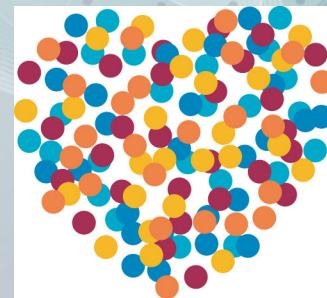


Laura M. Bogart, PhD,¹ Joanna L. Barreras,^{2,3} David J. Klein,¹
Ana Gonzalez,² Terry Marsh,¹ and David W. Pantalone⁴
¹RAND Corporation; ²Bienestar Human Services, Inc.;
³California State University Long Beach;
⁴University of Massachusetts Boston

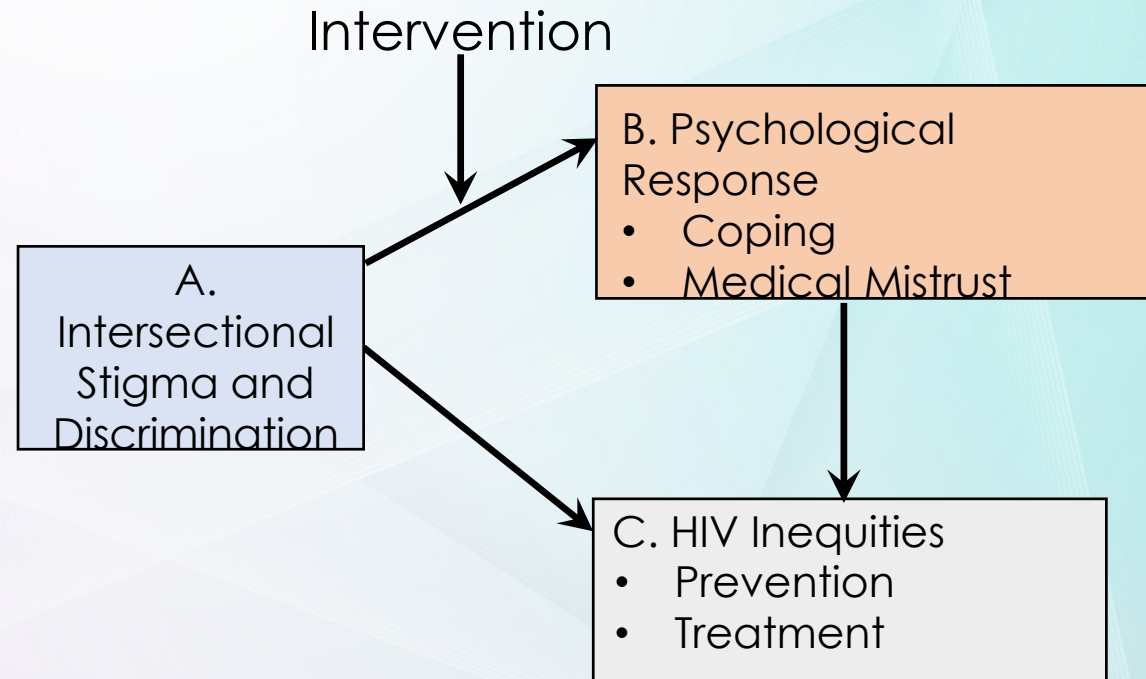
Pilot Randomized Controlled Trial of an Intervention to Improve Coping, Reduce Medical Mistrust, and Increase Antiretroviral Therapy Adherence among HIV-Positive Latinx Sexual Minority Men

Adherence 2020: November 2, 2020



**SIEMPRE
SEGUIRÉ**

Discrimination Leads to Inequities and Reinforces Mistrust



Siempre Seguiré Intervention



Group-level, community-based cognitive behavior therapy (CBT) intervention to strengthen effective coping responses to intersectional stigma and discrimination, and address medical mistrust among Latinx sexual minority men

- Named *Siempre Seguiré* (“I will always continue”) based on popular song (“A Quien Le Importa”) with a message of empowerment and strength
- Pilot study with Latinx men living with HIV, focused on ART adherence

Let's start with an analogy. . .



“African Americans have been living in a **burning building** for many years, choking on the smoke as the flames burn closer and closer. **Racism in America is like dust in the air.** It seems invisible — even if you’re choking on it — until you let the sun in. Then you see it’s everywhere. As long as we **keep shining that light**, we have a chance of cleaning it wherever it lands. But **we have to stay vigilant**, because it’s always still in the air.”

Kareem Abdul-Jabbar
Los Angeles Times, May 30, 2020

Intervention content and structure



8 group sessions using CBT, in which participants learn adaptive ways to cope and resilience strategies from each other



Participants conduct behavioral analysis of thoughts, emotions, and behaviors in response to stigma and discrimination



Empower participants to engage in structural change, if they are motivated



Practice changes and report back in take-home activities

Integration of intersectionality



Participants discuss how multiple interlocking identities comprise their holistic sense of self

Participants are encouraged to process how stigma and discrimination affect their whole identity, rather than the separate components



Interpretation



Reactions



Thoughts

"Maybe I
deserve to be
treated like
this"



Feelings

Shame,
anger, fear,
sadness



Behaviors

Display
anger and
walk away

Conceal
identities
Avoid people,
places



Event



Interpretation



Reactions



This is one of those times I need to be careful about...



Thoughts

"This is about them, not me"



Feelings

Self-compassion



Behaviors

Get support

Methods



- Community-academic partnership between RAND and Bienestar Human Services, Inc. in LA County, CA
 - Bienestar provides culturally congruent social and healthcare services to a primarily Latinx LGBTQ client base in 7 locations
- Recruitment via in-reach and out-reach by Bienestar staff
 - Eligibility: Self-identify as Hispanic/Latino biologically male adult; HIV+; ever had sex with another man; and either not currently on ART, or on ART and report missing >1 dose in past mo. or <2 HIV care visits in past 12 mos.
- 76 participants randomized: 38 intervention, 38 wait-list control

Methods



Quantitative assessments: baseline, 5 & 7 mo. follow-up

- Coping: functional (e.g., seeking support) vs dysfunctional (e.g., substance use); Brief COPE and RCOPE, modified for discrimination
- Medical mistrust: HIV conspiracy beliefs scale ($\alpha=.89$)
- Internalized AIDS-Related Stigma Scale ($\alpha = .82$)
- Adherence: % of prescribed doses taken: Electronically monitored (MEMS); visual analogue scale of past month at each timepoint

Qualitative post-intervention semi-structured interviews

- Intervention acceptability (of facilitators, content, etc.)

Results



Participant Characteristics

- Age 52.9 (12.9) years
- 75% Mexican ethnicity
- 32% US citizen, 31% undocumented, 20% permanent legal resident, 17% temporary visa
- 46% < HS diploma, 79% not working, 27% <\$5K annually

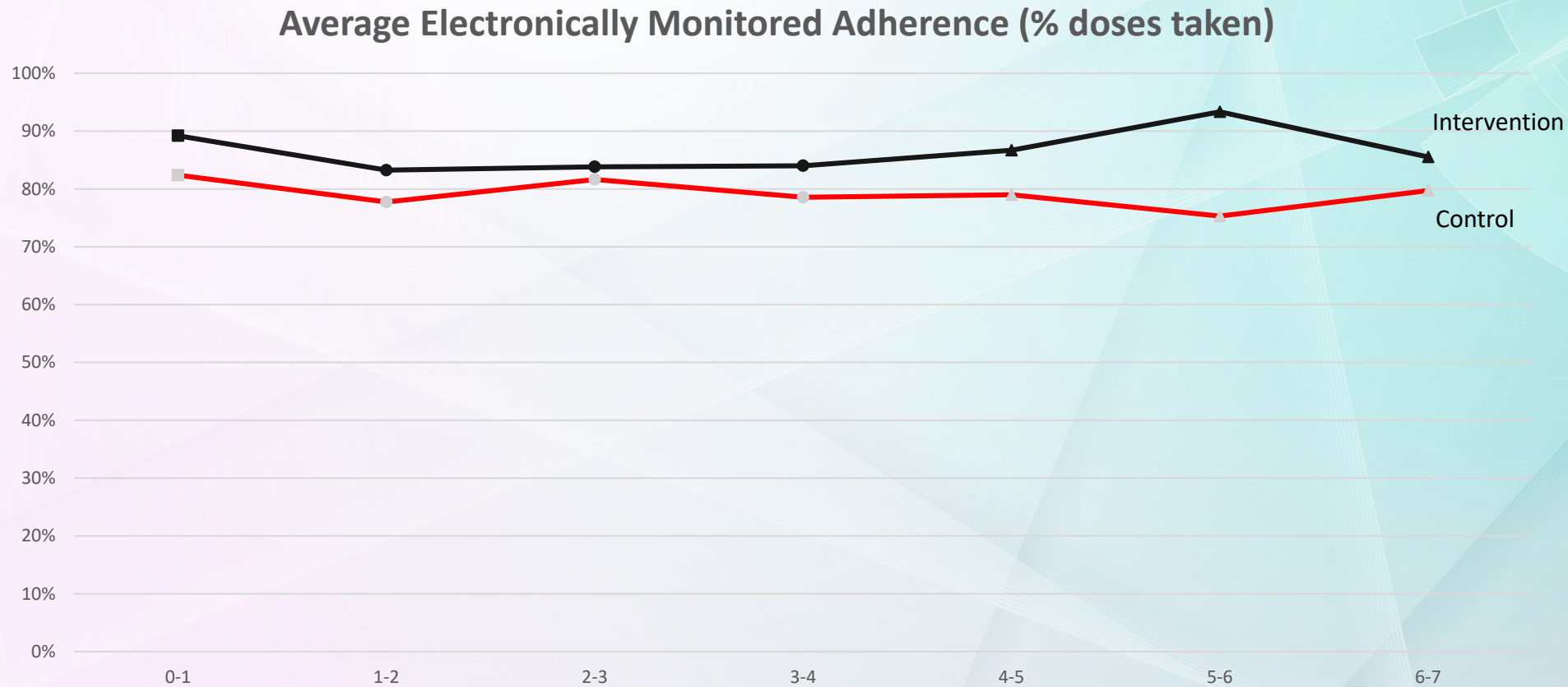
No characteristics significantly different between intervention and control at baseline

The pilot test showed feasibility



- Of the 76 participants:
 - 65 retained at 5 mos. (86%) and 64 at 7 mos. (84%)
- Of the 38 participants randomized to the intervention:
 - M (SD) number of sessions attended = 6.17 (SD = 2.32), among 30 participants who attended at least one
- Nearly all reasons for missed sessions were unrelated to the intervention or study (e.g., scheduling conflict, travel)
 - 1 uncomfortable with content, 1 confidentiality concerns

The pilot test show preliminary effects on adherence



9% higher
average
adherence in
intervention
arm

Repeated measures b (95% CI) = 9.24 (-0.55, 19.03), $p = 0.06$; $d = .44$

The pilot test showed preliminary effects in survey data



- Repeated-measures analyses showed intervention effects over time:
- Increased self-reported adherence,
 - b (95% CI) = 4.50 (0.70, 8.30), $p = .02$, $d = .26$
- Decreased negative religious coping beliefs (e.g., feeling punished) in response to discrimination
 - b (95% CI) = -0.18 (-0.37, 0.01), $p = .06$; $d = .43$
- Decreased medical mistrust
 - b (95% CI) = -0.47 (-0.84, -0.09), $p = .02$, $d = .44$
- Decreased internalized HIV stigma (baseline to 7-months only)
 - b (95% CI) = -0.54 (-1.03, -0.05), $p = .03$, $d = .49$
- No other coping measures significant

Participants were enthusiastic about the intervention



It was a beautiful experience, you get to know more, and then you realize that **you are not the only one**... and you learn from other people's discrimination experiences. You may go through similar situations in the future, then **you know how to deal with the situations.**

I would like there to be **more sessions, and more groups**. For me, that would be best, because it is such a beautiful communication.

Discussion: The intervention shows promise



- The intervention shows feasibility, acceptability, and preliminary effects on coping, stigma, mistrust, and adherence
 - Mostly medium effect sizes
- Currently conducting pilot feasibility and acceptability study to adapt intervention for a virtual platform
- In-progress RCTs are testing the effectiveness on HIV prevention outcomes for Latinx sexual minority men and general healthcare engagement for Black sexual minority men

Discussion: Limitations



- Limitations include small sample size, convenience sample of primarily Mexican immigrants in CA
- Individual-level interventions are necessary but not sufficient
 - Can empower individuals and provide resources and support to be change agents
 - Interventions are needed across multiple ecological levels

Acknowledgments and Reference



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- Reference: Bogart L.M., Barreras J., Gonzalez A., Klein D.J., Marsh T., Agniel, D., & Pantalone D.W. Pilot randomized controlled trial of an intervention to improve coping with intersectional stigma and medication adherence among HIV-positive Latinx sexual minority men. In Press. AIDS and Behavior.