Migration and HIV

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Objectives

• Distinguish socio-cultural factors that increase the risk for HIV acquisition and disease progression in the migrant population in the area where you practice

• Incorporate mobility into the psycho-social assessment and treatment plan of HIV infected migrant patients/clients
NO FINANCIAL DISCLOSURES

I do not intend to discuss any non-FDA-approved or investigational uses of any products/devices during this presentation.
“Culture is one of the two or three most complicated words in the English language.”

Raymond Williams

“...health is a cultural fact in the broadest sense of the word, a fact that is political, economic and social...”

Michel Foucault
Immigration and HIV

- Ecological analysis of HIV prevalence was attributable to immigration
  - 60 data points from 28 Sub-Saharan countries (1987-2005)
  - Linear regression

- Association (Pearson R)
  - Women 57% (P <0.001)
  - Men 24% (P= 0.016)
  - No association after 2000

HIV Subtype Mobility

Paraskevis, D, et.al; Retrovirology 2009; 6:49
Effects

- Outbreaks of HIV in small rural communities around the world
- Founder virus effect, transmitted probably by an overseas contract worker\(^1\)

Time-trends in Health Care Needs of Migrants from Developing Countries

- Hospitalization of foreign patients from developing countries (1999 – 2004)
  - Admission of undocumented immigrants 43% in 1999 decreased to 9.4 after a change in Italian law
  - 30.6% voluntary or spontaneous abortions or pregnancy complications, 18.2% childbirth
  - 45% metabolic, dysfunctional disorders
  - 4.6 Infectious diseases
    - 14.9% M Tuberculosis
    - 7.1 HIV
    - 3.3 HBV, 2.6 HCV

Barriers in Service Delivery

- Residence requirements
  - Internal and external migrants
- Logistical, linguistic and cultural barriers
- Stigma
- HIV prevention and treatment interruptions
  - Drug resistance
  - Disease progression and worse outcomes
  - Increased transmission
- International Human Rights

# The Migrant Worker

- Mobility
- Unfamiliar with healthcare system
- Age
- Lack of symptoms
- Change in sexual practices

- Social isolation
- Men-only communities
- Poverty
- Increase risk for substance use

Hispanic/Latinos

- Derived from 26 nations that often are ethnically diverse within themselves
- Definition serves to identify oneself in society to acquire services and protect against discrimination

Hispanic/Latinos

- US Bureau of the Census notes: “... may be of any race – including Asian, Native American, European, African, or Middle Eastern”

National Origin Of Latinos/Hispanics in the US

<table>
<thead>
<tr>
<th>Nationality (Millions)</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexicans</td>
<td>20.6</td>
</tr>
<tr>
<td>Puerto Ricans</td>
<td>3.4</td>
</tr>
<tr>
<td>Cuban</td>
<td>1.2</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

Crossing the Border...

- Federal funding is unilateral
- Other agencies (USAID, Gates Foundation, etc) provide funding for individual countries, mostly to countries where the epidemic is worse
- Pharmaceutical industry also has country/region based funding and limitations

- Patients cross the border, regardless... in a bi-directional fashion
- Continuity of care and more importantly, continuity of ARV regimen
- Co-infections differ from region to region
- Prevention of MTCT protocols and resources may differ on each side
Cultural and Social Influences

- Machismo
- Marianismo
- Familismo
- Homophobia
- Gender Inequity
- Acculturation
- Low educational level

Sears, JL; Machismo as a determinant for high risk behavior among Latino MSM; APHA National Conference, Abstract147230; Nov 2007
Psycho-social Influences

• Substance Abuse
• Domestic Violence
• Stigma and discrimination
• Poverty
• Lack of access to care
• Social isolation and marginalization
Sex Work Initiation in the Border

- 920 Female Sex Workers (FSW)
- Early initiation: Less likely to be migrants
  - History of child abuse (adjOR=2.92)
  - Inhalant use (adjOR=2.39)
  - Work to pay for alcohol (adjOR=1.88)
- Late initiation
  - Less education (adjOR=0.43 per 5 year increase)
  - Migration (adjOR=0.47)
  - Better pay (adjOR=0.44) or support children (adjOR=0.03)

Loza O; J Adolesc Health. 2010 Jan; 46(1):37-44
Migrant

- Economic Pressure
- Sexual Identity Pressure
- No Job Opportunities

- Illegal Status
- Controlled by Mafia

Economic Pressure

- Risk of becoming Commercial Sex Worker
- Fear to seek Treatment for Sexually Transmitted Diseases

Mafia Control
HIV on the Border

THE WALL
Migration and Travelling

• Deportation does not lead to no re-entry
• Prescription medications should have a US doctor justification
• Migratory pathways
• Family and friends networks for establishment
• Financial and housing instability
Language and Health Literacy

- Language is an issue for migrants and those who did not have access to formal education
  - 1/3 monolingual
- Culture has an influence on attitude: value cordial over assertive relationships
- US born Hispanics are at higher risk for dropping out from school
  - 43% not graduated from high school
- Health literacy is an issue for both

ABC to GEM

- Abstinence
- Condom Use
- Be Faithful
- Gender Relations
- Migration
- Economics

HIV Prevention
Migrants in Care

- Consider
  - Fear of immigration
  - Possibility of deportation or prolonged travel
  - Access to services in country of origin
    - Medications available
    - Guidelines
  - Disclosure to family
HIV Healthcare funding sources

SSA/Censida: Secretaria de Salud/Centro Nacional para la Prevención y el Control del VIH/SIDA (Unemployed, under-employed, agricultural workers, migrants, poor).

ISSSTE: Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (State employees)

IMSS: Instituto Mexicano del Seguro Social (Insured workers)

Pemex: Petróleos Mexicanos (Employees)

ONG: Non Governmental Organizations

Courtesy of Laura Armas-Kolostroubis, MD, Clinical Director, Texas-Oklahoma AIDS Education and Training Center, 2008.
CAPASITS infrastructure nationwide
UMBAST Online

http://www.aidsetc.org/aidsetc?page=ab-01-10

• Contact information
• Border Resource Directory
• Updated fact sheets & medication lists
• Links to border and migrant organizations, reports, and events
1. Plan ahead
2. Discuss with your provider
3. Vaccines
4. General Precautions
5. Use protection
6. Medications
7. Contact information
8. Medical chart/ information
9. Navigating systems
10. Ask for help
ARS Questions