LATINO COALITION AGAINST AIDS

HIV/AIDS in Latino Communities: A Blueprint for Action

A report from :

Strategies for an Evolving Epidemic

A Latino HIV Policy Summit

Convened on October 15, 2004

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The Latino Coalition Against AIDS is a broad-based coalition committed to increasing awareness about the devastating impact of HIV/AIDS in Latino Communities.

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LATINO COALITION AGAINST AIDS

March 2005

Dear Colleagues:

HIV/AIDS continues to heavily impact Latino communities and other communities of color. We believe HIV/AIDS should be a top priority among both Latino and non-Latino leaders and policy makers.

On October 15, 2004, over one hundred policy experts, health care providers and community leaders gathered for a Latino HIV policy summit to generate a series of recommendations for the future work of the Latino Coalition Against AIDS. Enclosed is a summary report of the deliberations and recommendations that were generated by 7 different policy roundtables at the Latino HIV policy summit.

Now the work begins. We will work to implement a select number of these recommendations over the next several years. However, we will need to call on your help and generosity. While the Latino Coalition Against AIDS can provide the planning and leadership necessary to successfully carry out these recommendations, we recognize that only well-coordinated, united and strategic efforts can generate the type of meaningful public policy responses and private initiatives that are required to battle HIV/AIDS in minority communities.

We look forward to working with you in the coming years as we work to implement these recommendations.

Sincerely,

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Executive Summary

The Latino Coalition Against AIDS was formed in 2004 with a recognition that broad and diverse leadership representing multiple stakeholder groups need to be engaged in the ongoing fight against HIV/AIDS, particularly affected communities. With funding from the Los Angeles County Office of AIDS Programs and Policy and other private sources, the coalition convened **"Strategies for an Evolving Epidemic: A Latino HIV Policy Summit"** on October 15, 2004. The primary purpose of the summit was to generate recommendations for possible initiatives and/or public policy responses to advance in response to the increasing rates of HIV infection among Latinos/as.

Los Angeles County is an epicenter of the HIV/AIDS epidemic in the Untied States. Second only to New York City in AIDS cases, Los Angeles County is also home to the largest concentrations of Latinos/as in the United States. One of the most notable changes in the local epidemic is the shift into communities of color over the last decade. Specifically, the epidemic in California and Los Angeles remains chiefly among gay and bisexual men (sometimes referred to as men who have sex with men or MSM), to much greater degrees than is true in some eastern seaboard epicenter cities. In the County of Los Angeles, Latinos have accounted for the largest proportion of AIDS cases since 1997 and the number of cases among Latinos is expected to continue its upward climb.

Given this state of the epidemic, the Latino Coalition Against AIDS is organized around the recognition that a proactive response needs to be crafted today to effectively address the challenges this epidemic will pose in the coming years. With this in mind, expert participants engaged in one of seven different policy roundtables at "Strategies for an Evolving Epidemic: A Latino HIV Policy Summit" for an all day working session. The following are the recommendations of the seven panels of experts:

Public and Private Financing

- Protect and expand government health care entitlement programs (Medicaid/Medicare)
- Preserve grant funded programs, specifically Ryan White
- Increase proportionate investment in prevention
- Explore innovative and untapped sources of financings (i.e., user fees, sin taxes, corporate and community donors.)

HIV/AIDS in Mass Media

- Create a Latino Task Force to develop a repository of information and audio visuals (an audio-visual library) for distribution to the community
- Develop a Latino HIV media campaign
- Reshape and adapt messages to changes in HIV
- Engage celebrities/media networks and hold them accountable to specific outcomes

Homophobia, Stigma & Silence

- Develop culturally appropriate strategies to affect social norms related to homophobia, transphobia, discrimination and HIV stigma
- Develop sex-positive health education strategies for Latinos and by Latinos
- Increase regional and federal funding for Los Angeles County to combat homophobia, transphobia and discrimination
- Build partnerships with groups outside the HIV/AIDS and LGBTQ communities to address homophobia, transphobia, discrimination and HIV stigma

Access to Healthcare

- Target small businesses; provide specific activities and goals
- Create partnerships between employers and community clinics
- Change business attitudes towards HIV/AIDS
- Conduct cost/benefit analyses of HIV/AIDS prevention
- Give business community specific activities and goals

The Role of Faith Communities

- Convene a mobilization conference for the inter-faith community to build capacity for a faith-based Latino initiative
- Develop capacity building (i.e. training) with Latino serving faith-based community and their collaborators
- Develop and implement a state-wide multi-faith social marketing campaign

HIV/AIDS Among Latinas

- Target funding for specific culturally/linguistically appropriate social marketing campaigns to encourage family-centered communications and reduction of the sexual and reproductive stigma surrounding Latina sexuality
- Work with Latino advocacy groups and other mainstream groups to develop federal, state and local legislation that provides for funding and reimbursement mechanisms that covers mental health and other support components (e.g., promotoras program)
- Advocate for the inclusion of Latina researchers and scholars as principal investigators on major federal research projects involving Latina sexual and reproductive health and on research and grant making review boards
- Set aside seats on the Los Angeles County Commission on HIV Health Services for Latinas and women at sexual risk for proportional representation

Migration & Immigration

- Support on-going efforts to "regularize" immigrants
- Increase funding to develop creative efforts to target hard to reach migrant groups for both prevention and access to care
- Increase bi-national collaboration in the prevention of HIV and in the provision of a continuum of care at all levels, including public and private institutions

The Latino Coalition Against AIDS will review and prioritize these recommendations and adopt a select number of initiatives to advance over the next few years. The Coalition acknowledges the bold leadership that is required to effectively combat HIV/AIDS in Latino communities and invites you to join us in taking an active role in the fight against HIV/AIDS.

Introduction

Background

In October 2001, the Los Angeles County Office of AIDS Programs and Policy released a Request for Proposals (RFP) to fund capacity building initiatives targeting HIV/AIDS service providers in Los Angeles County. These contracts, also referred to as Community Development Initiatives (CDIs), included funding to support the formation of County-wide HIV Consortia involving key leaders and stakeholders to shape and mobilize unified community responses to the AIDS epidemic in minority communities.

One of the most notable trends in the local HIV/AIDS epidemic is a distinct shift into communities of color over the last several years, with gay and bisexual men (MSM) continuing to comprise the vast majority of cases. The CDIs are a proactive response to this shift. By supporting activities that create awareness about the worsening HIV/AIDS crisis in minority communities, the CDIs facilitate the development of broad based support for continued and appropriate public policy responses to the epidemic.

Indeed, the CDI's represent a long-time "missing link" in the Los Angeles County's portfolio of funded HIV programs and services. While the County provides a comprehensive set of care and prevention services—including outpatient medical care, ADAP, and prevention programs as well as an array of supportive services—it very clearly lacked an intervention that addressed the larger structural constraints and barriers that exist to effectively fighting HIV/AIDS, particularly in communities of color. The Community Development Initiatives represent this essential and often overlooked component to an effective multi-pronged approach to fighting HIV/AIDS.

This report is a synthesis of the discussions and recommendations made at the Coalition's first policy summit.

AltaMed Health Services was selected to facilitate the development of the Latino CDI. In December 2003, AltaMed Health Services began the planning and formative phase of the CDI. In early 2004, AltaMed convened a number of HIV/AIDS providers to strategize and plan for the formation of what would be called the Latino Coalition Against AIDS. The Latino Coalition Against AIDS, which includes a number of prominent members from diverse sectors was then convened.

The coalition's first action was the convening of Strategies for an Evolving Epidemic: A Latino HIV Policy Summit on October 15, 2004. This policy summit—held appropriately on National Latino AIDS Awareness Day—convened 125 policy experts, HIV/AIDS providers, funders, opinion makers and community leaders for focused policy discussions organized around 7 roundtables. The task of each roundtable was to produce key recommendations related to its particular policy focus to be later considered by the Latino Coalition Against AIDS for adoption into a strategic policy agenda that it would then advance over the next few years.

This report is a synthesis of the discussions and recommendations made at the coalition's first policy summit. In an effort to provide context for the summary of discussions and recommendations made by participants, this report begins with a brief general overview of Latinos in Southern California and a look into the numbers living with HIV/AIDS. The report concludes with a discussion of next steps for the Latino Coalition Against AIDS.

Latinos in Southern California

As is the case in other regions of the United States, the Latino population in Southern California continues to grow. Latinos represent the fastest growing ethnic group in Los Angeles County, increasing 28% from 1990 to 2000.[1] Below are some demographic characteristics of this fast growing segment of the population:

- **Foreign Born Status**— Nearly half of Latinos in Los Angeles County are foreign born. The majority of foreign-born Latinos (72%) in Los Angeles County are from Mexico according to the 2000 U.S. Census.[2]
- **Majority of New Births**— Latinos represent 63% of all births in Los Angeles County.[3]
- **Young Population**— Latinos constitute the youngest ethnic group. The average age for Latinos in Los Angeles County is 26 years.[4] This is important as young people are a significant population at risk.
- **Low Incomes**— Latinos have the lowest incomes of any other ethnic group. The median income of Latinos is $34,000 per year as compared to $54,000 in Los Angeles County. One in every four Latinos is living in poverty in Los Angeles County.[5]
- **Low Educational Outcomes**— While Latinos represent 60% of students in Los Angeles Schools, only 54% graduate with their high school class.[6]
- **Highest Proportion of Uninsured**— As compared to all other ethnicities, Latinos have the highest percent of uninsured adults and children. Latinos are less likely than all other race/ethnic groups to be offered job-based insurance regardless of the type of work or the status of their employment. Only 42.3% of Latinos in California have job-based insurance compared to 75.4% of whites.[7]

Latinos represent the fastest growing ethnic group in Los Angeles County, increasing 28% from 1990 to 2000.[1]

[1]Douglas M. Frye, M.D., M.P.H. "HIV/AIDS in the Latino Population", http://lapublichealth.org/hiv/hivpresentations.htm
[2]Ibid.
[3]Ibid.
[4]Ibid.
[5]Ibid.
[6]Ibid.
[7]UCLA Center for Health Policy Research, The Henry J. Kaiser Family Foundation. Policy Research Report: Racial and Ethnic Disparities in Access to Health Insurance and Health Care. Los Angeles: UCLA Center for Health Policy Research, The Henry J. Kaiser Family Foundation 2000:1-105

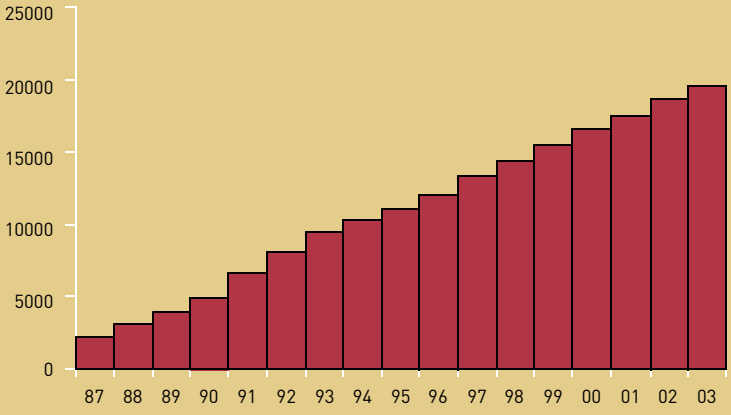
HIV/AIDS in Los Angeles County

Los Angeles County is an epicenter of the HIV/AIDS epidemic in the United States. Of all other U.S. metropolitan areas, only New York City has more reported AIDS cases. If Los Angeles County were ranked as a state, it would rank 5th in the number of AIDS cases, only behind California, Texas, New York and Florida.[8]

According to estimates by the Los Angeles County HIV Epidemiology Program, as of July 2004, between 50,000 and 60,000 persons live with HIV or AIDS within the County of Los Angeles. Of these, roughly 1 of 4 are unaware of their HIV infection and approximately 19,700 have advanced to an AIDS diagnosis.[9]

The following graph shows the growth in the number of persons living with AIDS since 1987. While the growth is in large part a testament to advancements in the effective treatment of HIV (Highly Active Anti-Retroviral Therapy, HAART), the steady growth in cases also means that a larger number of people require access to HIV drugs and medical care on an ongoing basis. As this number increases over time, additional pressure is placed on our health care delivery system and on HIV service providers. This pressure is exacerbated by the flat level of Ryan White Care Act funding over the last several years.

Number of Persons Living with AIDS (PLWAs) by Year of Diagnosis – Los Angeles, 1987-2003



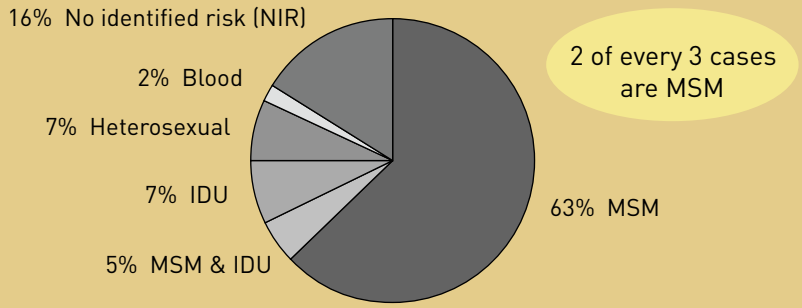
County of Los Angeles Department of Health Services Public Health

HIV/AIDS Semiannual Surveillance Summary,
HIV Epidemiology Program, LAC/DHS; data as of July 2004.

In Los Angeles County, HIV/AIDS is a disease that disproportionately impacts men who have sex with men (MSM). The following chart shows "mode of exposure" for cumulative Latino AIDS cases.[10] As the chart illustrates, 2 of every 3 Latino AIDS cases in Los Angeles County are among men who have sex with men. Sixteen percent of cumulative AIDS cases reported no identified risk (NIR) as the mode of exposure.

[8] Douglas M. Frye, M.D., M.P.H. "HIV/AIDS in the Latino Population", http://lapublichealth.org/hiv/hivpresentations.htm
[9] Douglas M. Frye, M.D., M.P.H. "HIV/AIDS in the Latino Population",Ibid. http://lapublichealth.org/hiv/hivpresentations.htm
[10] "Mode of exposure" refers to the self-reported manner in which an individual contracted the virus. "MSM" refers to men who have sex with men. "IDU" refers to injection drug use. "Heterosex" refers to transmission of the virus through heterosexual sexual activitiy. "NIR" indicates that no identified risk was reported.

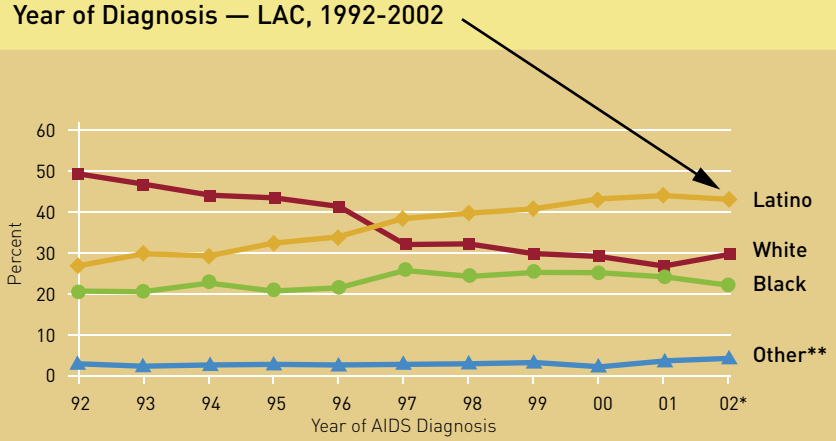
Cumulative Cases of AIDS in Latinos by Mode of Exposure — LAC



Source: HIV/AIDS Surveillance Summary, LAC/DHS, data as of June 2004

Perhaps one of the most notable changes in the local HIV epidemic is the shift of the epidemic into communities of color. Since 1997, Latinos have accounted for the greatest number of AIDS cases. As the figure below illustrates, the proportion of AIDS cases among Latinos has increased steadily since 1997, while the proportion of AIDS cases among Whites has declined from 50% of all cases in 1992 to 30% in 2002. This 10-year period represents a significant change in the face of the local HIV/AIDS epidemic.

Percent Adult/Adolescent AIDS Cases by Race/Ethnicity and Year of Diagnosis — LAC, 1992-2002



* Source: HIV Epidemiology Program; 2002 data provisional due to reporting delay.
** Other race/ethnicity includes Asian/Pac Islanders and American Indians/AK Natives.

While this 10-year period marks an important turning point in the local epidemic, it is important to assess the evolution of HIV/AIDS in the next decade and beyond. Given recent trends in the epidemic, continued population growth, continued financing constraints due to local, state and federal budget deficits, and proposed reforms in our health care delivery system, what can we expect will be the state of this epidemic in future decades?

While far too many factors about the future are unknown today to grapple with this question, we do know that Latino populations will continue increasing in California and in regions throughout the United States. According to the California Department of Finance, California's population will increase by more than 20 million people by 2050, with Latinos constituting the majority of the population by 2040.[11] Even as soon as 2020, Latinos are expected to make up over 50% of the adolescent population.[12] What can this increase in population alone tell us about the number of HIV cases in years to come? While many unknown factors could affect the future state of the HIV epidemic, it is imperative that policy makers understand how demographic patterns at work today could significantly shape HIV infection trends in the future.

AltaMed Health Services analyzed data from publicly funded HIV testing sites and population projections from the State of California, Department of Finance to derive an estimate of the increase in the number of Latinos that test HIV positive. This estimate assumes that Latinos will continue to test for HIV at rates similar to those seen in recent years and that positivity rates will also remain at levels seen between 1997-2001.[13] If these conditions hold, and the epidemic—and the public health response to it—remains largely unchanged, the population growth alone of the Latino population can be expected to be a significant factor in increasing the number of Latinos testing positive in the coming years at publicly funded test sites. **According to these estimates, by 2015 we will witness a 31.5% increase over 2001 (the last year for which data are available) in the annual number of Latinos testing positive at publicly funded test sites.**

Estimated Number of Latinos Testing HIV Positive Publicly Funded Testing Sites in Los Angeles County, 1997-2015

[11] California Department of Finance, http://www.dof.ca.gov/HTML/DEMOGRAP/DRU_Publications/Projections/P1_Press_Release_5-04.pdf
[12] California State Dept. of Finance, County Population Projections with Age, Sex, and Race/Ethnic Detail, July 1, 1990-2040 in 10 Year Increments, 1998, http://www.dof.ca.gov/html.demogrph/proj_age.htm]
[13] Between 1997 and 2001 Latinos tested at a relatively consistent rate; approximately 30,000 annually. In addition, the percent of Latinos testing positive did not appear to experience any significant upward or downward trend during this period.

While this analysis is based solely on publicly funded testing sites (the number of HIV tests performed by private providers is unknown; the total combined number of positive test results from all public and private testing sites is much greater) this exercise provides some insight as to the expected increase in HIV positive tests given the continued population growth of Latinos and the general direction of the local epidemic. (See page 31 for further explanation of methodology used to derive estimates.)

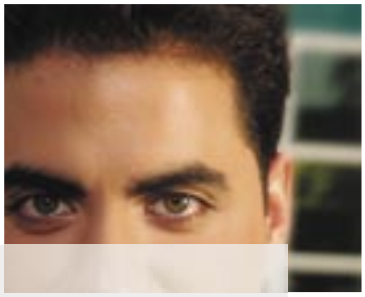
In the context of the growth in these numbers—both population increases and expected number of new HIV infections—the Latino Coalition Against AIDS convened Strategies for an Evolving Epidemic: A Latino HIV Policy Summit on October 15, 2004.

The summit opened with an opening plenary address by Dr. Rafael Morales, Acting Director of the Division of Community Based Programs within the HIV/AIDS Bureau at the Health Resources and Services Administration (HRSA). Dr. Morales provided a national overview of the epidemic in Latino communities. Participants then joined one of seven policy roundtables that they had pre-selected based upon their area of expertise. Roundtables were held on the following topic areas:

- Public and Private Financing
- HIV/AIDS in Mass Media
- Homophobia, Stigma and Silence
- Access to Healthcare
- The Role of Faith Based Communities
- Latinas and HIV/AIDS
- Migration/Immigration in the U.S. and Latin America

The following sections detail the results of these roundtable discussions and the recommendations that were identified. Each section is divided into three sub-sections: one detailing what roundtable participants identified as barriers, another subsection entitled "We Believe" that summarizes key principles articulated by roundtable participants, and a final sub-section listing the roundtable's recommendations.

What can we expect will be the state of this epidemic in future decades?



Public and Private Financing:

Partnership Opportunities for a Changing Epidemic

This roundtable explored the gaps and challenges associated with present day financing of HIV/AIDS services. Participants engaged in a thoughtful discussion of alternative forms of financing and the role of non-governmental entities and private resources in financing HIV/AIDS care. Given the growing demand for HIV care over the next 20 years, how will our financing systems need to evolve in order to meet these demands?

BARRIERS

- **Our system of healthcare delivery has been poorly designed.**
  The HIV/AIDS epidemic in the early 1980s was marked by the death of thousands of gay and bisexual men of what was then an unknown illness. This crisis quickly resulted in a swift and well organized effort by the gay, lesbian, bisexual and transgender (GLBT) community to demand a government response to the epidemic. While a commendable system of care for those living with HIV/AIDS was created as a result, the emergency and changing nature of the epidemic has been addressed in a reactive fashion. As a result, we have developed a fragmented system with multiple inefficiencies. We have not yet identified the best approach to delivering healthcare services that enhances quality of care, but maintains cost and time efficiencies.
- **Our healthcare delivery system discourages individuals from making healthcare part of their daily lives.**
  If we don't make healthcare part of people's daily lives, we will continue to struggle to identify people at the earliest stages of HIV disease. We need to have a healthcare delivery system that is universally available.
- **We have not updated our advocacy approach to HIV and AIDS.**
  We have not created advocacy mechanisms that are appropriate for African American and Latino communities. We have not broadened our outreach effectively into community structures within Latino and African American communities that should be stakeholders in battling this disease (i.e. civil rights organizations, business associations, etc.)
- **HIV/AIDS funding is scarce while the demand for services continues to grow.**
  We need to identify creative and innovative financing strategies that support the existing and growing demands for services.
- **Our battle against HIV/AIDS continues to be hindered by homophobia, institutional silence and a psychological and financial quarantine of the disease.**
  HIV/AIDS has become a "ghettoized" disease. That is, HIV/AIDS has been marginalized because of its overwhelming impact on gay and bisexual men. Fueled by homophobia, the politics of silence within established institutions in African American and Latino communities create a significant obstacle to fighting HIV/AIDS. We need to mainstream this disease. Unless we begin to partner with mainstream non-gay Latino and African American institutions to fight anti-GLBT bigotry, we won't be able to successfully create the kind of funding and financing mechanisms that are necessary to effectively address this disease.
- **HIV/AIDS service providers are overburdened and in need of additional capacity building assistance.**
  Service providers are so consumed by the demands of delivering services that they lack the time and energy to build their capacity to stay ahead of the epidemic.

WE BELIEVE

- **We must stop this disease.**
  The single and most important thing is to prevent more people from becoming infected.
- **We must ensure all persons living with HIV/AIDS have access to care and treatment.**
  Access to expert HIV care should be available to everyone in need, regardless of an individual's ability to pay. People should not suffer or die because of lack of access to state of the art medical care. All persons living with HIV/AIDS should be given the opportunity to live functional and productive lives.
- **Alternative approaches to financing healthcare delivery system should be explored.**
  Anything that deteriorates the health of Californians (i.e. alcohol, wine, beer, junk food, pesticides, pollutants, guns and bullets) should be considered for a possible tax to finance the healthcare system.
- **Given the impact of HIV/AIDS among gay and bisexual men, strong gay Latino leadership needs to be developed.**
  It is not sufficient to hire a gay program manager to implement health education programs. We must cultivate gay Latino leaders that can be strong spokespersons and advocates for their own communities. We must also demand that heterosexual leadership address homophobia directly and express their opposition to bigotry and discrimination.
- **We must get outraged again.**
  We need to speak up and bring HIV/AIDS into the mainstream. We must bring HIV/AIDS advocates into the larger health advocacy community.
- **Corporations should invest in community HIV/AIDS care.**
  Businesses should be expected to invest in communities. In addition to assisting with the fight against HIV, businesses gain from positive public relations and successful customer and employee retention.

RECOMMENDATIONS

- **Protect and expand government health care entitlement programs (Medicaid/Medicare).**
- **Preserve grant funded programs, specifically Ryan White.**
- **Increase proportionate investment in prevention.**
- **Explore innovative and untapped sources of financing (i.e. user fees, sin taxes, corporate and community donors).**

HIV/AIDS in Mass Media:

What's the Story?

This roundtable explored the present-day portrayal of HIV/AIDS in Latino and non-Latino media. After 23 years of the epidemic, how is the media portrayal of HIV shaping opinions and attitudes about perceived risk of infection, stigmatization of HIV disease, and the scope of the epidemic? Participants explored implications for complacency around HIV in the context of ongoing education and prevention efforts in Latino communities.

BARRIERS

- **Media outlets are ignoring the HIV epidemic.**
  Spanish-language newspapers such as La Opinión and Hoy print few stories about HIV. Some Spanish-language media, such as television talk shows, actively perpetuate homophobia, which results in driving the epidemic underground. In addition, Latino artists, singers and actors have not been actively involved in generating public attention around HIV.
- **HIV/AIDS service providers are too overwhelmed with delivering services to effectively launch media strategies.**
  The challenge of keeping up with the needs of clients is alone very consuming. As a result, media strategies and the media relationships that are required are not efficiently managed.
- **Latino media does not promote health consciousness.**
  A dramatic lack of messages that promote health consciousness and preventative health exacerbates the cultural inclination of Latinos to delay seeking medical attention until they see visible signs of symptoms or until it's otherwise late in the progression of the disease and therefore more costly to treat.
- **Various diseases and health care issues compete for far too few media coverage opportunities.**
  There are numerous issues today that are competing for media attention. Stem cell research and Alzheimer's disease are only a few. This competition for media limits the attention and support – both political and financial – that can be garnered for any one health condition.
- **Unexplored assumptions about Latino culture and cultural roots often leads to misguided – although often well-intentioned – approaches to dealing with HIV and sexuality.**
  Latinos have inherited a colonial culture and a culture of conquest that provides the underpinning for the dynamics of power relations in sexual relationships, including the manifestation of machismo, homophobia and the unconscious degradation and oppression of women. Given this context, the active engagement of media is critical is we are to effectively counter these forces.

WE BELIEVE

- **Mass media has the power to affect the way people view HIV/AIDS.**
  In the Latino community, media can have a greater impact on people's behavior than can a doctor or health educator. Mass media is also a powerful tool that can help end homophobia. Media outlets should strive to represent fair and accurate representations of GLBT Latinos/as.
- **The media can help integrate the notion of preventative health into Latino culture.**
  Preventative health is not a culturally familiar concept for many groups coming from Latin American countries. The media can help emphasize lifestyles that incorporate preventative health care measures.
- **Change is possible: Latinos need to be united and empowered.**
  We know through experiences with other health areas, positive change is possible. For instance, teenage birthrates for Latinas in California have declined after several years of efforts tied to curbing these rates. Similarly, we believe the media can help slow the rate of HIV infection by promoting awareness through appropriate messages.

RECOMMENDATIONS

- **Create a Latino Task Force to develop a repository of information and audio-visuals (an audio-visual library) for distribution to the community.**
- **Develop Latino HIV Media Campaign.**
- **Reshape and adapt messages to changes in HIV.**
- **Engage celebrities/media networks and hold them accountable to specific outcomes.**

In the Latino community, media can have a greater impact on people's behavior than can a doctor or health educator.

Homophobia, Stigma and Silence:

Addressing the Driving Forces Behind HIV Disease

This roundtable addressed the major challenges in battling homophobia and stigma and the implications associated with developing effective education and prevention efforts for this population. The new CDC initiative, Advancing HIV Prevention: New Strategies for a Changing Epidemic, was evaluated in the context of ongoing efforts designed to address social and cultural norms that pose challenges to effective HIV prevention.

BARRIERS

- **The existing political environment that questions the effectiveness of HIV prevention and argues that it does not work .**
  HIV/AIDS advocates and service providers grapple daily with an environment that continues to include critiques of HIV prevention on bases that are contrary to the scientific and public health data. We continue to have to spend time and resources explaining the truth about the efficacy of HIV prevention.
- **A culture of silence and homophobic resistance permeates many present-day institutions.**
  Leadership within "mainstream" minority communities (that is, leadership outside of HIV/AIDS or GLBT organizations) have not addressed homophobic bigotry head-on. This makes the work of preventing HIV very difficult.
- **There are not enough sustainable programs effectively addressing the HIV/AIDS epidemic in communities of color.**
  Communities of color do not have an adequate number of education/prevention programs to stem the increasing rates of HIV infection. In addition, minority-serving organizations historically have not had the resources to evaluate and effectively communicate the impact of their efforts.
- **The political leadership has not made Latino/a health a focal point of investigation.**
  The Department of Health and Human Services (DHHS) and Centers for Disease Control and Prevention (CDC) don't have a congressional mandate to have a focused strategy around Latinos. There is limited amount of research for the Latino community and by Latino or Latino-sensitive researchers.
- **Degrading portrayals of gays and lesbians in Latino media hinder HIV prevention effots.**
  Latino media continues to portray gays, lesbians, transgenders and other queer individuals in a Jerry Springer fashion. Gays, lesbians, transgenders and queers are utilized as caricatures and entertainment pieces that exploit stereotypical roles.
- **We lack interventions that focus on reducing stigma.**
  The absence of interventions that focus on stigma-reduction represents a significant gap in our approach to preventing HIV. In addition, we have not explored ways of documenting the impact of alternative HIV prevention efforts that focus on creative expressions such as writing and performance art.

WE BELIEVE

- **HIV prevention works.**
  HIV prevention is the only HIV vaccine on which we can rely on. HIV is a completely preventable condition and educating our communities is the strongest tool we have.
- **Transgender inclusiveness is important.**
  We must educate employers to encourage gender inclusiveness in their organizations. It is equally important to educate the transgender community of their rights and to advocate on their behalf.

RECOMMENDATIONS

- **Develop culturally appropriate strategies to affect social norms related to homophobia, transphobia, discrimination and HIV stigma.**
- **Develop sex-positive health education strategies for Latinos and by Latinos.**
- **Increase regional and federal funding for Los Angeles County to combat homophobia, transphobia and discrimination.**
- **Build partnerships with groups outside the HIV/AIDS and LGBTQ communities to address homophobia, transphobia, discrimination and HIV stigma.**

The absence of interventions that focus on stigma reduction represents a significant gap in our approach to preventing HIV.

Access to Healthcare:

Risks and Rewards in the Business Community

Access to health care and lack of insurance coverage continues to challenge our system of healthcare. This roundtable addressed the business community's challenges in keeping up with the growing costs of providing health insurance to workers and the implications for continuity of care among the growing number of uninsured Latinos, particularly those living with HIV/AIDS.

BARRIERS

- **The lack of health insurance is a major obstacle in our quest for building healthy communities**
  Latinos who are undocumented do not have access to healthcare through their employers or the government. Healthcare services are not available to everyone in the Latino family. Many Latinos in Los Angeles County work part-time which limits their opportunity to obtain healthcare benefits.
- **Many businesses do not want to be associated with AIDS.**
  Many businesses do not want to get involved with the personal lives of their employees. Smaller employers are hesitant to bring up personal issues, especially in Latino communities.
- **Businesses are not convinced about the importance of having access to healthcare.**
  The business community needs to be educated. Having a mandate that would require them to provide access to healthcare to all employees would save them money in the long run. Many in the business community see mandated healthcare as an unnecessary expense.
- **The cost of treating someone with HIV/AIDS is high.**
  HIV care is expensive and its cost continues to increase. Proposing universal healthcare access where costs are shared among employers and employees would be difficult. There needs to be an emphasis on lowering the costs for HIV care.
- **Too many Latinos get diagnosed later with HIV/AIDS.**
  Many Latinos may not think of themselves as being at-risk for HIV and therefore do not test early enough or at all. A contributing factor to this is a sense of fatalism among some Latinos; "if it was God's will for me to be sick and I will just live and die with it."

WE BELIEVE

- **Businesses are part of the solution.**
  There are ways businesses can take action; through philanthropy, work-place policy, and by supporting appropriate public policy at the state and federal level.
- **Access to healthcare is more than money.**
  Healthcare services have to exist to be available. Healthcare services need to be financially accessible in the community.
- **Prevention education is needed.**
  We cannot effectively combat this disease without ongoing prevention education efforts.

RECOMMENDATIONS

- **Target small business; provide specific activities and goals.**
- **Create partnerships between employers and community clinics**
- **Change business attitudes towards HIV/AIDS**
- **Conduct cost/benefit analyses of HIV/AIDS prevention.**
- **Give business community specific activities and goals.**

There are many ways businesses can take action; through philanthropy, work-place policy, and by supporting appropriate public policy at the state and federal levels.

Multiple Ideologies, One Common Fight:

The Role of Faith Based Communities

This roundtable explored the role of faith communities in the battle against HIV/AIDS. Participants discussed strategies and opportunities to explore a variety of roles for communities of faith in addressing the HIV epidemic. Particular attention was paid to the President's Faith-Based and Community Initiatives and their impact on Latino communities impacted by HIV.

BARRIERS

- **We have far too much silence between the religious communities and the public health communities.** The religious and public health communities are not speaking with each other. Many religious people do not participate in public health environments and some public health people feel uncomfortable around religious environments. Yet we know that religion is often an entry into the communities we serve. Until religion and public health learn to dialogue we will continue to face obstacles to prevention, management and education.
- **Parents and caretakers in Latino families have limited amounts of HIV/AIDS knowledge and education.** If parents are not informed and well aware about how to prevent the transmission of HIV, their children also remain ignorant.
- **A massive epidemic of silence often surrounds religious environments.** Many churches do not speak about sex or, when they do, they do so in a way that reinforces the stigma around sexual behavior and thus discourages active dialogue regarding effective HIV prevention.
- **The religious community has little credibility in the gay community.** Latinos with HIV and the larger gay community receive little to no support from churches as organized institutions.
- **The tendency to separate the spirit, mind and body when in fact they make one whole person.** The current strategy maintains the idea that parts of us are segmented into boxes when in actuality people don't live in boxes. The spirit, mind and body are not divided. Our clients are asking for more integration and understanding of all aspects of a person.
- **Our understanding of the role of faith and spirituality as a protective factor is limited.** We are just beginning to explore the role of faith and spirituality as a protective factor in one's life.

WE BELIEVE

- Religion is important to many people living with HIV.
- Homophobic religion spreads AIDS.
- Faith based organizations need to reach out to health based organizations in order to access the messages necessary to educate others.
- Greater integration of the health and soul together because they both need to be healthy in order to make a person whole.

RECOMMENDATIONS

- Convene a mobilization conference for the interfaith community to build capacity for a faith-based Latino initiative.
- Develop capacity building (i.e. training) with the Latino serving faith-based community and their collaborators.
- Develop and implement a statewide multi-faith social marketing campaign.

Until religion and public health learn to dialogue we will continue to face obstacles to prevention, management and education.

Latinas and HIV/AIDS:

Policies That Make Us Victims and Caretakers

This roundtable explored issues and opportunities associated with incorporating HIV/AIDS prevention into primary medical care and family planning. Participants also discussed social and cultural constructs of gender, intergenerational issues, women of childbearing age and bisexuality in Latino culture and their implications for HIV/AIDS exposure and treatment among Latinas.

BARRIERS

- **Culturally and linguistically relevant prevention messages targeting Latinas are absent.**
  According to a 14 site national needs assessment conducted by the National Council of La Raza (NCLR) and California State University Long Beach (CSULB), Latinas, with the exception of those living in Puerto Rico and New York, had not encountered any prevention messages targeting them in Spanish.
- **We have a limited understanding of who is infected with HIV nationwide.**
  Only half of the Latino population resides in states where HIV is being reported. Currently, 50% of the Latino population nationwide is left out of this data set. We need to have a better understanding about the geographical patterns of HIV infection, not just AIDS.
- **HIV is a taboo subject in Latino culture.**
  Women in a focus group conducted as part of the NCLR/CSULB Latino HIV/AIDS Needs Assessment shared that homosexuals, injection drug users and sex workers continue to be the face of HIV in Latino communities. As women, we are not encouraged to raise questions about issues related to HIV.
- **A cultural tendency to socialize Latinas to trust and not question their partners puts them at increased risk of contracting HIV.**
  During the NCLR/CSULB Latino HIV/AIDS Needs Assessment, women resoundingly stated that they are taught to tolerate infidelity within their relationships and maintain a blind sense of trust regarding their male partners' behaviors. In the words of one participant, "He never told me. He knew he was infected and he knowingly infected me and got me pregnant. Thank God our child is HIV free." Another HIV positive participant stated, "As long as he slept in our bed... he came home at midnight every night. He said he was working late every night and even though I saw matchboxes from different nightclubs on the table, he was always there. He was a good father and he always provided for his family; he was there for us on Sunday, so I just turned a blind eye."
- **Some men's belief that their sexual experiences with their wives should not be pleasurable contributes to sexual risk-taking with multiple partners.**
  High risk male participants in focus groups and HIV positive participants justified infidelity through culturally bound expectations of "good" and "bad" sex. "I can't have that kind of sex with my wife, I can't have oral sex, I can't have anal sex, I can't have the kind of sex that I want with my wife so I go outside. Having that kind of sex with my wife would be disrespectful. I can't do that".
- **Some women fear retribution, including physical abuse, when asking their partners to use a condom.**
  Results from the needs assessment also found that if some women suggest the use of condoms they fear physical abuse from their husbands. One woman claimed, "He might think that I am having an affair or he'll think that I think he is having an affair". When a woman is under stress and pressure of domestic violence, she feels powerless to alter the HIV risks in her relationship. She is intimidated and afraid of being beaten, thus increasing her risk. "I'm too scared to ask him [my steady partner] to use condoms. He might think I'm unfaithful... and I'm scared of what he might do to me."

- **Access to culturally and linguistically relevant healthcare for many Latinas is limited or nonexistent.** Many Latinas—particularly low-income immigrant women—work in settings where healthcare coverage is unavailable. Many work as part-time employees, which denies them the opportunity to access health insurance.
- **Women access healthcare differently.** Women access healthcare when seeking family planning services or prenatal care which is a unique window of opportunity for HIV testing and prevention education.

WE BELIEVE

- **We need to redefine the definition of risk for Latinas** We need to expand our concept of "risk" beyond the behaviors of those who have multiple sex partners or sex workers or those who inject drug users; we need to define and target the multiple and unique levels of risk experienced by housewives or "amas de casa".
- **Outreach to Latina women must include family-centered HIV education.** Family-centered education efforts should focus on shifting norms to encourage parent and youth communication on the benefits and consequences of sexual behavior.
- **Abstinence only doesn't work.** Effective prevention of HIV transmission requires education based on the full array of options available to women, including the use of contraceptives.
- **HIV education must be relevant to people's socio-cultural reality.** As social beings, people learn from interactions with their peers and kids talk to each other. Women learn about sexuality from other young women or their male partners. We must use this to our advantage by incorporating peer education models in our HIV prevention strategies.
- **Hope is not a strategy.** We cannot sit back and hope things will improve. We must do something about it. If we do not identify very specific recommendations that deal with health in our communities—especially for women—we will not successfully slow the rate of infection.

RECOMMENDATIONS

- **Target funding for the creation of culturally/linguistically appropriate and literacy-level specific social marketing campaigns to address: responsible sexuality, access to and correct use of condoms and STI screening; substance use and dependency, and domestic/sexual violence to encourage family-centered communication and reduction of the sexual and reproductive stigma surrounding Latina sexuality.**
- **Work with Latino advocacy groups and other mainstream groups to develop federal, state and local legislation that provides for funding and reimbursement mechanisms that covers mental health and other support components (e.g., promotoras program).**
- **Advocate for the inclusion of Latina researchers and scholars as principal investigators on major federal research projects involving Latina sexual and reproductive health and on research and grant making review boards.**
- **Set aside seats on the Los Angeles County Commission on HIV Health Services for Latinas and women at sexual risk for proportional representation.**

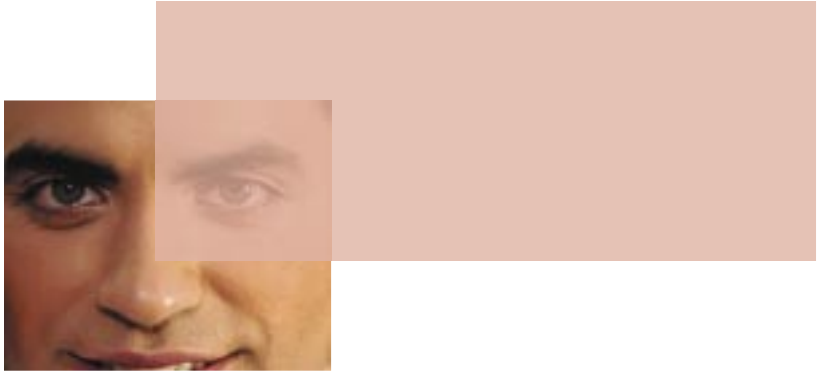
Migration/Immigration in the U.S. and Latin America:

Opportunities for Coordinated Public Policy

This roundtable explored the implications of migration and immigration in the U.S. and Latin America on access to care and treatment and ongoing efforts to educate urban and rural Latino populations about HIV disease. In the context of present-day U.S. immigration policy, participants identified major challenges and opportunities for developing more coordinated and effective public policy around immigration/migration and HIV/AIDS.

BARRIERS

- **Data on undocumented workers are scarce.**
  We don't have access to a lot of reliable data on undocumented populations. This is due, in part, to the high mobility of this population. However, this also indicative of the need for additional research dedicated to this area.
- **Few interventions that address the needs of day laborers and other migrant populations have been developed.**
  There needs to be a greater attempt to develop proven interventions and meaningful education and prevention resources and infrastructure in rural settings.
- **The migration of HIV disease is not clearly understood.**
  There is a lack of data and research about how HIV is being transmitted between the United States and Mexico and, specifically, how it impacts cohorts of people in small communities.
- **Ensuring a continuum of care for migrant populations is challenging.**
  The first barrier is making individuals aware of their sero-positive status and their ability to transmit the virus. Equally as challenging is transitioning them into care and educating them on how to manage this disease and the importance of treatment adherence. Access to health care is often further compromised as a result of U.S. immigration policies that prohibit same-sex partners of U.S. citizens from residing in the U.S. and accessing their partner's health care coverage.



WE BELIEVE

- **Outreach efforts must effectively reach populations at highest risk.**
  We must better understand environments wherein high-risk behavior occurs. For instance a number of nightclubs in rural settings begin the evening as a heterosexual club. After midnight—long after the prevention outreach workers have left the establishment—they become a club for men who have sex with men. We must become better at targeting our outreach efforts.
- **HIV/AIDS is an emerging threat to Mexican migrants in California and along the U.S.-Mexico border.**
  We must continue to monitor the rate of infection along the U.S.-Mexico border. With a highly transient population, this region can be vulnerable to even the slightest changes in infection trends. (e.g. increases in populations with new and different risk profiles, higher cross-border migration/sexual activity.)
- **We must exhibit sensitivity when working with historically neglected populations.**
  To work with seropositive immigrants and immigrants at high risk for HIV infection we must be sensitive to their needs to be able to reach them. Working with undocumented men and women requires special understanding and comprehension that is difficult to achieve without culturally competent staff.

RECOMMENDATIONS

- **Support on-going efforts to "regularize" immigrants.**
  - Reduce risk for discriminating against immigrants that are HIV+.
  - Support efforts to make eligibility requirements transparent for all individuals regardless of immigration status.
- **Increase funding to develop creative efforts to target hard to reach migrant groups for both prevention and access to care.**
  - [Target] all individuals without regard to classification within a behavioral risk group.
  - Increase prevention efforts amongst populations not identified as the highest risk populations (e.g., marginal workers, undocumented migrant workers, youth, women, and geographically isolated communities.
  - Encourage employers and other institutions to maintain conditions that reduce precursors to high risk behavior and to disseminate prevention information about HIV.
- **Increase bi-national collaboration in the prevention of HIV and in the provision of a continuum of care at all levels, including public and private institutions.**

Moving Forward: Next Steps

In 2005, after a thorough review and prioritization of the recommendations that are documented in this report, the Latino Coalition Against AIDS will pursue a select number of public and/or private initiatives to advance over the next few years.

The issues and challenges associated with this epidemic—and specifically among minority and Latino communities—are numerous, complex and daunting in some cases. They require responses that are thoughtful, sophisticated and not merely piecemeal in nature. More importantly, they require bold leadership. To effectively battle this pandemic, community members, business leaders, faith communities, and elected officials at the local, state, and federal levels need to fully understand the impact of HIV/AIDS on our communities, the pivotal role that homophobic bigotry and discrimination play in continuing the epidemic, and advocate in a coordinated fashion around meaningful and effective solutions.

"Strategies for an Evolving Epidemic: A Latino HIV Policy Summit" was the first step of a longer sustained movement for increased awareness and action towards mitigating the impact of HIV/AIDS in minority communities.

"Strategies for an Evolving Epidemic: A Latino HIV Policy Summit" was the first step of a longer sustained movement for increased awareness and action towards mitigating the impact of HIV/AIDS in minority communities. The Latino Coalition Against AIDS acknowledges that its strategic actions must ultimately work towards the following two goals: identification of new HIV infections as early as possible and prompt and efficient connection to care and treatment services once diagnosed. With this in mind, the coalition has established task groups for each of the 7 roundtables to lead the implementation of roundtable recommendations. Over the next year, we look forward to a rekindled spirit and renewed energy as we work to galvanize our communities in a coordinated fashion.

The Latino Coalition Against AIDS invites you to join our efforts to mitigate the impact of HIV and AIDS and to address the historical neglect and discrimination that Latinos have faced in Southern California. For more information, please contact:

Latino Coalition Against AIDS
C/O AltaMed Health Services
500 Citadel Dr. Ste. 490
Los Angeles, CA. 90040
323-889-7833

To effectively battle this pandemic, community members, business leaders, faith communities, and elected officials at the local, state, and federal levels need to fully understand the impact of HIV/AIDS on our communities...

FUNDING

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TECHNICAL NOTES

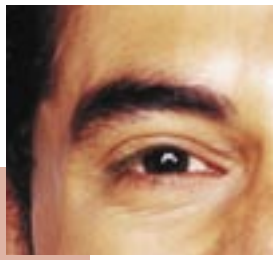
Actual and Estimated Number of Latinos Testing HIV Positive Annually at Publicly Funded Test Sites in Los Angeles County, 1997-2015

AltaMed Health Services derived estimates of the annual number of HIV positive test results among Latinos by computing an average positivity rate for Latinos that tested at publicly funded sites during the last 5 years for which data is available (1997-2001.) For each year during this period, the number of Latinos that tested HIV positive at publicly funded sites was divided by the total Latino population in each given year. This figure was then averaged for the 5 years between 1997 and 2001 resulting in a positivity rate of .008853%. This rate was then applied to population projections for the Latino population for each year through 2015.

These estimates assume that Latinos will continue to test for HIV at rates similar to those seen in recent years and that positivity rates will also remain at levels seen between 1997-2001. If these conditions hold, and the epidemic—and the public health response to it—remains largely unchanged, the population growth alone of the Latino population can be expected to be a significant factor in increasing the number of Latinos testing positive in the coming years at publicly funded test sites.

This analysis is based solely on publicly funded testing sites. The number of HIV tests performed by private providers is unknown. As such, these estimates do not represent the total number of Latinos that test HIV positive annually in the County of Los Angeles. (The total number of positive test results from all public and private testing sites would be much greater.) In no way do these figures represent the incidence of HIV in the Latino population since these estimates are based only on Latinos that test for HIV (i.e., this analysis does not represent new infections that occur annually in the Latino community.) It should also be noted that the year of report associated with an HIV positive test result does not tell us when the actual infection took place.

Data sources used for the development of these estimates include HIV Counseling and Testing (HCT) data from the Los Angeles County Office of AIDS Programs and Policy and population projections from the State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1970-2040. (www.dof.ca.gov.)



[14]Between 1997 and 2001 Latinos tested at a relatively consistent rate; approximately 30,000 annually. In addition, the percent of Latinos testing positive did not appear to experience any significant upward or downward trend during this period.

What will the future state of the HIV epidemic look like in Latino communities?

On October 15, 2004, over one hundred policy experts, health care providers and community leaders gathered for a Latino HIV policy summit to generate recommendations for strategic initiatives and public policies in response to the increasing rates of HIV infection among Latinos/as.

We have a responsibility.

What will you do?