Local Immigration Laws and their Impact on Hispanic/Latino Health

April 16, 2015
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Local Immigration Laws and their Impact on Hispanic/Latino Health

April 16, 2015
Moderator Introduction

**Sarah Somers**, Managing Attorney, Network for Public Health Law Southeastern Region and National Health Law Program (NHeLP)

- J.D., University of Michigan; M.P.H., University of North Carolina School of Health Policy and Management

- Research interests/areas of expertise:
  - Patient Protection and Affordable Care Act
  - Americans with Disabilities Act
  - Medicaid and Disability Issues
  - Litigation and Litigation Support
Presenter Introduction

Daniel Brown, Principal, Daniel Brown Law Office, PHLLC

- J.D., Hamline University School of Law
- Research interests/areas of expertise:
  - Immigration
  - Naturalization
  - Visas
  - International Law
Presenter Introduction

Omar Martinez, Postdoctoral Research Fellow, HIV Center for Clinical and Behavioral Studies at Columbia University and the New York State Psychiatric Institute

- J.D., M.P.H., Indiana University

Research interests/areas of expertise:
- Improving health in Latino Immigrants and other disenfranchised communities
- HIV/STI Prevention
- Public Health Policy
Presenter Introduction

Susan Auger, President & Founder, Auger Communications

- M.S.W., University of North Carolina; M.A., Ph.D. (c), Fielding Graduate University

- Research interests/areas of expertise:
  - Latino access to quality care and culturally appropriate education
  - Human and organizational development
  - Health, equity and transformational change
  - Prenatal education
  - Clinic and research in health services and public health practice
How Laws Create Barriers for Immigrant Communities in Accessing Health and Other Services

A Quick Guide to Immigrant Eligibility for ACA and Key Federal Means-tested Programs

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>LAWFUL PERMANENT RESIDENTS (age 18 and over)</th>
<th>LAWFUL PERMANENT RESIDENTS (under age 18)</th>
<th>LAWFUL PERMANENT RESIDENTS (pregnant women)</th>
<th>REFUGEES, ASYLEES, VICTIMS OF TRAFFICKING, OTHERS</th>
<th>LAWFULLY PRESENT INDIVIDUALS</th>
<th>UNDOCUMENTED IMMIGRANTS (including children and pregnant women)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACA – Health Care Reform Subsidies</strong> (premium tax credits and cost-sharing reductions)</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td><strong>SNAP</strong></td>
<td>Not eligible until after 5-year waiting period or have credit for 40 quarters of work</td>
<td>Eligible</td>
<td>Not eligible until after 5-year waiting period</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td><strong>MEDICAID</strong></td>
<td>Not eligible until after 5-year waiting period</td>
<td>State option to provide without a 5-year waiting period</td>
<td>State option to provide without a 5-year waiting period</td>
<td>Eligible</td>
<td>State option for children under 21 and pregnant women only</td>
<td>Eligible only for emergency Medicaid</td>
</tr>
<tr>
<td><strong>CHIP</strong></td>
<td>Not eligible until after 5-year waiting period</td>
<td>State option to provide without a 5-year waiting period</td>
<td>State option to provide without a 5-year waiting period</td>
<td>Eligible</td>
<td>State option for children under 21 and pregnant women</td>
<td>Not eligible</td>
</tr>
<tr>
<td><strong>TANF</strong></td>
<td>Not eligible until after 5-year waiting period</td>
<td>Not eligible until after 5-year waiting period</td>
<td>Not eligible until after 5-year waiting period</td>
<td>Eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td><strong>SSI</strong></td>
<td>Not eligible until after 5-year waiting period and have credit for 40 quarters of work or meet another exception</td>
<td>Not eligible until after 5-year waiting period and have credit for 40 quarters of work or meet another exception</td>
<td>Not eligible until after 5-year waiting period and have credit for 40 quarters of work</td>
<td>Only eligible during first 7 years after status is granted</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
</tbody>
</table>

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1. Also includes Cuban/Haitian entrants, Amerasian immigrants, Iraqi or Afghan special immigrants, and individuals granted withholding of deportation or removal.
2. In a few states, remain ineligible after 5 years unless have credit for 40 quarters of work history or are a veteran, active duty military, or his or her spouse/child.
3. Eligible if receiving federal foster care.
4. A few states terminate Medicaid to humanitarian immigrants after a 7-year period, and/or TANF after a 5-year period.

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Anti-immigration Policies and Health Status among Immigrants: A Framework for Analysis and Action

Omar Martinez, J.D., M.P.H., M.S.
HIV Center at Columbia University
Social Intervention Group at Columbia University School of Social Work
Outline

- Background: Anti-immigration Policies and Health Status
  - Systematic Review of the Literature
    - Indiana
    - North Carolina
    - New York City
  - Discussion
Anti-immigration Policies

Figure. Policy Process

<table>
<thead>
<tr>
<th>Streams</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem Stream</strong></td>
<td>Given the various conditions that exist regarding illegal migration, policy makers and political stakeholders define these as problems using a number of criteria such as statistics based on independent research determining that undocumented immigrants are not only a burden to the state but also to the federal governments or the existence of dramatic events or crises as a result of illegal migration, including refugee crises, existence of drug cartels, and border health and criminal history.</td>
</tr>
<tr>
<td><strong>Policy Stream</strong></td>
<td>Immigration policies are generated by various groups or stakeholders, including think tanks, bureaucrats, congressional staff, politicians, and academics. Immigration policies are usually drafted considering the level of technical and implementation feasibility as well as their acceptable value. As is the case with most strict immigration policies, they are usually effectively introduced in localities with high levels of anti-immigration sentiments.</td>
</tr>
<tr>
<td><strong>Political Stream</strong></td>
<td>The political stream consists of the &quot;national mood&quot; or the overall sentiment of a country or region that may change at any given time due to pressure from campaigns created by particular interest groups with a political agenda, and administrative or legislative turnover where new administrative staff is likely to create an environment of change regarding immigration policies.</td>
</tr>
</tbody>
</table>
Anti-immigration Policies

**Inputs**
- Lawmaking

**Mediators**
- Anti-immigration Laws
  - Restricting rights
  - Granting minimum rights
  - Granting more than minimum rights
- Legal Practices

**Outputs**
- Changes in Environment
- Changes in Behavior

**Figure. Influence of Anti-immigration Laws on Health Status**

Health status: (1) Access to health services and (2) Health outcomes
Undocumented Immigrants

- In general, there are three broad categories of immigrants: voluntary migrants, refugees and asylum seekers, and undocumented immigrants.

- Undocumented immigrants:
  
  (1) legally entered the nation state or territory but remained in the country after their visa/permit expired;
  (2) received a negative decision on their refugee/asylee application but remained in the country;
  (3) experienced changes in their socioeconomic position and could not renew residence permit but remained in the country;
  (4) used fraudulent documentation to enter the country or territory; or
  (5) unlawfully entered the country or territory, including those who were smuggled.
Undocumented Immigrants in the U.S.

- The International Organization for Migration (IOM) estimated that 25.5 to 32.1 million people—which represent 10%–15% of the world's total 214 million international immigrants—are undocumented immigrants.

- There were 11.2 million undocumented immigrants in the U.S. in 2012, a total that was unchanged from 2009, and making up 3.5% of the nation’s population.

  - Mexicans make up about half of all undocumented immigrants (52%), though their numbers have been declining in recent years.

  - Six states alone account for 60% of undocumented immigrants—California, Texas, Florida, New York, New Jersey and Illinois.

  - Seven states in which the undocumented immigrant population increased: Florida, Idaho, Maryland, Nebraska, New Jersey, Pennsylvania and Virginia.
Systematic Review of the Literature on Immigration Policies and Health Status Among Undocumented Immigrants

T32 MH19139 Sandfort (PI)
We designed a systematic review of the literature according to the PRISMA statement.

- The timeframe chosen was 1990 to 2012.

- Article abstracts were recommended for full-length revision based on the following criteria:
  
  (1) mentioned the terms “undocumented immigrants,” “refugees,” “asylees,” “immigration laws,” “immigration policies,” “anti-immigration rhetoric,” “access to health care,” “health outcomes,” or “health disparities;” and

  (2) established association between immigration policies and access to health services and/or health outcomes.

- A total of eight databases were used to search relevant papers, including three legal and five health and medical databases (Pegaus-Columbia Law Library’s online catalog, CLIO Beta, LexisNexis, Westlaw, JAMA & Archives, MEDLINE, PsychINFO, PubMed).
Methods

Figure. Search strategy and results
### Methods

#### Table. Summary of Articles

<table>
<thead>
<tr>
<th>Authors</th>
<th>Year</th>
<th>Title</th>
<th>Journal</th>
<th>Study Type</th>
<th>Country</th>
<th>Sample Size</th>
<th>Law or Immigration Policy</th>
<th>Length</th>
<th>Results</th>
<th>Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nickerson, A., Bryant, R. A., Brooks, R., Steel, Z., &amp; Silove, D.</td>
<td>2009</td>
<td>Fear of Cultural Extinction and Psychopathology Among Mandaean Refugees: An Exploratory Path Analysis.</td>
<td>CNS Neuroscience &amp; Therapeutics</td>
<td>Quantitative</td>
<td>Australia</td>
<td>315</td>
<td>Australia’s immigration policies.</td>
<td>2000-2007</td>
<td>Results indicated that trauma and living difficulties impacted indirectly on fear of cultural extinction, while PTSD (and not depression) directly predicted levels of anxiety about the Mandaean culture ceasing to exist. The current findings indicate that past trauma and symptoms of posttraumatic stress contribute to fear of cultural extinction. Exposure to human rights violations enacted on the basis of religion has significant mental health consequences that extend beyond PTSD. The relationship between perception of threat, PTSD, and fear of cultural extinction is considered in the context of cognitive models of traumatic stress.</td>
<td>Health Outcomes</td>
</tr>
</tbody>
</table>
Results

- Access to Health Services

  - Some countries only provided health care to undocumented immigrants in detention centers. Other countries have explicit laws and policies in which undocumented immigrants are entitled only to emergency care.

  - Perceived fear of deportation and harassment from authorities correlated to lack of access to a wide range of health services.

  - Clear association between immigration policies and access to HIV services and care coordination services for HIV-positive undocumented immigrants, including LGBT individuals.

    - Participants not only felt threatened by anti-immigration policies and felt that they prevented them from accessing HIV services but also felt that the lack of health care accessibility and bureaucratic requirements served as barriers to HIV care.
Results

- **Health Outcomes**

  - The majority of the studies established a clear association between immigration policies and mental health outcomes including depression, anxiety and PTSD. Undocumented children experience significant trauma and studies specifically documented the development of symptoms of PTSD.

  - A study in California using a population-level data set concluded that the effects of state and federal policies toward immigrants are visible in the rise and fall of autism risk over time.

  - There is limited research and epidemiological data establishing the association between immigration policies and physical health outcomes (e.g., autism, hypertension, cardiovascular disease, and low birth weight and prematurity).

    - Further longitudinal research is needed to further establish these associations.
Results

Evaluating the Impact of Immigration Policies on Health Status Among Undocumented Immigrants: A Systematic Review

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Wake Forest University Medical Center, Winston-Salem, NC, USA
Eva Moya, and
University of Texas-El Paso, El Paso, TX, USA
Silvia Chavez-Baray
University of Texas-El Paso, El Paso, TX, USA

Abstract

Over the past two decades, new anti-immigration policies and laws have emerged to address the migration of undocumented immigrants. A systematic review of the literature was conducted to assess and understand how these immigration policies and laws may affect both access to health services and health outcomes among undocumented immigrants. Eight databases were used to conduct this review, which returned 325 papers that were assessed for validity based on specified inclusion criteria. Forty critically appraised articles were selected for analysis: thirty articles related to access to health services, and ten related to health outcomes. The articles showed a direct relationship between anti-immigration policies and their effects on access to health services.
The Impact of Indiana Senate Bill 590 on Access to Sexual Health Services Among Latino Sexual and Gender Minorities in Indianapolis.

R21 HD059494-01A1 Dodge (PI)
Over the past decade, the Midwestern U.S. has seen a dramatic increase of Latinos.

Historically, the Indianapolis region has had some of the highest rates of STIs in the nation.

- HIV/AIDS rates among Latino men are disproportionally high (201.1/100,000) when compared to the White Non-Hispanic population (95.3/100,000).

Limited HIV and STI prevention programs for Latinos in Indiana.
Sexual Minorities in IN, US

(5) Requiring law enforcement officers to verify the citizenship or immigration status of individuals in certain situations. (6) Establishing

SENATE BILL No. 590

DIGEST OF INTRODUCED BILL

Citations Affected: IC 4-3-22-17; IC 5-2; IC 5-14-1.5; IC 5-28-6-8; IC 5-32; IC 10-11-2-21.5; IC 11-10; IC 15-11-2-8; IC 21-11-7.5;
Data Collection and Analysis

All 25 participants identified as “Hispanic/Latino” (from the larger sample of 75 participants).

Ethnicity: Mexican (12), Venezuelan (5), Brazilian (1), Cuban (1), Dominican (1), Honduran (1), Mixed (1), Puerto Rican (1), Salvadoran (1), Spaniard (1)

Qualitative data were collected during a face-to-face in-depth interview. Interviews lasted approximately 90 minutes and were conducted by a bilingual interviewer in a private location of the participant’s choice. Most of the interviews were conducted at Casa Mateo (15/25 in Spanish).

Qualitative data were processed in NVivo. The study team developed a codebook consisting of inductive themes and sub-themes.
Results

- Participants reported issues related to immigration status including discrimination and alienation from health agencies and providers:

  Well there are places you go and they don't serve you because you don't have social security. One time I wanted to get a blood exam for HIV, and they didn't want to do it because of the same thing, I didn't have papers. (Mexican, 21, Translated from Spanish)

  Basically, if you end up having one of those diseases ... [HIV, gonorrhea, chlamydia, trichomoniasis, syphilis]. you don't have many resources that will help you. (Mexican, 22, Translated from Spanish)
Sexual health and life experiences: voices from behaviourally bisexual Latino men in the Midwestern USA

Omar Martinez, Brian Dodge, Michael Roache, Phillip W. Schnarrs, Scott D. Rinehart, Gabriel Gonzalez, Miguel Muñoz-Laboy, David Malebranche, Barbara Van Der Pol, Ryan Nix, Guilluame Kelle, and J. Dennis Fortenberry

Center for Sexual Health Promotion, Indiana University, Bloomington, USA; Master's School of Social Work, Indiana University, Bloomington, USA; School of Medicine, Wade Forest University, Nashville, Tennessee; School of Public Health, Columbia University, New York; Indiana University School of Medicine, Indianapolis, Indiana; Division of Infectious Diseases, Indiana University School of Medicine, Indianapolis, Indiana; Center for Latinx Action League, Indianapolis, Indiana; Keep Up, Inc., Indianapolis, USA; Division of Adolescent Medicine, Indiana University, Indianapolis, Indiana; Division of Adolescent Medicine, Indiana University, Indianapolis, Indiana; Division of Adolescent Medicine, Indiana University, Indianapolis, Indiana

(Collapsed 23 April 2011; final revision received 22 June 2011)

Research on behaviourally bisexual Latino men in the USA has not yet examined sexual health issues among men living in diverse areas of the nation. The purpose of this study was to explore the experiences of this sub-group and to gather information regarding sexual health and related concerns. Men were recruited from different sites across the USA, and semi-structured interviews were conducted to gather data on their sexual health and experiences. The interviews revealed that many men experienced stigmas and challenges related to their sexual identity and behavior. They also reported a need for more resources and support to address these issues. The findings suggest the importance of addressing these concerns through targeted health education and intervention programs.

Keywords: bisexual, Latino; men who have sex with both men and women; migration, USA.
Analyzing the Impact of Immigration Enforcement by Local Officials on Access to Care among Latinos in North Carolina

PHLR RWJF 69701 Rhodes & Hall (PIs)
Impact of Immigration Enforcement on Access to Care Among Latinos in NC, US

ICE ACCESS
(U.S. Immigration and Custom Enforcement Agreements of Cooperation in Communities to Enhance Safety and Security
Federal entity under the Department of Homeland Security )

Secure Communities Program (2008)
(All 100 counties in North Carolina, March 2011)

“Criminal Alien Program” (CAP)
(Lack of transparency makes it difficult to locate jurisdictions that have implemented the program)

Section 287(g) of the Immigration and Nationality Act (INA), 8 U.S.C. § 1357(g) (2006)
(7 of North Carolina counties and 1 city have adopted 287(g) programs, within the last two to five years [Mecklenburg (February 2006), Alamance (January 2007), Cabarrus (August 2007), Gaston (February 2007), Cumberland (July 2008), Henderson (July 2008), and Wake (July 2008) Counties and City of Durham Police Department (February 2008)].
The original intent of Section 287(g) of the Immigration and Nationality Act (INA), 8 U.S.C. § 135(g) (2006) was to “target and remove undocumented immigrants convicted of violent crimes, human smuggling, gang/organized crime activity, sexual-related offenses, narcotics smuggling and money laundering.” (www.ice.gov/287g)

- Traffic violations are the most common charge for individuals incarcerated through the 287(g) program.
- Over 72 jurisdictions have implemented 287(g) agreements.
- Since 2006, federal funding to facilitate 287(g) agreements has increased dramatically, growing from $5 million allocated in 2006 to more than $68 million in 2010.
Impact of Immigration Enforcement on Access to Care Among Latinos in NC, US

DSS: 900 illegals receive food stamps

Benefits given to heads of household with legal dependents

By Chris Lavender

time-news.com

SAM—Nearly 900 illegal tenants who are heads of household in Alamance County received electronic benefit stamps monthly, based on federal requirements to provide benefits to others living in their household who qualify.

Alamance County Commissioner Tim Sutton asked Alamance County DSS officials to provide him with information about how many illegal immigrants were issued EBT cards for food stamps to use for their children.

He also asked that the Times-News ask the county DSS more about the program.

According to Osborne, EBT food stamp cards are issued to illegal immigrants who have children who are U.S. citizens or who qualify for benefits. The county card issuance cards directly to those residents, so they are issued to a child of household members.

Currently, EBT recipients who are legal aliens receive the EBT food stamps in Alamance County. As of July 21, 2011, 38,806 total households are receiving food and nutrition services through food stamps.

HIV CENTER for Clinical and Behavioral Studies
at the New York State Psychiatric Institute and Columbia University
Mixed Methods

- In 2012, we analyzed vital records data to determine whether local implementation of section 287(g) of the Immigration and Nationality Act and the Secure Communities program affected the prenatal care utilization of Hispanics/Latinas.

- We also conducted 6 focus (N=66) groups and 17 interviews across NC to explore the impact of immigration policies on their utilization of health services.
Results

- In a matched-county analysis, we found no significant differences in utilization of prenatal care before and after implementation of section 287(g), but we did find that, in individual-level analysis, Hispanic/Latina mothers sought prenatal care later and had inadequate care when compared with non-Hispanic/Latina mothers.

Table 3. Individual-level late and inadequate prenatal care at pre- and post-287(g) implementation by ethnicity among Hispanic/Latina- and non-Hispanic/Latina mothers

<table>
<thead>
<tr>
<th></th>
<th>Late prenatal care*</th>
<th>Inadequate prenatal care*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-287(g)</td>
<td>Post-287(g)</td>
</tr>
<tr>
<td>Hispanic/Latina (n=15,256)</td>
<td>28.2%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Non-Hispanic/Latina (n=62,928)</td>
<td>9.9%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Differences</td>
<td>18.3% (p&lt;0.01)</td>
<td>19.7% (p&lt;0.01)</td>
</tr>
</tbody>
</table>

*Adjusted for county and 287(g) implementation status

- In the qualitative phase, participants reported profound mistrust of health services, avoiding health services, and sacrificing their health and the health of their family members.
Federal immigration enforcement policies have been increasingly delegated to state and local jurisdictions, leading to increased enforcement activities by local police. This shift has resulted largely from the implementation of 2 federal initiatives: section 287(g) of the Immigration and Nationality Act and the Secure Communities program. Section 287(g) authorizes Immigration and Custom Enforcement to enter into agreements with state and local law enforcement agencies to enforce federal immigration law during their regular, daily law enforcement activities. The original intention was to “target and remove undocumented immigrants convicted of violent crimes, human smuggling, gang/organized crime activity, sexual-related offenses, narcotics smuggling and money laundering.”7 Added to the Immigration and Nationality Act in 1996, section 287(g) was not widely used in its first decade, but its use accelerated in the mid- to late 2000s.2,3 The Secure Communities program differs

**Objectives.** We sought to understand how local immigration enforcement policies affect the utilization of health services among immigrant Hispanics/Latinos in North Carolina.

**Methods.** In 2012, we analyzed vital records data to determine whether local implementation of section 287(g) of the Immigration and Nationality Act and the Secure Communities program, which authorizes local law enforcement agencies to enforce federal immigration laws, affected the prenatal care utilization of Hispanics/Latinas. We also conducted 6 focus groups and 17 interviews with Hispanic/Latino persons across North Carolina to explore the impact of immigration policies on their utilization of health services.

**Results.** We found no significant differences in utilization of prenatal care before and after implementation of section 287(g), but we did find that, in individual-level analysis, Hispanic/Latina mothers sought prenatal care later and had inadequate care when compared with non-Hispanic/Latina mothers. Participants reported profound mistrust of health services, avoiding health services, and sacrificing their health and the health of their family members.

**Conclusions.** Fear of immigration enforcement policies is generalized across counties. Interventions are needed to increase immigrant Hispanics/Latinos’ understanding of their rights and eligibility to utilize health services. Policy-level initiatives are also needed (e.g., driver’s licenses) to help undocumented persons access and utilize these services. (Am J Public Health. Published online ahead of print December 18, 2014: e1–e9. doi:10.2105/AJPH.2014.302218)
Couple-Based HIV Intervention for Men Who have Sex with Men (MSM): Adaptation for Latino MSM

NIMH P30 MH43530 Martinez (PI)
Methods

Qualitative methods

- The study adapted *Connect 'n Unite (CNU)* for Latino gay couples, resulting in *Conectando Latinos en Pareja*. The study followed a systematic adaptation process that included:
  - sessions with 20 predominantly Spanish-speaking Latino gay couples, and
  - perspectives from 10 health service providers.
Legal Challenges

- Criminal charges and intimate partner violence complaints

  *When you call the police for domestic violence between two men, the police don’t take it seriously, they don’t treat it the same as heterosexual couples* (Juan, Mexico, 26).

- Documentation status

  *Many people won’t go and seek out services because they are afraid it will affect their immigration status…for fear of being found out as undocumented individuals, they don’t seek help* (Alex, El Salvador, 45).
Results

Adaptation of a Couple-Based HIV/STI Prevention Intervention for Latino Men Who Have Sex With Men in New York City

Omar Martinez, JD, MPH, MS1,2, Elwin Wu, PhD1, Timothy Frasca, MPH1,2, Andrew Zach Shultz, MA1,2, M. Isabel Fernandez, PhD1, Javier Lopez Rios, MPH(c)1,2, Hugo Ovejero, JD1, Eva Moya, PhD, LMSW1, Silvia Chavez Baray, PhD1, Jonathan Capote, Justin Manusov1, Chukwuemeka O. Anyamele, MD1,2, Jonathan Lopez Matos, MPH(c)1, John Satchel Horatio Page, LMSW1, Alex Carballo-Diequez, PhD1,2, and Theo G. M. Sandfort, PhD1,2

Abstract
Predominantly Spanish-speaking Latino men who have sex with men (MSM) and their same-sex partners continue to be at high risk for HIV and STIs. Behavioral research has identified how relationship dynamics for male couples are associated with sexual risk behavior. Connect 'n Unite (CNU), an evidence-based HIV/STI prevention intervention originally created for Black MSM and their same-sex partners, was adapted for predominantly Spanish-speaking Latino MSM and their same-sex partners on the assumption that its key elements would be translatable while its efficacy would be retained. A systematic adaptation process utilizing qualitative methods was used, including intervention adaptation sessions with 20 predominantly Spanish-speaking Latino gay couples and 10 health service providers. The process included five steps: (1) engaging community stakeholders, (2) capturing the lived experiences of Latino gay couples, (3) identifying intervention priorities, (4) integrating the original intervention's social cognitive theory into a relationship-oriented, ecological framework for Latino gay couples, and (5) adapting intervention activities and materials. The adapted intervention, which we called Latinos en Pareja or Latinos in a Relationship, incorporates elements that effective HIV prevention interventions share, including: a solid theoretical foundation; emphasis on increasing risk reduction norms, sexual communication skills and social support for prevention; and guidance on how to utilize available, culturally and linguistically appropriate services. The systematic adaptation approach used for a couples-based HIV prevention intervention also can be employed by other researchers and community stakeholders to adapt evidence-based interventions that promote wellness, linkage to care, and disease prevention for populations not originally targeted.

Keywords
couple-based HIV/STI prevention intervention, adaptation, Latino gay couples, Latino men who have sex with men, MSM

Estrategia innovadora enfocada en parejas del mismo sexo para disminuir la infección del VIH en hombres Latinos

A couple-based approach: An innovative effort to tackle HIV infection among Latino gay men]

Omar Martinez1, Elwin Wu2, Theo Sandfort1, Andrew Z. Shultz1, Jonathan Capote1, Silvia Chávez1, Eva Moya1, Brian Dodge1, Gabriel Morales, Antonio Porras1, and Hugo Ovejero1
1HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University
2School of Social Work at Columbia University
3Communications and Development Assistant at AID for AIDS International
4University of Texas El Paso
5Indiana University-Bloomington
Immigration Focus Groups (IFG)
7Latino Commission on AIDS

Resumen
El VIH es un problema de salud importante dentro de la comunidad latina de los Estados Unidos. Gracias a los esfuerzos de prevención, los niveles de contagio entre los latinos se han mantenido estable por más de una década. Sin embargo, esta población sigue siendo afectada a niveles muy altos, en particular entre hombres que tienen sexo con hombres (HSH), de origen latino y que hablan principalmente el idioma español. Existen varios factores que contribuyen a la transmisión del VIH entre esta población, como son: el uso de drogas, la violencia dentro de la pareja, la presencia de infecciones de transmisión sexual, relaciones sexuales sin protección, dentro y fuera de la pareja, el estudio de los curso de recursos (prueba y tratamiento adecuado) por temor a ser discriminado o por su estatus migratorio, la escasez de recursos económicos o estado de pobreza y los patrones relacionados a la migración. En particular, Investigaciones Epidemiológicas de...
Discussion

I. Interventions are needed to increase immigrants’ understanding of their rights and eligibility to use health services.

II. Public health agencies must appear credible in the advice they render and trustworthy in their practices. Winning and maintaining the trust of those at risk of disease are preconditions for effective public health programs.

III. Public health authorities must rely on expert knowledge derived from the sciences of public health to better serve the evolving needs of their communities.
Thank you

Omar Martinez, J.D, M.P.H., M.S.
om2222@cumc.columbia.edu
Teach-With-Stories:
An Empowerment-Based, Lay Health Educator Led Prenatal Education Program for Latinas

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Auger Communications, Inc.

Network for Public Health Law Webinar 4-16-15
Agenda

- Background
- Strategy for Immediate Needs: Photonovels
- Longer-term Strategy: Photonovels + Teach-With-Stories Method™ + Lay Educators
- Resources for Training and Implementation
Health Care Environment

Why Providers Need New Partners and New Approaches
Determinants of health

- Social determinants of health
  - Social determinants of health equity
  - Racism
  - Classism
  - Sexism
  - Work environment
  - Education
  - Housing
  - Food
  - Living and working conditions
  - Unemployment
  - Water/sanitation

Individual behaviors
- Smoking
- Drinking
- Overeating
- No exercise
- Risky sex
- Illicit drug use

Age, sex, and hereditary factors

Adapted from Dahlgren & Whitehead (1991) and Jones et al 2009
A Window of Opportunity

Other health issues
• Prevention
• Diabetes
• Obesity
Teach-with-Stories™

Community-based Participatory Research
The Development & Testing of the Photonovels & TWS Method™

Phase 1 (1998)
- 1 site NC
  • Emergent
  • Exploratory

Phase 2 (1999)
- 2 sites NC
  • TOT
  • Team on-site

Phase 3 (2000)
- 3 sites NC
  • LHE + HCP
  • Team on-site
  • No T/A

- 2 sites NC
  • HCP + LHE cont
  • 1 day TOT + T/A 4 hours

Phase 4 (2005)
- 1 site RI
  • HCP PC + LHEs

SBIR Phase I
(2007-2008)
- Feasibility Study
  • Multi-state
  • HCA Interviews
  • Clinician survey
  • Business survey

SBIR Phase II
(2010-2014)
- Effectiveness Pilot Study (n=43)
  • Multi-state
  • LHE team
  • PC on-site

Key:
- TOT Training of Trainers
- PC Project Coordinator
- HCP Health Care Provider
- LHE Lay Health Educator

TWS Learning Community

Variations:
- Geographic regions
- Settings: rural/urban
- Level of experience
- Documentation status

Disciplines:
- Medicine (MD, CNW, NP, RN)
- Social Work
- Public Health
- Education
- IT/Business
- Community Development

Care Systems:
- Federal (CHC)
- State (HD)
- Safety Net Providers
- Academic Hospital-based

Expertise:
- Medicine/Clinical
- Systems/HOD
- CBPR
## Prenatal Care Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Perceived Effectiveness</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Respondents (n=90)</strong></td>
<td><strong>Importance</strong></td>
</tr>
<tr>
<td>• Increase general knowledge (pregnancy &amp; parenting)</td>
<td>97%</td>
</tr>
<tr>
<td>• Promote healthful behaviors</td>
<td>96%</td>
</tr>
<tr>
<td>• Improve ability to access, interpret &amp; use health info</td>
<td>91%</td>
</tr>
<tr>
<td>• Foster active participation in assessment &amp; decision-making</td>
<td>89%</td>
</tr>
<tr>
<td>• Strengthen social support</td>
<td>84%</td>
</tr>
<tr>
<td>• Increase understanding of scope &amp; limitations to care</td>
<td>80%</td>
</tr>
</tbody>
</table>

Strategy to disseminate immediate time-sensitive information while promoting health literacy
Field-tested Photonovel Series

- Pregnancy
- Clinic Visits
- Risks
- Prenatal Nutrition & Health
- Labor & Delivery
- Breastfeeding
- First Week with Baby
- Diabetes & Pregnancy – special issue
Hace poco tiempo Lucía y Jorge se mudaron a Carolina del Norte. Ellos viven con los tios de Lucía, Tere y Juan. Lucía regresa a casa después de su cita prenatal.

Lucía and Jorge recently moved to North Carolina. They are staying with Lucía’s Aunt Tere and Uncle Juan. Lucía just returned home from her prenatal appointment.

1. ¿Por qué lloras, Lucía? ¿Qué te pasa, mi hija?
Lucía, why are you crying? Has something happened, my dear?

2. Ay tía! En la clínica, me hicieron una prueba y tengo diabetes gestacional. No sé qué significa esto, ni sé qué tengo que hacer. Estoy triste y muy preocupada.
Oh Auntie, at the clinic, they did a test and I have gestational diabetes. I don’t know what it means or what to do. I am so sad and worried.

Honey, you are not alone. I am here for you. In just a short time, I have come to love you very much. Your uncle and I will always be with you.

4. No entiendes, tía. Me voy a enfermar y me voy a morir de diabetes, igual que mi mamá. Ay tía, yo estaba contenta, pero ahora tengo miedo.
No, you don’t understand. I am going to get sick and die from diabetes, just like my mother. I was so happy! Now I feel afraid.
When and What To Do:

Common Discomforts
Premature Labor
Mother & Infant Care
Breastfeeding
Depression
Diabetes
Teach-with-Stories

The Method and Model
Synergistic Design

- Group model for social support
- Prenatal care photonovels to spark discussion
- Participatory method to cultivate empowerment and health literacy
- Lay health educators in partnership with health professionals and others to build capacity and strengthen community networks
Evidence for Efficacy

Plan, Do, Study, Act
x 17 Years
91% compared to 65% received optimal prenatal care
Collected information from program participants:
- Pre and post measures: knowledge, confidence, social support
- Session evaluations
- Follow-up focus groups (4) at 3 months

Observed all sessions and conducted debriefings with the lay health educators

Reviewed medical records of participants and a matched group on birth outcomes and utilization, such as prenatal, post-partum, well-baby visits and hospitalizations

Research funded by NIMHD, NIH, SBIR Phase II: Grant # 1 R44 MD002713-02
Results

The participants were Latina and Spanish-speaking.

Most were born in Mexico or Central America, and lived with a partner or husband

 ✓ **Education:** Approx. 33% had 6-8 years of schooling
  Approx. 33% had attended (but not finished) high school
  Approx. 33% had a high school degree

 ✓ **Residency:** About 33% were in the U.S. and North Carolina for 10 years of longer; 45% were 6-10 year residents.

 ✓ **English Fluency:** 50% of the women reported *medium to high* English fluency; 50% reported *low to none*.
Knowledge Increased \( (p<.001) \)
Confidence Increased

- Explain Pregnancy
- Ask Doctor/Nurse
- Care for Self During
- Know Symptoms
- Call Clinic
- Decide in Pregnancy
- Decide about Baby
- Care for Self After
- Care for Baby
- Ask Family & Friends
- Baby Sleep Position
- Breastfeed

Confidence about...

How confident? (1-5)

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Social Support Increased

- 96% of women attended regularly, for the duration of each session
- Women reported an increased sense of social support from their group peers and lay health educators
- Women appreciated the opportunity and felt comfortable discussing personal and community issues

Women felt they had found their voices.

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Focus Group Findings

- The photonovels reinforced and increased access to information in the community.
- The program provided a bridge with prenatal providers to deepen and expand learning.
- Participants felt more confident, engaged, and able to act.
- Lay health educators as facilitators helped create an environment of trust and support.

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No statistically significant differences in health outcomes between our participants and a demographically matched control group (p ≤ .05)

Participants had relatively fewer cesareans than did the controls (p ≤ .08)

Small increase in the average number of prenatal visits and a small decrease in the rate of hospitalizations during pregnancy.
Organizational & Community Impact Impact

Health Professionals

- “helps us to work at the top of our license”
- “the ground had been prepared”

Lay Health Educators

- “more sure of myself, better at what I do”
- “use skills with family, friends, in other activities”

Community Partner

- “promotoras more engaged, passionate about action”
- “TWS develops leadership skills for social justice”

Go to: www.TWStories.com for video with community perspectives
Limitations

- Small sample size did not allow for testing group differences and did not have sufficient power for confirming (or disconfirming) statistically significant differences in trends related to healthcare utilization.

- The evaluation focused on a relatively small window of time.
Future Research

- Comparative effectiveness studies with a larger sample size to help determine the impact on healthcare utilization, cesarean rates, and cost effectiveness.

- Longitudinal studies to assess the impact of individuals, families, and communities across a wider time span.

- Implementation research to evaluate the training and development needs of facilitators and program coordinators to ensure program fidelity.
Creating a Culture of Support

Pregnancy

Birth

After and Before Next Pregnancy
Resources

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Ebook versions of the photonovels and TWS implementation manuals are available on Amazon.com
Culture Change: Making a Shift to ‘Power-Sharing’

Teacher-as-Expert ‘Power-Over’

Subject Matter

Expert

Passive Learner
Passive Learner
Passive Learner
Passive Learner
Passive Learner

Teacher-as-Facilitator ‘Power-Sharing’

Subject Matter

Environment

Active Learner
Facilitator
Active Learner
Active Learner
Active Learner
Facilitator
Active Learner
Active Learner
Active Learner

Opportunities for Culture Change
Please type your questions in the Q&A panel.
Intimate Partner Violence and Sexual Health: Voices and Images of Latina Immigrant Survivors in the Southwestern United States

University of Texas – El Paso 336186-1
Moya & Chavez-Baray (PIs)
Methods

- **Photovoice methodology** uses five concepts:
  
  1. Images provide both insight and a learning opportunity;
  2. Images affect policy;
  3. Community members should actively participate in creating and defining the images that shape public health policy;
  4. The involvement of community stakeholders is central to the study’s success; and
  5. Community advocacy efforts are required to effect social change.

- 22 Latina survivors of IPV and 20 community stakeholders were recruited for the project.
Results

Between March and July 2012, the 22 participants produced a total of 198 photographs and accompanying stories. Most of the participants were not aware of the legal resources available for battered women. However, some were aware of these resources and expressed their willingness to seek legal assistance (e.g., protective order, Violence Against Women Act, U-Visa) and denounce violence. Leaving the fear behind, reporting the aggressor, and seeking shelter and protection are vital. The Violence Against Women Act grants protection to women so they can get on with their lives. Without economic independence, they may not have enough money and may end up in the streets. I also lived with domestic violence. (Maria, 41, translated from Spanish)
Table 1. 287(g) counties, their matched counties, and the time period of data used in analyses

<table>
<thead>
<tr>
<th>287(g) county</th>
<th>Matched county</th>
<th>Pre-implementation period (9-0 months before 287(g) implementation)</th>
<th>Post-implementation period (9-18 months after 287(g) implementation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamance</td>
<td>Caldwell</td>
<td>From 4/10/06 To 1/9/2007</td>
<td>From 1/10/2007 To 10/11/07</td>
</tr>
<tr>
<td>Cabarrus</td>
<td>Dare</td>
<td>From 11/2/06 To 8/1/2007</td>
<td>From 8/2/2007 To 5/3/08</td>
</tr>
<tr>
<td>Durham</td>
<td>Burke</td>
<td>From 5/1/07 To 1/31/2008</td>
<td>From 2/1/2008 To 11/2/08</td>
</tr>
<tr>
<td>Gaston</td>
<td>Moore</td>
<td>From 5/22/06 To 2/21/2007</td>
<td>From 2/22/2007 To 11/23/07</td>
</tr>
<tr>
<td>Mecklenburg</td>
<td>Carteret</td>
<td>From 5/27/05 To 2/26/2006</td>
<td>From 2/27/2006 To 11/28/06</td>
</tr>
<tr>
<td>Wake</td>
<td>Forsyth</td>
<td>From 9/25/07 To 6/24/2008</td>
<td>From 6/25/2008 To 3/26/09</td>
</tr>
</tbody>
</table>
Table 2. County-level late and inadequate prenatal care at pre- and post-287(g) implementation by 287(g) status among Hispanic/Latina mothers

<table>
<thead>
<tr>
<th></th>
<th>Late prenatal care*</th>
<th>Inadequate prenatal care*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-287(g)</td>
<td>Post-287(g)</td>
<td>Difference-in-difference</td>
<td>Pre-287(g)</td>
</tr>
<tr>
<td>287(g) county (n=7)</td>
<td>33.82%</td>
<td>34.28%</td>
<td>35.62%</td>
<td>37.28%</td>
</tr>
<tr>
<td>Non-287(g) county (n=7)</td>
<td>26.78%</td>
<td>25.98%</td>
<td>31.08%</td>
<td>26.96%</td>
</tr>
<tr>
<td>Differences</td>
<td>7.04% (p=0.52)</td>
<td>8.30% (p=0.45)</td>
<td>1.3% (p=0.94)</td>
<td>4.54% (p=0.65)</td>
</tr>
</tbody>
</table>

* Means and Standard Errors are estimated by linear regression


- Immigration enforcement policies reduce physical and mental health.

  When my sister-in-law was pregnant, she had not gone to the doctor because she was undocumented. When she started feeling bad, my brother took her to the hospital. At that point, she was seven months pregnant! - A focus group participant from a 287(g) county.

- Immigration enforcement policies profoundly compromise child health.

  I used to take my kids to [a hospital in a neighboring community], but I can no longer take them because there are many [driver’s license] checkpoints. - A focus group participant from a non-287(g) county.
Thank you for attending

Please join us for this upcoming webinar:

**Access to Vision and Hearing Screening for Children: Improving States’ Policies**

Thursday, May 14 at 1p.m. (ET)

Learn more and register at: networkforphl.org/webinars