



## Health Equity Community Advisory Board

**Community Advisory Board Meeting**  
**January 25, 2022**  
**9:00am – 11:00am**  
**Zoom Conference Call**

### Participants

Name	Affiliation	CAB Role	Email Address
Judi Patterson	Case Manager, Mental Health America	CAB Co-Chair	jpatterson@mhasd.org
Jamila K. Stockman	Associate Professor and Vice Chief, UC San Diego, Division of Infectious Diseases & Global Public Health	Director, Health Equity CAB	jstockman@health.ucsd.edu
Eileen Pitpitan	Associate Professor, School of Social Work, San Diego State University	Co-Director, Health Equity CAB	epitpitan@sdsu.edu
Megan Liang	San Diego State University Research Foundation	Program Associate, Health Equity CAB	mkliang@sdsu.edu
Danielle Campbell	UC San Diego, Division of Infectious Diseases & Global Public Health	CAB Member	dacampbe@health.ucsd.edu
Wanda London	Community Member	CAB Member	wlondon@health.ucsd.edu
Ilana Brongiel	Program Manager, San Ysidro Health	CAB Member	igoldberg@syhc.org
Elizabeth Johnson	Administrative Director, San Diego Center for AIDS Research and the HIV Institute	CAB Member	liz@health.ucsd.edu
Dallas Davis	Program Supervisor, Neighborhood House Association	CAB Member	drdavis@neighborhoodhouse.org
Christina Williams	Program Manager, San Diego Center for AIDS Research	CAB Member	c4williams@health.ucsd.edu
S. Giovanna Carr	UC San Diego, Division of Infectious Diseases & Global Public Health	CAB Member	s3carr@health.ucsd.edu
Craig Hutchinson	Stanford University School of Medicine	CAB Member	craigshutchinson@gmail.com
Betty Uribe	Case Manager, Christie's Place	CAB Member	uribe@christiesplace.org
Kimberley Brouwer	Professor, UCSD School of Public Health	Guest	kbrouwer@health.ucsd.edu
Isabel Martinez	Associate Research Scientist, Yale University School of Public Health	Guest	isabel.martinez@yale.edu

## **Commencement**

The CAB meeting began at 09:03 a.m.

## **Welcome from the CAB Chair & Co-Chair**

Dr. Jamila K. Stockman welcomed the group and facilitated introductions of leadership and participants via Zoom video conference. See attendee names, affiliations, and contact information above.

## **CFAR Announcements**

The CAB leadership was tasked with drafting up an announcement for the Co-Chair positions for the Health Equity CAB that are becoming available this upcoming year. It has been drafted and will be sent to the Admin Core of CFAR to sign off. Once it is signed off, it will be circulated.

## **Research Project Presentation/Preliminary Findings: Reducing Disparities by Integrating Tobacco Cessation into HIV Care**

Dr. Kimberly Brouwer, from the UCSD School of Public Health, introduced her current research project: Reducing Disparities by Integrating Tobacco Cessation into HIV Care. Right before the pandemic started, Dr. Brouwer presented to the CAB on this project as she prepared to enter the recruitment phase. The focus of the current presentation was to reintroduce CAB members to her study and share preliminary study findings.

### *Pilot Project*

There have been great strides in the HIV pandemic, and people with HIV have been living longer and living healthier. Some behaviors are more prevalent, however, and, for people living with HIV, the effects of smoking have begun to catch up with the population, especially with those who are aging. It is now thought that HIV positive smokers lose more years of life from smoking than from HIV infection itself. Smoking enhances the general inflammation that occurs in having an infection like HIV, increasing the risk for cardiovascular problems and cancer for this population. The pilot research project is funded by the California Tobacco Related Disease Research Program.

### *Study Design*

To investigate and inform smoking cessation interventions, they first need to talk to those who have HIV who have used tobacco and see what has helped them quit. In addition, the study isn't limited to former smokers and is open to those who currently smoke as well. Participants must have a positive HIV status, are 18 years or older, and must be a California resident to qualify. The goal is to conduct 15 to 20 in-depth interviews and 300 quantitative surveys among people living with HIV to understand the interplay of sociodemographics, substance use, and mental health, and to examine all these factors according to smoking history. The primary aims of the study are as follows:

- Aim 1: Determine ways people living with HIV use tobacco and what helps them quit,
- Aim 2: Explore physician/health system practices and opinions regarding including tobacco cessation with HIV care,
- Aim 3: Select/adapt smoking cessation interventions that address the competing priorities and challenges of affected communities.

### *Preliminary Findings*

Fourteen in-depth interviews have been conducted so far over Zoom, and the research team is recruiting as many as possible for the quantitative surveys, completed over Qualtrics. They have been working with community-based organizations, getting provider and peer referrals,

advertising on social media, and conducting in-person recruitment at the Owen Clinic. As of January 24, they enrolled 152 participants; of whom, 50% of participants are white, 34% are Latinx and Hispanic, and 17% are African American.

In addition to talking to people living with HIV, they are also exploring physician and health system practices and opinions regarding tobacco cessation with HIV care through brief 5-10 minute surveys with HIV care providers. The goal is to complete 50 surveys and 15-20 in-depth interviews; so far, they have completed 38 surveys and 13 in-depth interviews.

Smoking is more prevalent among populations living with HIV, but the research team quickly found out that the HIV diagnosis itself has an influence on smoking. Participants shared that the stress of being diagnosed exacerbated instances of smoking (“why should I stop smoking if I already have HIV?”). Participants felt that they were already giving up things considering their HIV diagnosis, such as changing their diet, so they did not want to give up more, especially if they felt that cigarettes were all they had left. Others, however, cut back or completely quit smoking because of their diagnosis.

### *Barriers to Quitting*

Major barriers that participants reported in quitting smoking or staying quit include the following:

- Social/peer pressure: experiencing social pressure of smoking, hanging out with friends who smoke
- Alcohol use: combining drinking and smoking to relax
- Drug use: quitting smoking but not quitting drugs doesn't work, substance use cessation should be dealt with first
- Advertising of cigarette companies: seeing ads for cigarettes in stores, enticing rewards for buying cigarettes on apps, being given packs to try out in certain bars
- Competing priorities: tobacco is last of their worries
- Don't think they are addicted: quite a few described not being addicted to cigarettes, saying that it was used more socially or on the weekend
- Mental health issues: using cigarettes as coping mechanisms, finding comfort in nicotine in times of need (heard this from both participants and providers), quitting causes mood swings and can exacerbate mental health issues or behaviors

### *Effects of the COVID-19 Pandemic*

With the pandemic, Dr. Brouwer anticipated that participants would be encouraged to quit smoking with all the time they suddenly had; however, across the board, more people either started smoking more or kept up with the same level of smoking. Boredom was the primary reason that some first picked up smoking during the pandemic. Those who reported smoking more had to deal with mental health issues, such as feeling sad, depressed, worried, or stressed. Those who reported smoking less did so mainly because of economics and boredom. Those who successfully quit smoking highlighted economics and health concerns as their priorities. Healthcare providers also reported that more of their patients had started smoking again, as they were spending more time at home and experiencing loneliness. They also reported that their patients were less willing to give up any comforts that they had during the pandemic. Healthcare providers have also changed their attitudes in encouraging smoking cessation, knowing that patients may be less receptive than before.

### *Motivations for Quitting*

The following were listed as the main motivators for quitting smoking:

- Health issues: cancer -- this is very serious, seeing their family and friends go through these experiences
- Cost: biggest issue was the expense, cigarettes have doubled in price, very expensive habit
- Goal related to quitting: different health or social related goals, jobs where they didn't want to smell like cigarette smoke, trans participants who were undergoing surgeries, taking hormones made it risky

Of the participants in the study, 3.7% never tried to quit; 78.8% quit and restarted at least once; 17.3% successfully quit for the first time. For those who restarted at least once, drug use or alcohol use were some examples of triggers, in addition to certain social situations or mental health issues.

For those who were able to quit successfully, or quit successfully for some period, many participants found pharmacotherapy or smokeless tobacco (e-cigarettes) were most helpful, although many were overall skeptical of quit aids in general. Sixty-eight percent of participants were concerned that there were negative interactions with their HIV medications. Other strategies, such as nicotine replacement therapy, may have been effective but very costly and often not covered by insurance. In terms of behavioral strategies, some participants successfully quit by exercising more often, not hanging out with smokers, or quitting with a friend. In terms of counseling services, some participants successfully quit by using CBT, using smoking cessation apps, or receiving counseling through their HIV provider. Participants were generally skeptical of other strategies, such as quit helplines, as they were skeptical as to whether the caller on the other end was real or not and whether they could trust them.

#### *CAB Feedback*

Dr. Stockman asked if Dr. Brouwer and team planned to look at potential racial and ethnic differences, as she is curious about the findings related to the quit helplines. While the study team hasn't cross tabulated data and merged it, they will have a better sense of racial or ethnic differences regarding that feedback after doing so.

Giovanna Carr mentioned that mental health issues typically play a big role in whether someone chooses to quit. She recommended that, in future interventions, it may be helpful to connect participants with a mental health provider. In addition, after the study is done, it may be helpful for the study team to provide feedback to the healthcare providers and to the helplines, reminding them that greeting these individuals with joy is not necessarily meeting them where they are at. Dr. Brouwer will pass the feedback onto those that she is affiliated with at the helpline, adding that shifting helplines to something like Zoom could help a lot by seeing the person that they are talking to.

Liz Johnson shared that, as someone who ran a community-based organization, smoking cessation was not on their radar as much as it should have been. Typically, in the organization, they work with clients in stabilizing housing or living in poverty; by adding another challenge to the plate, it might act as an undue stressor or burden. It may be extremely helpful to share these key findings with providers to help build these cessation strategies into the standard of care.

#### **For more details on the survey:**

UCSD LiveHealthy Study on integrating smoking cessation into HIV care  
One time survey, 20-40 minutes, \$30 compensation  
Call/Text: 858-224-3109 (se habla español)

Email: [livehealthy@health.ucsd.edu](mailto:livehealthy@health.ucsd.edu)  
Eligibility screener: <https://tinyurl.com/LiveHealthyEligible>

### **Research Project Presentation/Feedback Requested: Intersection of HIV and Mental Health among Latinx Men and Women**

Isabel Martinez is an Associate Research Scientist at Yale School of Public Health, and she is a fellow in the CFAR Adelante Program, which is a training program that mentors new investigators from Latinx populations to conduct research on HIV related disparities in Latinx communities. Her study takes a mixed-methods approach to understanding HIV risk related behaviors and mental health amongst immigrant Latino men and women.

#### *Distribution of HIV in Connecticut*

There are three main cities that are hotspots for HIV diagnoses in Connecticut: Bridgeport, Hartford, and New Haven. The city of New Haven and its surrounding neighborhoods have a heavy burden of HIV, and these communities are predominantly Black, Brown, and immigrant community members. While Latinos are only about 16% of the population, they account for a third of all new diagnoses of HIV, and most of these diagnoses occur among young people between the ages of 20 to 29. The purpose of the project is to target young Latinos and develop resources and information that could help address the burden of HIV in the population.

#### *Community Partner*

Isabel will be partnering with a community-based organization, Junta for Progressive Action, which is the oldest Latinx serving community-based organization in New Haven. The organization focuses on the needs of Latinos in the community, as well as immigrants overall. There are three core areas of services that the CBO provides:

- Social services: mental health referrals, eviction services, support for families and individuals
- Adult education: bilingual high school and GED programs, ESL programs
- Youth leadership development programs: services for families with children, leadership skills development in adolescents

This is a new partnership, and, while Junta has been involved with research studies in the past, the organization has taken more of a consulting or advising role on projects and took less part in hands on activities.

#### *Research Methods*

The research study will focus on HIV risk disparities within the Latinx community, focusing on two outcomes: HIV risk health outcomes and mental health. Within the Latinx population in New Haven, the study will look some of the nuances between U.S. born and foreign-born Latinos. They are hoping to expand on these outcome measures throughout the study. Utilizing publicly available information from the American Community Survey to capture spatially coded information about the neighborhoods they can start to capture the potential variation and diversity that exists in the neighborhoods they are focusing on. By using place of residence, predominant languages spoken in a neighborhood, percentage of recent migrants, they can begin capturing diversity of culture within a geographical space.

### *CAB Feedback*

Dr. Brouwer recommended joining the CBO's regular meetings to make sure that Isabel understands their priorities as much as possible, such that the relationship isn't just for this single research project. In addition, regarding the spatial relationships of places of residence, Dr. Brouwer has done similar work and looked at where participants hang out or spend time outside of their homes. The places of residence may not tell the whole story, so looking at other locations where important interactions are occurring may better characterize the neighborhood.

### **Open Discussion**

Dallas Davis updated the CAB regarding the Neighborhood House Association (NHA): NHA is conducting a few research projects for those who are enrolled in the agency. Among those, is a project being led by Dr. Kiyomi Tsuyuki. If CAB members are aware of anyone in the community who is seeking case management, please contact Dallas Davis ([drdavis@neighborhoodhouse.org](mailto:drdavis@neighborhoodhouse.org)) to enroll them and see if they are eligible for several research projects.

Danielle Campbell provided an update regarding LinkPositively, which is now open to LA County and the Bay Area. If CAB members know of Black women living with HIV in San Diego County or the new extended areas, please contact Danielle via email ([dacampbe@health.ucsd.edu](mailto:dacampbe@health.ucsd.edu)).

The next CAB meeting will be Tuesday, March 29, 2022, from 9 to 11am.

### **Adjournment**

Meeting adjourned at 10:45 a.m.