category

As reported to NYC DOHMH HIV/AIDS Registry (HARS) by June 30, 2011 (July 2009 to June 2010)

Jail discharges to NYC communities by Zip code and socioeconomic status (2014)
## New York City Jail System

### At a Glance

<table>
<thead>
<tr>
<th>Facilities</th>
<th>12 jails:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• 9 on Rikers Island</td>
</tr>
<tr>
<td></td>
<td>• 3 borough facilities</td>
</tr>
<tr>
<td></td>
<td>• 2 Public hospital inpatient units</td>
</tr>
<tr>
<td>Average Daily Population</td>
<td>~10,800 (2014)</td>
</tr>
<tr>
<td>Annual Admissions</td>
<td>60,000 (2014)</td>
</tr>
<tr>
<td>Released to the Community</td>
<td>~78%</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>Mean = 37 days</td>
</tr>
<tr>
<td></td>
<td>Median = ~7 days</td>
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</tbody>
</table>
Correctional Health Services
Transitional Health Care Coordination

**Jail-based Services**
- Opt-in Universal Rapid HIV Testing
- Primary care and treatment including appropriate ARVs
- Treatment adherence counseling
- Health education and risk reduction

**Transitional Care Coordination**
- Discharge Planning starting on Day 2 of incarceration
- Health Insurance Assistance / ADAP
- Health information / liaison to Courts
- Discharge medications
- Patient Navigation: accompaniment, home visits, transport, and re-engagement in care
- Linkages to primary care, substance abuse and mental health treatment upon release

**Community-based Services**
- HIV Primary Care
- Medical Case Management
- Health promotion
- Patient Navigation: accompaniment, home visits, and re-engagement in care
- Linkages to Care
- Treatment adherence and Directly Observed Therapy (DOT), as needed
- Housing assistance and placement
- Health Insurance Assistance / ADAP
Overview
Latino SPNS at Rikers Island

Incorporating Transnational Framework

• Provider training: *Culturally Appropriate Engagement and Service Delivery with Puerto Ricans: A Transnational Approach to Enhance Linkage and Retention to HIV Primary Care*

• Care Coordination / Discharge Planning:
  ◦ Transnational checklist
  ◦ Puerto Rican clients matched with Puerto Rican patient care coordinators
Curriculum Development

• NYU’s Center for Latino Adolescent and Family Health (CLAFH)

• Identification of:
  o Target audience
  o Training areas/needs
  o Strategies
  o Key models

• Iterative process
Provider Training: Key Topics

- Epidemiological profile of Puerto Ricans
- Interconnected epidemics of HIV & incarceration
- National HIV/AIDS Strategy
- Characteristics of Puerto Ricans and how they may affect HIV care
- Cultural and transnational frameworks
- Strategies to improve linkage, retention, and care coordination in HIV primary care
## Provider Training: Format

<table>
<thead>
<tr>
<th>Grand Rounds</th>
<th>Half Day</th>
<th>Full Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome and Introduction</td>
<td>1. Welcome and Introduction</td>
<td>1. Welcome and Introduction</td>
</tr>
<tr>
<td>3. Enhancing Linkage and Retention to Primary Care among Puerto Ricans</td>
<td>3. In-Depth Look at Puerto Rican Culture</td>
<td>3. Overview of Latino Population</td>
</tr>
<tr>
<td>- Transnationalism</td>
<td>4. Enhancing Linkage and Retention to Primary Care among Puerto Ricans</td>
<td>4. In-Depth Look at Puerto Rican Culture</td>
</tr>
<tr>
<td>- Cultural Formulation Framework</td>
<td>- Transnationalism</td>
<td>5. Enhancing Linkage and Retention to Primary Care among Puerto Ricans</td>
</tr>
<tr>
<td>4. Case study application</td>
<td>- Cultural Formulation Framework</td>
<td>- Transnationalism</td>
</tr>
<tr>
<td></td>
<td>5. Case study applications</td>
<td>- Cultural Formulation Framework</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Shared Decision-Making Model</td>
</tr>
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<td>- DECIDE</td>
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<td></td>
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<td>6. Case study applications</td>
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</tbody>
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Culturally Appropriate Engagement and Service Delivery with Puerto Ricans: A Transnational Approach to Enhance Linkage and Retention to HIV Primary Care
# Latino Origin Groups in New York City

<table>
<thead>
<tr>
<th>Latino Origin Group</th>
<th>% of Total Latinos</th>
<th>Latino Population</th>
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</thead>
<tbody>
<tr>
<td>Puerto Rican</td>
<td>29.9%</td>
<td>1,095,858</td>
</tr>
<tr>
<td>Dominican</td>
<td>22.0%</td>
<td>806,078</td>
</tr>
<tr>
<td>Mexican</td>
<td>13.5%</td>
<td>494,290</td>
</tr>
<tr>
<td>Ecuadorian</td>
<td>7.6%</td>
<td>278,291</td>
</tr>
<tr>
<td>Salvadoran</td>
<td>5.2%</td>
<td>189,201</td>
</tr>
<tr>
<td>Colombian</td>
<td>4.3%</td>
<td>156,023</td>
</tr>
<tr>
<td>Others</td>
<td>17.5%</td>
<td>642,301</td>
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</tbody>
</table>

Puerto Ricans, Dominicans and Mexicans comprise nearly 2/3 of the NYC Latino population.

By 2024, it is predicted **Mexicans** will be the most populous Latino subgroup in New York City.

Contemporary Issue: The Puerto Rican Economic Crisis

For the past 10 years, Puerto Rico has been experiencing an economic crisis:

- **Increase** in migration of Puerto Ricans to the continental U.S.
- Puerto Rico is losing a disproportionate share of its **younger** residents—leaving older (i.e. elderly) on the island.
- Health and Social Welfare Systems Impacted

Sources:
Key Concepts:
Cultural Appropriateness/Competency

**Appropriateness:** Sensitivity to other cultures refers to the awareness of how other ethnic, racial, and/or linguistic groups differ from one's own.


**Competency:** Knowledge and understanding of another person’s culture; adapting interventions and approaches to health care to the specific culture of the patient, family, and social group.

- Medical Dictionary for the Health Professions and Nursing 2012
**Key Concepts:**

**Cultural Appropriateness/Competency**

The concept of *cultural competency* has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients. *Cultural competency* is critical to reducing health disparities and improving access to high-quality health.

- *National Institutes of Health*

Greater *cultural appropriateness* associated with:

- Increased treatment adherence
- Higher patient satisfaction
- Overall improvement in health behaviors and outcomes

**Sources:**
PUERTO RICAN CULTURE

- Latino Cultural Constructs
- Interpersonal Styles
  - Collectivism and Individualism
- Family Structure and Processes
  - Gender Roles
- Religion/Religiosity
- Communication
  - Verbal
  - Non-Verbal
CORE LATINO CULTURAL CONSTRUCTS RELATED TO LATINO FAMILY LIFE

**Familismo:** Represents Latino attitudes, beliefs, values, and norms regarding the interdependence, attachment, loyalty, and reciprocity that characterize relationships among members of the nuclear family and among extended family members.

**Respeto:** Used to describe the importance of adherence to authority, be it based on age or social position, such as demonstrating respect and responsibility toward elders.

**Simpatía:** Used to describe the Latino cultural practice of familial emphasis on the maintenance of harmony and avoidance of controversy and conflict.

**Personalismo:** Refers to the great value Latinos place upon personal character. In relationships, warmth, trust, and respect form the foundation for interpersonal connectedness, cooperation, and mutual reciprocity.

COLLECTIVISM AND INDIVIDUALISM

Collectivism:
People are *interdependent* within their in-groups (family, nation, etc.), give priority to the goals of their in-groups, shape their behavior primarily on the basis of in-group norms, and behave in a **communal** way. They are especially concerned with relationships.

Individualism:
People are *autonomous* and *independent*; they give priority to their **personal goals** over the goals of their communities, they behave primarily on the basis of their attitudes rather than the norms of their referent groups.

GENDER ROLES

Latino *machismo* and Latina *marianismo* are gender-role constructs that connote male dominance and female submissiveness.

**Marianismo**

- Refers to idealized Latina characteristics, such as *virtue*, *humility*, and spiritual superiority.
- **Femininity** is emphasized, but female sexuality and sexual feelings are expected to be repressed.
  - This may hinder Latinas from discussing sexual issues and being informed on safe sex (i.e., birth control).
- Women are expected to maintain proper distance from and be *deferent* to men.

**Machismo**

- Refers to a constellation of attitudes and behaviors that accompany the leadership or decision-making role that men individually and collectively assume in the home and community.
- **Responsible, confident, personable**
- **Aloof, risk-taking, aggressive**

Communication: Non-Verbal

Puerto Rican Culture

- Relaxed attitude towards time
- Physical contact is common
- Big hand gestures while talking
- Direct eye contact is avoided
- Differing views on personal space
- Interrupting during talk is okay
- Silence during talk is okay

Dominant U.S. Culture

- Punctuality highly valued
- Physical contact is limited
- Subtle hand gestures while talking
- Direct eye contact
- Personal space highly valued
- Interrupting during talk is not okay
- Silence during talk is not okay

Source: Pennycook A. Actions Speak Louder Than Words: Paralanguage, Communication, and Education TESOL Quarterly. 1985;19(2)
What is Transnationalism?

Processes by which immigrants forge and sustain *multi-stranded relations* that link their societies of *origin* and *settlement*. Transnationalism impacts *migrant’s cultural reference points* and sources of emotional and practical support, discrimination, social stigma, beliefs about health, access to health care and health care practices.
CULTURAL FORMULATION FRAMEWORK

The Cultural Formulation Framework consists of **five steps**:

- **Step 1**: Cultural identity of the individual
- **Step 2**: Cultural explanations of the individual’s illness
- **Step 3**: Cultural factors related to psychosocial environment and levels of functioning
- **Step 4**: Cultural elements of the relationship between the patient and provider
- **Step 5**: Overall cultural assessment for diagnosis and care

Roberto is a 37 year old male who was infected with HIV when he was 35 years old. He was born in Puerto Rico and migrated to Miami, Florida when he was 28. He is fluent in Spanish but is limited in his English. He had difficulties making friends in Miami, but instead kept close ties with his friends back in Puerto Rico. Roberto moved from job to job working in the service industry and after losing his job working at a hotel he failed to secure another job. He started to rely on his parents in Puerto Rico as his main source of financial support. Depressed about his inability to find work, Roberto began injecting drugs at 31 years old and was arrested after attempting to rob a convenience store. After his release, Roberto decided to move to New York City, where his older brother was living. Roberto became further involved with drugs and tried to make money by helping his brother sell street drugs. He was again arrested and upon entry to prison, he was diagnosed with HIV. Roberto believed he acquired HIV through his prior intravenous drug use. After returning back to NYC from prison, Roberto learnt of his sick parents back in Puerto Rico. He started to travel back and forth to Puerto Rico every 3 months, which delayed his transition to HIV care outside the correctional health care system. Roberto’s consistent travel also made him miss his medical appointments and to lose track of his HIV medication.
Transnationalism & Transitional Health Care Coordination

- Provided by Patient Care Coordinators (PCC)
- All PCCs received provider training
- Transnational checklist
  - Learn about client transnational influences
  - Impact on health care
- Puerto Rican clients matched with Puerto Rican PCC
- Transitional Care and Linkage to HIV Primary Care
“Discharge” to Puerto Rico

People interested in being discharged to Puerto Rico are referred to One Stop Career Center

- CHS Workforce Capacity SPNS partner
- Over 60 MOUs with agencies to provide health care and support services
Thank you!

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