

AIDS
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Acknowledgments

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Executive Summary

Within the context of the changing demographics of HIV/AIDS among Latinos and an evolving national strategy to address the disease, the National Council of La Raza (NCLR) conducted an extensive qualitative needs assessment of HIV-positive and high-risk Latinos at 14 sites in the U.S., including Puerto Rico. The NCLR Latino Families HIV/AIDS Needs Assessment involved 121 in-depth interviews with HIV-positive Latino men and women and 18 focus groups involving 201 participants in an effort to better understand the context of HIV risk behavior in the lives of Latinos.

This white paper combines findings from the NCLR Latino Families HIV/AIDS Needs Assessment, academic research presented during the Latinas and HIV/AIDS Summit in 2005, findings from the working groups at the Summit, and a review of the existing literature to outline a proposed new strategy designed to reduce the incidence and improve treatment of HIV/AIDS in the Latino community.

Changing Demographics of HIV/AIDS in the Hispanic Community

While accounting for 14% of the U.S. population, Latinos currently constitute 19% of the cumulative 944,306 AIDS cases diagnosed since the beginning of the epidemic and 20% of all people in the U.S. living with AIDS. Moreover, a recent report by the Agency for Healthcare Research and Quality found that “New AIDS Cases” was ranked as one of the disparities in quality of health which was worsening only among Latinos when compared to all other racial/ethnic groups. Furthermore, Latinos were the only group to experience a doubling of heterosexual infection in new HIV cases between 2001 and 2004, from 23% to 51% among women and 5% to 11% among men. These trends indicate that many Latinos at risk for infection are ignored by HIV prevention efforts targeting only those groups historically perceived as high risk.

In spite of the consistent and disproportionate increase in HIV infection and AIDS cases among underserved Latinos, there has been little attempt to understand the context of their risk for HIV infection or the causes for new transmission patterns. Increasingly, the national focus has shifted from programmatic strategies to prevent HIV infection toward treating it as a chronic disease that can be managed.

This more passive approach to HIV/AIDS prevention and reliance on treatment, combined with other factors, severely and adversely increases the impact of the virus on the Latino community. Hispanics are the most likely to learn of their HIV status late in their disease progression, the least likely to gain access to quality HIV/AIDS-related health care, and the most likely to die within 18 months of an AIDS diagnosis. Furthermore, the current paradigm accepts, rather than challenges, shortcomings in today’s HIV testing and reporting procedures, which contribute to the incomplete picture of the epidemic’s impact on Hispanics.

Although advances in HIV/AIDS treatment have led to declines in new diagnoses and deaths among Whites and other minorities, these advances continue to be more slowly experienced among the Latino population. In fact, with an increase of eight percentage points, Latinos were the only racial or ethnic group to have experienced an increase in the rate of AIDS deaths between 1999 and 2003. Furthermore, Hispanics are more likely than African Americans or non-Latino Whites to be tested for and diagnosed with HIV/AIDS after the disease has already progressed to a more serious stage.

Why HIV/AIDS Disproportionately Affects Hispanics

Today's approach to HIV/AIDS is confounded by the Latino population's lack of access to culturally- and linguistically-competent health care and the gap in information on HIV/AIDS and its impact on the community. In particular, there is an overwhelming demand for new definitions of HIV infection risk which inform communities, health professionals, and public health providers of both the context of HIV risk as well as modes of transmission. Furthermore, adaptations of HIV/AIDS education materials originally designed to prevent HIV among English-speaking gay males and intravenous drug users (IDUs) continue to account for the vast majority of public health information and fail to reach the newest casualties of the epidemic.

The causes of the disproportionately high rate of HIV/AIDS in the U.S. Hispanic community are complex. Although the Latino population is extremely diverse, its members share common factors that may place them at increased risk of HIV/AIDS: discrimination, stigma, homophobia, socioeconomic hardship, overcrowding, poverty, rigid gender roles and expectations, high mobility, isolation from family and country of origin, and marginalized status. Some causes – such as poverty, low levels of education, and lack of access to adequate health care – reflect the experiences of other underserved populations and are beginning to be incorporated into national and community-based public health programs.

Cultural and social barriers also inhibit access of Latinos to effective prevention, testing, and treatment programs. Key barriers include:

- Hispanic sexuality and gender roles, including the effects of *machismo*
- Parental inhibitions regarding sexual education
- The impact of acculturation on risk behaviors
- High Latino concentrations among migrant workers, who experience disproportionate HIV/AIDS risks
- Immigration status, which inhibits Hispanic access to treatment
- Ineffective HIV prevention and outreach campaigns

Promising Strategies: A Family Focus

The clear consensus of the academic research and the Latinas and HIV/AIDS Summit, confirmed by NCLR Latino Families HIV/AIDS Needs Assessment participants of both genders, is that the next generation of Hispanic-focused HIV/AIDS prevention, outreach, and education programs should focus on the Latino family. Specifically, HIV prevention projects targeting Latinos should premise efforts on the following themes and messages:

- **Using culturally-based values and beliefs** to construct prevention efforts regarding the growing risk of HIV among Latino families, particularly females who may be in long-term perceived monogamous relationships
- **Targeting Hispanic families** and emphasizing the need for sexual communication with their partners and their children about HIV/AIDS risk
- **Highlighting the responsibility of Hispanic men** to protect their partners and their families and emphasizing the need for sexual communication with their partners and their children

Recommendations

A major, multisite demonstration project emphasizing this family-focused paradigm should be designed and implemented, incorporating the following attributes:

- **Creating culturally- and linguistically-relevant HIV prevention and testing media campaigns targeting the Latino family, with a particular focus on heterosexual women and youth.** Knowing that in the eyes of many Latinos at risk for HIV infection the virus affects only those who fall into the traditional HIV risk categories of IDU, males having sex with males (MSM), and sex workers, greater emphasis needs to be placed on designing media campaigns that target the entire Latino family.
- **Reducing the stigma through the participation of HIV-positive Latinos willing to be part of the media campaign.** Recommendations from participants in the NCLR Latino Families HIV/AIDS Needs Assessment found that messages that raised awareness, rather than incited fear, were desired.
- **Using a pan-Latino Spanish-language approach with materials that are sensitive to lower educational levels.** Materials should be in basic Spanish, at a literacy level that is accessible to the majority. An exception to this recommendation might be when developing materials targeting youth, who often identify with specific word uses.
- **Linking outreach and prevention activities with CBOs, educational and religious institutions, and AIDS Service Organizations (ASOs) in the development of HIV outreach and education programs.** Mentoring relationships among organizations allows for creative endeavors that can in turn provide services to other institutions such as those of an educational and/or religious nature.
- **Creating, supporting, and evaluating *promotores*-based HIV/AIDS programs.** *Promotores* programs have been widely used throughout developing countries and provide underserved and often linguistically-isolated communities with needed health-related information. These programs are just beginning to take hold in the U.S. and are quite successful in both educating and providing participants with culturally- and linguistically-relevant information combined with the social support needed for behavior change.
- **Working with CBOs in the development, testing/evaluation, and placement of outreach educational activities.** CBOs and Latinos frequenting these organizations for services are the experts and should be included in all aspects of program development. These organizations must be assisted in the measurement of the effectiveness of their programs so that they are better able to document and promote wider-scale replication of best practices.

If this family-focused, culturally-competent approach demonstrates positive results in community settings, it can and should be used to inform a nationwide redefinition of HIV/AIDS prevention, outreach, and education strategies targeting the Latino community.

Our nation's future economic prosperity depends on a healthy and thriving Latino population, the largest and youngest minority group in the U.S. It is projected that by 2050, 24% of the U.S. population will be Hispanic, and dramatically reducing the growing incidence of HIV infection among Latinos should be a national priority. The development of new, creative, and effective HIV prevention, outreach, and AIDS management strategies that meet Latino-specific needs are crucial to curbing the spread of HIV. Eradicating the stigma associated with infection through targeted intervention, early access to testing and treatment, and improving knowledge and methods of preventing the spread of this virus through outreach and education are essential steps in our society's shared battle against HIV/AIDS among Latinos.

Assessment could be defined as “high-risk” under current criteria (e.g., homosexual, injection drug user), many more did not, addressing the need to focus on a broader group and various subsets of Latinos to effectively target HIV/AIDS at the community level.

In an effort to further explore the specific factors that increase Latinos’ risk for HIV infection and the issues related to HIV/AIDS management, NCLR, California State University, Long Beach (CSULB), and the Los Angeles-based Latino Coalition Against AIDS held the Latinas and HIV/AIDS Summit in December 2005. Sponsored by the Congressional Hispanic Caucus Health Task Force, the Office of Minority Health (OMH), and the Latino Coalition Against AIDS, the Summit provided a unique opportunity for academic researchers, CBOs, policy-makers, and peer health educators to review the most up-to-date HIV/AIDS research on the U.S. Hispanic community and to share experiences and best practices from the field. Although the focus was on Hispanic women in particular, the overall emphasis was on families and the daily contexts of HIV risk. Participants convened for academic presentations followed by working groups that focused on key topics, including examining culture and family; economics and HIV risk; increasing access to HIV testing; reproductive health and HIV risk; creating effective HIV prevention and media messages; and *promotores de salud* (lay health educators) and health education models for HIV prevention.

II. CHANGING DEMOGRAPHICS OF HIV/AIDS IN THE HISPANIC COMMUNITY

A. Overview

While there are major gaps in data documenting the incidence of HIV/AIDS within the Hispanic community, the available research shows that it affects Latinos in all regions of the country, that its disproportionate effects have historically impacted Hispanic subgroups differently by both ethnic origin and birthplace, and that it is increasingly transmitted through heterosexual contact, placing an augmented burden upon Latino women and youth.

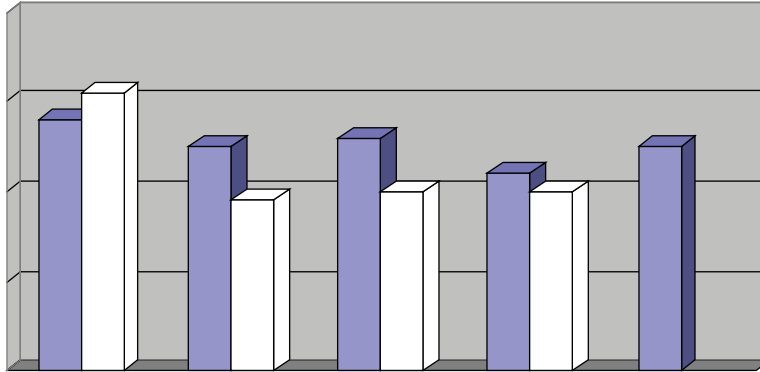
While accounting for 14% of the U.S. population, Latinos currently constitute 19% of the cumulative 944,306 AIDS cases diagnosed since the beginning of the epidemic and 20% of all people in the U.S. living with AIDS (Kaiser Family Foundation, 2006). The growing incidence of HIV and AIDS within the Hispanic community diverges from the disease’s historical patterns of transmission with HIV affecting heterosexuals, Hispanic women, and adolescents more than in all other racial/ethnic groups except for African Americans. Moreover, a recent report by the Agency for Healthcare Research and Quality (2005) found that “New AIDS Cases” was ranked as one of the disparities in quality of health which was worsening only among Latinos when compared to all other racial/ethnic groups.

With the exception of Latinos and African Americans, rates of new HIV infections and AIDS cases have decreased among all risk groups and racial and ethnic minorities. In 1993, when Hispanics accounted for 11.5% of the U.S. population, it is estimated that they represented 17.6% of all new HIV (not AIDS) cases in the U.S. In 2004, when Hispanics represented 14% of the population, the proportion of Hispanic HIV cases grew to 21%. Over the same period, new cases of HIV among Whites fell from more than 45% to 30.5%, a drop that far exceeds the relative decrease in Whites as a percentage of the U.S. population (Centers for Disease Control and Prevention [CDC], 1993, 2005). Moreover, despite the advances in treatments that are prolonging the progression to full-blown AIDS, diagnoses among Latinos increased by 8% between 1999 and 2003 alone, an increase greater than for any other racial/ethnic group.

B. Heterosexual Transmission

The disproportionately rapid increase of the disease among Hispanics can be attributed to its increasing spread through heterosexual contact. Within the past three years Latinos represent the only racial/ethnic category wherein heterosexual infection has more than doubled among both males (5% to 11%) and females (23% to 51%), indicating a transition in transmission that mirrors data from Africa and some Latin American countries, where the male-to-female AIDS case ratio continues to rapidly decrease (Frasca, 2005).

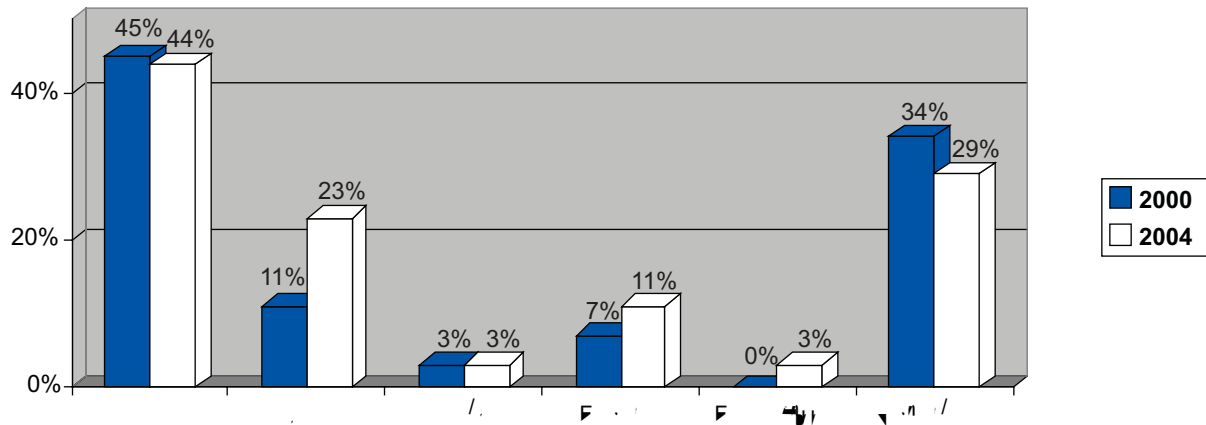
Not surprisingly, the resulting increase in heterosexual transmission among Hispanic women far exceeds increases in other racial and ethnic categories. In 2004, among the new HIV cases for



The incidence of the disease as a result of heterosexual contact has also significantly impacted Hispanic males who are the second most likely racial/ethnic group to be infected via this mode of transmission and the second least likely to be infected through homosexual contact. In 2004, 44% of Hispanic male HIV cases were caused by males having sex with males (MSM), followed by injection drug use (IDU) at 23%, heterosexual contact (11%), and an equal share caused by a combination of MSM/IDU and hemophilia/coagulation disorder-related blood or blood product transfusion (3%) (CDC, 2005). In comparing these data with those from 2000, the only two transmission modes demonstrating an increase were IDU and heterosexual. The rise in IDU is most likely the result of the inclusion of Puerto Rico in national data profiles due to the commencement of name-based reporting of HIV.

FIGURE 3

2000 (34 areas) and 2004 (42 areas including Puerto Rico) New HIV Infections among Latino Males in Areas with Confidential Name-Based Infection Reporting



Source: Centers for Disease Control and Prevention. (2004). *HIV/AIDS Surveillance Report*, 16. Atlanta: U.S. Department of Health and Human Services.

C. Geographic Dispersion

As the Latino population continues to spread throughout the United States, Latinos with AIDS are now found throughout the country, with rapid increases taking place in the southern United States (CDC, 2005). Although in 2004 the ten regions with the highest rates of Hispanic AIDS cases – California, Connecticut, Florida, Illinois, Massachusetts, New Jersey, New York, Pennsylvania, Puerto Rico, and Texas – accounted for 89% of all Latinos estimated to be living with AIDS (CDC, 2005), the highest increases in overall AIDS rates are occurring in the southern corridor.

While these AIDS case rates should be interpreted with caution due to the South’s relatively small Latino population, considerable strategic changes are necessary for effective health services and prevention efforts given the definitive growth of the Latino population in the southeastern U.S. and other emerging areas that have experienced rapid growth of their respective Latino populations within the past ten years (National Council of La Raza, 2004a). These areas often have health program and social service infrastructures that are unable to provide culturally- and linguistically-appropriate services and appropriate care.

D. Country of Origin

While there are still significant gaps in information on the impact of AIDS on Latinos of different countries of origin, examination of the incidence of AIDS cases among Latinos of varying birthplaces demonstrates recent increases in AIDS cases among those born in Mexico and Central and South America.

In 1992, the majority of Latinos with AIDS were born either on the U.S. mainland (32%) or in Puerto Rico (28%). However, by 2004, the percentage of AIDS cases among Puerto Rican-born dropped to 10%, a trend that continues. The most recent increases in AIDS cases are, however,

among health care professionals of Latino-specific needs, substance abuse prevention and treatment services, as well as the role that male migrant workers may play in spreading HIV/AIDS (Ayala & Nuño, 2003; Castañeda, 2000; Diaz & Ayala, 2001; Pleck, Sonenstein, & Ku, 1993; Vargas Carmona, Romero, & Burns Loeb, 1999).

All available research and case studies show that there are multiple causes that impact men,

C. Feminization of Poverty and HIV/AIDS

Poverty plays a particularly negative role in the lives of Hispanic women, and given their traditional responsibility as head of household, the consequent increase for HIV/AIDS risk is also felt by the entire family. Research shows that the annual median wage for Latinos is almost half that of their non-Hispanic White counterparts (Aguayo, Brown, Rodriguez, & Margolis, 2003). Close to 25% of Latino households are headed by single Latinas who are the lowest paid wage earners of any group (U.S. Department of Labor, 2004). Women from economically disadvantaged backgrounds have to deal with many social and psychological adversities that make it difficult for them to practice healthy behaviors, including their ability to access available services (Castañeda, 2000). In addition, economic dependence on a partner limits a woman's ability to leave an abusive partner or her ability to negotiate risk reduction behavior such as requiring her partner to use a condom. The daily struggles of life far outweigh the attention needed to negotiate safer sex with their partners (Romero, Wyatt, Chin, & Rodriguez, 1998). Further evidence suggests that housing issues and residential instability can also have a negative effect on preventive behaviors, such as condom use, and can lead to an increased rate of substance abuse (Kline, Kline, & Oken, 1992). Finally, the effects of Latinas living in poverty are clearly linked to increased vulnerability among children, since time constraints and other stressors impact the quality of the parent-child relationship and a mother's ability to impart critical prevention information.

While studies have shown that Latinas are less likely to be sexual risk-takers when compared to their African American and White counterparts, research also shows that poverty has the tendency to transform non-risk-takers into individuals who regularly engage in risky activity. One study of HIV risk behaviors among women in low-income, inner-city housing developments demonstrated that one-third were at risk for HIV due to their partners' behaviors. Women who were in fact at highest risk were those who accurately perceived themselves to be at high risk for HIV infection. These women were more likely to be younger and have little intention to use condoms. Despite their accurate perception of real HIV risk, these women felt relatively helpless in altering their high-risk behaviors; this fact is of grave concern and points to the few chances women actually have or perceive themselves as having when living in impoverished situations (Sikkema et al., 1996).

Likewise, while Latinas have lower rates of substance abuse than other racial and ethnic groups, a study of low-income women in Miami demonstrated that those who used substances were more likely to engage in high-risk behavior and were the least likely to use condoms (Sly, Quadagno, Harrison, Eberstein, & Riehm, 1997). Furthermore, lack of educational opportunities, which may be poverty's greatest burden, also disproportionately impacts Latinos. Latinas with low levels of education, especially those who speak Spanish as their predominant language, frequently have to negotiate an economic and social system that is particularly intimidating given their lack of knowledge and recent adaptation to the U.S. (Zambrana & Dorrington, 1998). According to the U.S. Census Bureau (2002), 67% of Latinas are high school graduates and less than 22% have earned a bachelor's degree or higher. Latinas with a college degree, however, still earn less than White women with a high school diploma (Hernandez-Truyol, 1998). Low educational attainment, monolingual Spanish, and low literacy levels further prevent some Hispanics from accessing accurate HIV/AIDS information. Since Spanish-language television and/or Spanish-language newspapers may be the only information source for monolingual Hispanics, the current placement of HIV/AIDS educational materials must ensure that the most susceptible members of the Hispanic community gain access to the critical HIV/AIDS knowledge needed to facilitate self-protection.

Women who participated in the NCLR Latino Families HIV/AIDS Needs Assessment suggested that outreach workers should provide more information on economic resources such as housing and child care to help women reduce their economic dependence on men and subsequent risks for HIV infection. One woman explained her recommendation for child care by observing:

That way they can go out and look for a job; give them motivation to come out [of their homes] on their own.

D. Risk Among Hispanic Youth

According to data from the Youth Risk Behavior Surveillance System, Latino high school youth are more likely to have engaged in sexual intercourse when compared to all U.S. high school students (48% vs. 46%, respectively) and are the least likely to have used a condom at most recent intercourse when compared to their White and African American counterparts (54% vs. 57% and 67%, respectively) (CDC, 2002). Although abstinence is definitively the only way to completely eliminate sexually-transmitted HIV infection, long-term studies of discordant couples, wherein one person is HIV-positive, have demonstrated successful HIV prevention with consistent condom use. Hispanic youth are the second-most-likely racial/ethnic group to contract HIV/AIDS, and their vulnerability to contracting the disease is increasing. In addition, the low socioeconomic status of many Hispanic youth, coupled with cultural stigma around sex and gender roles, likely contribute to behaviors that increase risk for contracting HIV. The increasing representation of Latino youth (aged 13-19) among new AIDS cases in 2003 (21%) also accentuates the need for increasing prevention efforts targeting this population (CDC, 2006).

Adolescent pregnancy often serves as a proxy variable for HIV/STI (sexually-transmitted infection) risk through unprotected sex. The adolescent pregnancy rates among Latinas aged 15 to 19 are more than twice that of non-Latino Whites (137.9 vs. 55 per 1,000, respectively), rendering their birthrate the highest of any ethnic group since 1995 (Martin, Hamilton, et al., 2006). As Latinos are one of the youngest racial/ethnic groups, the Hispanic adolescent population is expected to rise dramatically throughout the next 20 years; thus, increased attention to the unique issues related to their sexual and reproductive health is vital (Vexler & Suellentrop, 2006).

In direct correlation to their high pregnancy rate is the fact that Latina teens are the least likely to use contraception at first intercourse when compared to non-Hispanic White and non-Hispanic Black teens (34% vs. 22% and 29%, respectively) (Vexler & Suellentrop, 2006). Furthermore, a study of condom use failure among Latinas demonstrated a failure rate that was 86% higher than that of women in all other racial/ethnic groups (Piccinino & Mosher, 1998). Additional research suggests that Latino teens using hormonal contraceptives, such as Depo Provera, are less likely to use condoms when compared to their non-using sexually-active adolescent counterparts (Roye, 1998). These statistics may reflect Latinos' poor access to health care or – when access is gained – little education regarding sexual/reproductive health beyond pregnancy prevention. Access to contraception among Hispanic adolescents could be even more diminished by a culture that does not encourage parents to acknowledge their children's sexual activity or to talk to their children about sex.

The effects of low socioeconomic status on HIV risk could also be exaggerated among Latino adolescents for many reasons, including poor access to quality health care, less opportunity for quality time with parents due to their long work hours, or by contributing to disempowerment, which has been demonstrated to increase at-risk activity. Low-income Hispanic adolescents report higher intentions to have sex, earlier sexual initiation, more sexual partners, and lower use of contraception, including condoms (East, 1998; Norris & Ford, 1999).

Latino adolescents may face unique challenges posed by the traditional values of the culture in which they were raised conflicting with the more liberal values of U.S. culture. Traditional gender roles and *machismo*,* still highly valued by their parents, take on new meaning for Hispanic American adolescents, and the resulting conflicts, if left unresolved, may contribute to HIV risk. One qualitative study reported that younger Mexican women may be at increased risk for HIV because they do not want to disrupt the heightened sexual intimacy they experience with their main partners by suggesting the use of condoms, believing that such requests indicate they are questioning a partner's fidelity, or that they might give their partners reason to question their own faithfulness. Negotiating condom use may mean acknowledging and even "giving permission" for a partner's infidelity (Hirsch, Higgins, Bentley, & Nathanson, 2002). The degree of acculturation may affect teens' confidence levels as well. One study found that more acculturated teens report a greater sense of control over their sexual health and disease protection compared to less acculturated teens, suggesting a higher motivation to use contraception and thus avoid pregnancy, STIs, and HIV (Villarruel, Jemmott, Jemmott, & Ronis, 2004).

Latino participants in the NCLR Latino Families HIV/AIDS Needs Assessment demonstrated a great deal of concern for youth, and were fearful that teenagers consider themselves to be invulnerable to HIV. Although few youth participated in the Needs Assessment, those who did reported party situations that often led to HIV risk behavior. "Raves" in particular were cited as high-risk situations wherein Latino youth might abuse drugs such as Ecstasy and engage in high-risk sexual activities. Among HIV-positive participants, a great deal of discussion centered on reflection of their attitudes during their youth and how the sense of invulnerability placed them at high risk:

Teenagers, they don't understand, they don't think. [Hispanic teenagers believe], "It won't happen to me," because that's how I used to be.

V. STRUCTURAL FACTORS INHIBITING ACCESS TO HIV/AIDS SERVICES

A. Lack of Access to Health Care

While access to quality health care is clearly one of the many negative products of a life lived in poverty in the U.S., the specific linguistic, cultural, and other socioeconomic realities of U.S. Hispanics further complicate their access to appropriate health care and education. Latinos are less likely than all other racial/ethnic groups to have access to the health care system.

According to the U.S. Census Bureau's (2003) *Report on Income, Poverty, and Health Insurance Coverage*, the number of uninsured Hispanics rose from 12.8 million to 13.2 million between 2002 and 2003, equaling approximately 32.7% of the U.S. Hispanic population. The Commonwealth Fund's *2001 Health Care Quality Survey* found that 46% of Latinos under the age of 65 reported having gone without health insurance some period of time in the year previous to the survey (Doty & Ives, 2002). According to a recent analysis of the *Survey of Income and Program Participation* (SIPP), Latinos were far more likely to report not having seen a physician within the previous 12 months

* A strong or exaggerated sense of masculinity stressing attributes such as physical courage, virility, domination of women, and aggressiveness.

B. Lack of Access to HIV Testing and Treatment

Access to HIV-related information and testing often provides the impetus for increasing awareness and potential behavior change. Many of the free to low-cost clinics nationwide are not found in areas with a high Latino population, thus limiting the community's access to both testing and HIV prevention education (Ayala & Nuño, 2003). Studies also suggest that Hispanics are unaware that HIV/AIDS testing is not a uniform part of routine medical exams, and since most health providers do not view some of the most susceptible members of the community as "high-risk," the testing is under-administered (Kaiser Family Foundation, 2004a). As mentioned previously, after learning of their HIV-positive status, Hispanics are the least likely of all racial and ethnic groups to receive appropriate treatment. The overall lack of HIV-related information in Spanish which clearly illustrates the risk of acquiring the virus also contributes to the isolation of the Hispanic community from current HIV testing and care. Latinos are also often unaware of their rights regarding access to medical care and information in their language of origin as provided by Title VI of the Civil Liberties Act.

The only group of Hispanics routinely offered HIV testing are pregnant women. Due to the fact that many Latinos perceive HIV testing to be part of routine medical examinations, it is essential to gain a better understanding of the impact of perinatal HIV testing and perceptions of pregnant Latinas regarding HIV examinations. For example, a survey of Americans on HIV testing found that 22% of Latinos believed HIV testing to be a part of routine medical examinations (Kaiser Family Foundation, 2004a). By not publicly stressing the need for HIV screening among Hispanics, many will face an increased risk of infection due to a general lack of awareness. The risk increases since physicians typically remain unaware of the true burden of HIV on Hispanics and may be less likely to recommend HIV testing for this population. To illustrate the point, a national survey of sexually-active Latina teens found that 51% did not receive HIV counseling at the time of their gynecological screening (Kaiser Family Foundation, 2001).

In addition, linguistic and education-level barriers may inhibit Latinos from understanding the health-related information being provided during their health care visits. According to a recent analysis of the Behavioral Risk Factor Surveillance System (BRFSS), even when Latinos report having been tested for HIV, they are the least likely of all groups to have knowledge about the available treatment for those who test positive (Ebrahim, Anderson, Weidle, & Purcell, 2004). According to the authors:

The results of this study underscore the need to ensure that the contact of people with the health care system during a testing encounter be used to educate them about fundamental aspects of HIV/AIDS prevention and care.

This is of particular importance when working with limited-English-speaking Latinos who may have no access to Spanish-speaking providers. Interestingly, a comparison of state data from the aforementioned study regarding knowledge of available HIV treatment found that only 34.45% of the nation's Latinos live in states wherein less than 80% of the Latino population was aware of available treatment for HIV (Ebrahim et al., 2004).

Given that Hispanics tend to learn of their HIV/AIDS status late in its course, treatment should be viewed differently than for other racial and ethnic groups. Lack of insurance, underinsurance, and

those living in poverty. In addition, the Needs Assessment, and subsequent studies that were presented during the Latinas and HIV/AIDS Summit, examined the role that various levels of acculturation and immigration status can play on increasing risk for the disease. Given the diversity of the Hispanic community in the U.S., great care must be taken in understanding the way that cultural and social dynamics relate to different Latino subgroups. For example, as the analysis on HIV/AIDS incidence and risk among Mexican migrant workers shows, specific situations, practices, and beliefs common to some Hispanic populations are not universal, and subsequently call for more nuance in assessing the virus's varying impact and transmission patterns among the diverse U.S. Hispanic population.

B. Sexuality and Gender Roles

Traditional Latino culture and social practices tend to discourage open communication regarding issues of sexuality and the related themes of gender, sexually-transmitted diseases, and homosexuality. While the avoidance of these topics is common among many other racial and ethnic groups, there is a heightened sense among Latinos that such issues are taboo, and the stigma associated with STIs and homosexuality is exacerbated by rigid definitions of the role of the Latina wife and the Latino husband. Since sex is generally not discussed between married couples, particularly among those with more traditional values, conversations of condom use and/or other safe-sex discussions are even rarer and affect the critical communication and education of children on issues of sexual health. Evidence suggests that, in some cases, sexual stigma contributes to the incidence of Latinas being unaware of a husband's extramarital activities, or knowing but feeling unprepared to do anything about it. In the words of one participant in the NCLR Latino Families HIV/AIDS Needs Assessment:

Many women are infected by their husbands. It is incredible how many housewives are infected and don't even know it.

Finally, the stigma of homosexuality among many Hispanic subgroups may increase the secrecy – or denial – of HIV/AIDS among Hispanic men who participate in male-to-male sexual activity.

The clearest and most dangerous result of the stigma around discussing sexuality is visible through examination of contraception use. U.S. Latinos are shown to be the least likely of all other racial and ethnic groups to utilize condoms and other safe-sex practices that prevent AIDS and other STIs. Participants in the Needs Assessment stated that they were fearful of their partners' reaction to requests for condom use. Female participants reported that their male partners may become angry and even violent. In the words of one woman:

I'm too scared to ask him to use condoms. He might think I'm unfaithful...and I'm scared of what he might do to me.

The women in the Needs Assessment stated that they did not expect condom use among their male counterparts because rarely did a woman encounter a man who was willing to use them. One woman expressed a belief typical of participants that condoms, or STI protection and contraception in general, are not discussed in the relationship; she stated:

I don't know how to ask him to use condoms. We never talk about those things.

Even if condom use were to increase among Hispanics, the research suggests that additional steps would be required to reduce the rate of HIV infection. Although the rates of condom use in the U.S. have improved among all populations, Latinas are most likely to experience failure rates

when compared to all other racial/ethnic groups, pointing to a lack of education and communication on their proper usage (Jones, Darroch, & Henshaw, 2002; Piccinino & Mosher, 1998). A high percentage of Latinas who use a contraceptive method use female sterilization (34%) followed by the pill (22%), which both offer no protection against HIV and other sexually-transmitted infections (Frost & Driscoll, 2006). Furthermore, research in Africa indicates that hormonal contraception may increase the likelihood of HIV-1 acquisition during unprotected intercourse (Lavreys et al., 2004).

Although comprehensive research is gravely lacking, certain Latino populations appear to be at

Women participants in the Needs Assessment expressed their role in relationships as being culturally bound, and that the expectations of marriage and motherhood had been somewhat disappointing. Many of the women are married to men who are repeatedly unfaithful, and many others had been left by their husbands to survive economically with few or no job skills. As one Latina stated:

I was always taught to find a man and stick with him...no matter what.

The connection between cultural expectations of women and self-esteem and how the combined force translates into HIV risk behavior was found throughout the interview and focus group

Another woman related infidelity to condom use and gendered expectations:

I think our culture puts women at risk because the men don't want to wear condoms. If they were going to be monogamous and you could be sure there wouldn't be a need for that, but these men...I have no respect for...for a man who cheats. I don't think these men use condoms, and a lot of the times the women don't know and they think that their men are faithful because they come home from work every night.

The reinforcement of the most negative elements of *machismo* is often increased when immigrant males come to the U.S. and are confronted with new challenges and stressors which may leave them feeling emasculated. As a result, in certain Hispanic communities, there can be an increase in domestic abuse, infidelity, and male dominance within the family. Likewise, these behaviors can lead to more secrecy around sexual behavior and increase the stigmatization and denial of MSM practices, which can increase HIV/AIDS risk. Just as multiple female conquests can be viewed as status among heterosexual males, research has shown that Latino men who have sex with men also gain status in proportion to the number of male sexual partners they have (Casas & Casas, 1994).

Studies of Latino MSMs have demonstrated that Latino males, particularly Mexicans, who have sex with men do not often classify themselves as homosexual if they are the active or inserting partner (Carrier, 1995; Carrier & Magaña, 1991). Although the receptive partner may classify himself as homosexual, a significant portion of men who are the receptive partner in these relationships are not aware of their own sexual orientation (Carrier, 1995; Carrier & Magaña, 1991). This is particularly true for Mexican men who are the receptive partner in these relationships.

Although participants reported receiving little sexual and reproductive education from their

The effects of acculturation on specific sexual practices have been studied to a limited degree. It has been found that condom use was associated with being single, HIV-positive, and a younger age. Oral sex was associated with having experienced anal sex, higher acculturation, time in the U.S., U.S. citizenship, and higher education. Furthermore, anal sex was associated with having noncitizenship status, lower income, and being married, indicating that Latinas with the least economic resources may be at the greatest risk (Vargas Carmona, Romero, & Burns Loeb, 1999). A participant of the NCLR Latino Families HIV/AIDS Needs Assessment confirmed these findings as she shared her experience with her husband:

I don't like it but he says it's natural. I'm afraid that if I don't do it he will just go somewhere else. Then what would I do?

Furthermore, research on other health conditions has shown that the common perception that immigrants will become more wary of disease and therefore more careful as they acculturate is not necessarily true. In a study of acculturation and health beliefs regarding tuberculosis (TB) among Mexican immigrants, increased acculturation was found to decrease the perception of the severity of TB (Rodriguez-Reimann, Nicassio, Reimann, Gallegos, & Olmedo, 2004). It is essential

This research underscores the risk for HIV infection among Mexican migrants on both sides of the border (Barclay, 2005). In addition, migrant and emerging populations are often living away from their primary residences. Repeated or extended travel away from communities of origin has been associated with HIV infection. When working with mobile populations, additional guidelines require the merging of prevention services, treating each area as if opposite sides of the border were extensions of one community (Family Health International, 2003).

As in other countries with high-traffic border areas and large migrant populations where the spread of disease is more rapid and far-reaching, transmigration of Latinos to and from the U.S. has been shown to increase HIV infection among women and families in their countries of origin. This is particularly true in rural Mexico, wherein 25% of AIDS cases were among men who had traveled to the U.S., compared to only 6% among Mexican urban AIDS cases (Magis-Rodríguez, del Rios-Zolezzi, Valdespino-Gómez, & García-García, 1995). Another study examining the spread of AIDS cases in Mexico found that one-third were from Mexican states with the highest out-migration to the U.S., and that one in ten cases reported having lived in the U.S. (Organista & Kubo, 2005). Among persons with AIDS in two rural areas of Mexico, more than 50% of those in Degollado, Jalisco and 39% of those in El Fuerte, Michoacán had been to the U.S. (Bronfman & Moreno, 1996). Since HIV/AIDS is relatively new in these Latin American communities, HIV prevention, education, and treatment are scarce if nonexistent. One participant in the NCLR Latino Families HIV/AIDS Needs Assessment expressed her concern over this phenomenon:

They go back and have sex with their wives, and many times they infect

Another reported the combination of needle-sharing and tattoos as a risk:

The problem we have is that most of us often share needles, needles that could be contaminated. Something else that puts us at risk is tattoos. Most of us here have tattoos.

Organista et al., (1998) found that extramarital sex is especially pronounced among Mexican migrant men, with 27% of married men and 82% of single men reporting multiple sex partners during the past year. These figures are considerably higher than the rates among married and single U.S. Latino men (18% and 60%, respectively). Approximately 10% of the sample reported sex with other males, and 11% had received money for sexual favors. Furthermore, 58% of married men and 85% of single men reported not using condoms with casual and steady partners. Participants reported that 25% of their partners were sex workers, and four-fifths of them stated that they were under the influence during their last sexual encounter. Study participants revealed that, despite few negative attitudes toward condoms and high condom efficacy, they are only sanctioned and promoted to a limited degree. The Needs Assessment further examined HIV/AIDS risk among migrants and confirmed the results of other studies. Female sex workers were reported to frequent residences occupied by multiple males, and HIV-positive Latino male sex workers reported that it was not uncommon to be solicited by married Latino men (Rios-Ellis, 2003). One male participant reported:

We don't even have to go to look for them (sex workers). They just knock on our door and come in because they know where we live and they know we are lonely.

Economics, isolation, distance from family, and the stress of life as a migrant were reported by participants of the NCLR Latino Families HIV/AIDS Needs Assessment to significantly increase these behaviors.

F. Immigration Status

Immigrant Latinos also must face ineligibility for health programs, fear of deportation, or inability to achieve U.S. residency and citizenship. Undocumented Latinos are ineligible for almost all publicly-supported health benefits except for limited emergency services. In addition, undocumented Latinos may experience additional barriers to HIV testing due to the recent increase in deportation raids, which have resulted in substantial decreases in clinic and hospital

G. Prevention, Outreach, and Exposure to HIV Campaigns

Historically, approaches to preventing HIV infection have included reduction of multiple sex partners, promotion of monogamous relationships, abstinence or safer-sex practices (e.g., condom use), and screening for and treating sexually-transmitted infections (Reid, 1992). Unfortunately, just as in underserved countries, these strategies have little relevance for underserved Latinos and other communities with the greatest risk for HIV infection in the U.S. today. Hispanic and African American women, in particular, are gravely neglected by current prevention strategies that target gay men of color and focus only on women who are pregnant, engage in sex work or injection drug use, or experience a combination of these factors. Although women have perhaps the most influential role in educating their families and communities, little is being done to target them as they are often perceived as “low-risk.” Furthermore, traditional prevention strategies primarily focus on individual behavior change. These models fail to acknowledge the many constraints that inhibit safer-sex behaviors. According to Janz and Becker (1984):

These models are limited to accounting for as much of the variance in individuals’ health-related behaviors as can be explained by [only] their attitudes and beliefs. It is clear that other forces influence health actions as well.

One of the major foci of the NCLR Latino Families HIV/AIDS Needs Assessment was to better understand the failure of current HIV/AIDS prevention efforts and messages to impact underserved Hispanic communities, as well as to learn more about how messages could better resonate within these communities. The first two years targeted women exclusively, and both men and women participated in the third year of the assessment. A total of 259 Hispanic women and 63 Hispanic men participated. In an effort to determine the extent of media exposure and recall of HIV prevention messages among at-risk and HIV-positive Latinos, participants were asked to provide information regarding their exposure as well as direct recall of information acquired through media channels. Participants were first asked to recall messages and discuss their perceived target audience and issue. They were then asked to consider the cultural and linguistic relevance of the HIV/AIDS messages for which they reported recall and to provide their recommendations for the development of prevention messages and HIV outreach and educational strategies.

The most glaring finding of the Needs Assessment was the lack of exposure to media messages among participants, and the extent to which HIV prevention was perceived as only pertaining to certain populations, namely gays, IDUs, and sex workers. When participants in the Needs Assessment were asked about their exposure to HIV prevention messages, not one participant could remember seeing a prevention message which targeted Latinos. With the exception of participants in New York City and Puerto Rico, little to no HIV/AIDS-specific recall was detected. The most frequent response could be best summarized by the following statement:

There are very few commercials that talk about HIV, but I haven’t seen any that target Latinos. I can’t remember any commercials on television or on the radio.

Participants in virtually every session were in agreement with statements such as:

There aren’t any commercials directed at Latinos. We don’t have the information we need. We don’t see commercials for Hispanics about HIV.

Furthermore, Latino Needs Assessment participants differentiated themselves from those of other minority groups, describing a sense of invisibility of Latinos in health media:

There are no commercials that are directed at Latinos, like there is for Blacks. You don't hear anything special directed to us.

Participants in the NCLR Latino Families HIV/AIDS Needs Assessment found that messages promoting open communication within families on sexuality and the various activities that increase risk for HIV/AIDS were more effective, for example, than negatively-constructed messages that warned against individual practices – such as unprotected sex and IDUs. To be effective, participants asked that HIV education be incorporated into programs that remove the stigma and invite participation based on responsible parenting and/or self-care. One woman recommended that media messages to prevent HIV be family-inclusive. She stated, “It’s a problem that affects the whole family.”

Another woman discussed the need to be inclusive of single-parent families:

We need information targeting single mothers and divorced women because there are plenty of them in the Latino community. We need to learn how to involve those women in programs because when they are alone it is easy for them to sleep around.

A family focus also has the potential to influence health-seeking behaviors, including HIV testing and HIV/AIDS management. Latino families are often extended and are not limited to the nuclear paradigm most often reflected in U.S. mainstream society. Research conducted among families of HIV-positive and “at-risk” HIV-negative women in four northeastern U.S. states found that Latinas were more likely than all other Whites and African Americans to have a family member with HIV (21%, 34%, and 49%, respectively) and more likely to have a family wherein more than one person was infected (17%, 25%, and 42%, respectively). Furthermore, Latinas were more likely to know and have extended family members with HIV, thus underlying the close-knit nature of the Latino family and the potential impact of Latinas’ role in both HIV prevention and care (Fiore et al., 2001). This research, although limited to one U.S. region, demonstrates the need for further investigation of the potential impact of family involvement in HIV prevention and management.

The importance of family support among HIV-positive participants in the Needs Assessment was reinforced continuously. When there is a lack of understanding regarding both infection and the transmission of the virus, family reactions can be hurtful; one participant shared her experience:

Since they found out about my infection, they almost never call. They are afraid I will infect them. When they invited me to their home for Christmas dinner, they served my food on paper plates with plastic utensils.

Conversely, however, when the family is effectively mobilized, it can provide tremendous support for effective disease management, as another Latina participant noted:

I give thanks to God for the support of my family. Their understanding and love have helped me greatly in managing my illness.

C. Latina Empowerment as a Component of the Family Focus

While much more work needs to be done to create effective programs that empower Latinas to initiate sexual conversation and overcome traditional stigma associated with such conversations, early evidence continues to show the effectiveness of utilizing political empowerment as a health education strategy. A recent study of Latina immigrants and refugees shows that participating in political and social events, for example, may increase sexual communication comfort (Gomez, Hernandez, & Faigeles, 1999). On the other hand, participating in smaller, more intensive

D. Reaching Youth Through the Family

Although few interventions regarding sexual education and Latinos have been developed, and even fewer that involve family members, research shows that such interventions can be effective in building parent skills and reducing sexual risk among adolescents. In addition, support for HIV-positive family members can be greatly heightened through a better understanding of the virus as well as compassion among program participants. Sexuality education programs designed to promote the health education role and sexual education skills of the parent have been proven to be more successful than traditional sexual education and abstinence-based programs alone (Nitz, 1999). Moreover, when parents and adolescents are comfortable communicating,

relationships, less likely to become pregnant, and more likely to have abortions if pregnant (Baumeister, Flores, & Marin, 1995; Murry, 1995; Upchurch, Aneshensel, Sucoff, & Levy-Storms, 1999).

Studies have found that culturally- and linguistically-relevant HIV prevention education is effective in facilitating the adoption of preventive behaviors among youth, particularly if combined with strategies that incorporate behavioral theory-based interventions (Kirby et al., 2004; Villarruel, Jemmott, & Jemmott, 2006). In a study of Puerto Rican adolescents, participation in a theoretically-based, culturally- and linguistically-relevant HIV prevention program was effective in reducing episodes of sexual intercourse and number of sexual partners, while increasing both consistency and frequency of condom use. These findings were particularly strong among Spanish-speaking Puerto Rican youth, indicating the need for further evaluation of intervention effectiveness on diverse Latino subpopulations as well as Latinos of various levels of acculturation (Villarruel, Jemmott, & Jemmott, 2006). The potential of testing such strategies among youth and family members will most likely strengthen long-term outcomes.

E. Addressing *Machismo* in the Family Context

Much like sexual taboos, beliefs and behaviors associated with *machismo* are mutable; in fact, the traditional definition of *machismo* focuses on the male's responsibility to family and honor within society. As a result, HIV/AIDS prevention materials may have the potential to redefine characteristics such as *machismo* which, while normally considered negative, can also be viewed more positively as a male's responsibility to protect and take care of his family (Rodriguez & Gonzales, 1997). *Machismo* was also reported as a barrier to disclosure of HIV status to one's primary partner. One male Needs Assessment participant shared:

Machismo plays a role in men not disclosing their infection status to their partners. He doesn't care if his wife gets infected because his machismo influences his lack of perceived vulnerability; he cannot admit that he is sick.

However, in a different family-focused context that emphasizes the man's traditional obligations, the concept *machismo* could be a key, rather than a barrier, to redefined gender roles in the context of HIV/AIDS prevention. In the words of a male Needs Assessment participant:

The word 'macho' has been distorted over the years. A Mexican man, a macho man, used to refer to that man being the head of the family. It was a positive thing. Now, machismo means violence; a man that beats his wife.

Furthermore, the scarcity of research on Latino family sexuality must be challenged with new theoretical frameworks that explain the contextual factors affecting health-related behaviors without vilifying culture and stereotyping behavioral manifestations, such as

outreach and identifying cases, health education, translation, patient transportation, and case management. *Promotores* can also serve as advocates and lobby for health care, center-based child care during business hours, development or strengthening of transportation systems, and cultural sensitivity training for health care staff. They also work with community members and facilitate and encourage appropriate screening and preventive measures (Zuvekas, Nolan, Tumaylle, & Griffin, 1999). In a recent study examining the impact of a *promotor* visit combined with a postcard reminder for annual screening versus a postcard reminder only, the *promotor* visit group experienced a 35% increase in screening over the postcard-only group (Hunter et al. 2004). The personal element in health care outreach was shown to be highly effective in reaching the Latino community.

Studies have shown the *promotores* model to be very effective in assisting with numerous health issues including cardiovascular disease, child abuse, nutrition and food safety, maternal and child health, HIV/AIDS and sexually-transmitted infections, mental health, and facilitating access to health care (Alcalay, Alvarado, Balcazar, Newman, & Huerta, 1999; Balcazar, Alvarado, Luna Hollen, Gonzalez-Cruz, & Pedregon, 2005; Ballew, 1985; Bell, Hillers, & Thomas, 1999; Blumenthal, Eng, & Thomas, 1999; McFarlane, 1996; Serrano, 1997). In addition, peer educators have demonstrated effectiveness with populations of various ages, such as youth and the elderly (Bell et al., 1999; Reininger & Dinh-Zarr, 1999). Moreover, *promotores* have been found to be highly effective in regions with considerable health care and status issues, such as the U.S.-Mexico border (Sanchez-Bane & Moya Guzman, 1999; Williams, 2001).

Often providing the first link to the formal workforce in the United States, *promotores*-based programs offer many low-income Latinos, both men and women, the opportunity to begin to interface with the health and human service sectors. Although few studies have been conducted to examine the transformation of *promotores* into health paraprofessionals and professionals, this work is needed to better understand the role of *promotores* training in the development of culturally- and linguistically-competent health and social service professionals (Baker et al., 1997; Eng, Parker, & Harlan, 1997). Without doubt, *promotores* are beginning to be viewed as an essential part of the health care sector, particularly within organizations committed to providing culturally- and linguistically-relevant care (Witmer, Seifer, Finocchio, Leslie, & O'Neill, 1995). Peer educators have also been found to be effective in networking with faith-based organizations and other community-based organizations (Barnes & Fairbanks, 1997; Eng & Hatch, 1991), and leave skill-sets within the community even after specific project objectives have been completed.

Creative HIV education and prevention strategies, such as peer education programs that provide Latinas, particularly immigrants, with entrance into the formal U.S. health system, are highly promising in the HIV/AIDS context (Reinschmidt, Hunter, Fernandez, Morales, & Lacy-Martinez, 2006). A study of health promoters and barriers to HIV counseling and testing and risk behavior among inner-city Puerto Rican and Dominican Latinas in New York found that preventive role models within women's social networks are very important. Having a greater proportion of network members endorsing safer-sex practices predicts condom use by a woman's main male partner. Furthermore, women who received support from a larger percentage of their social network were more likely to be concerned about HIV prevention and more likely to have undergone HIV testing, thus indicating that social networks not only may sustain existing social norms but could also become vehicles for change. After viewing an educational video, group discussion participation with network members led women to favor safe-sex practices, reject the notion that being married offers protection from HIV infection, increase willingness to talk about condoms with potential partners, and ask potential partners to use condoms to prevent HIV (Ortiz-Torres, Serrano-Garcia, & Torres-Burgos, 2000). The case of the Resource

Sisters/Compañeras Program in Orlando similarly demonstrated that 63% of first-time attendees at peer support meetings remained for the duration of the meeting. The group meeting fostered a sense of community among participants, open dialogue, and mutual support and problem-solving (Lugo, 1996).

Further support for the effectiveness of *promotores*-based programs targeting HIV/AIDS is shown through the Centro San Bonifacio HIV Prevention Program which was found to be highly successful in conducting outreach in a Chicago-based community, increasing HIV-related knowledge, and altering perceptions of HIV risk after participants had been exposed to community health worker trainings (Martin, Camargo, et al., 2005).

Participants in the NCLR Latino Families HIV/AIDS Needs Assessment discussed the need for increasing *promotores*-based programs to serve the Latino community:

Promotora programs could have people going out in the community and in the homes to give HIV information. There are many topics that people need to be made aware of, like methods of prevention, proper sex hygiene, and sexuality.

VIII. RECOMMENDATIONS

A. Overview

HIV/AIDS prevention programs based on a family-centered approach will do much to eradicate stigma and build on the positive aspects of *machismo*, while encouraging Latina empowerment through more open communication and more open and appropriate family discussion about sexual and reproductive health issues with adolescents and children. It is essential that educational materials are developed which link HIV/AIDS with other issues that impact the socioenvironmental context of HIV risk and risk behavior (economic dependence on male providers, multiple partners, intravenous drug use/sharing needles, unprotected sex, traditional gender roles, family expectations, and poverty) and use culturally- and contextually-appropriate messages to encourage readers to protect themselves and their families by communicating and seeking HIV education, testing, and services.

Until public health professionals are willing to combine efforts to move beyond the alteration of individual behavior within a culturally-competent framework through the creation of long-term socioeconomic and political opportunities for Latinas, we will continue to fail in our HIV prevention efforts. In the words of Hirsch (2003):

Culture and its programmatic corollary cultural appropriateness have been embraced because they are an easy pill for us to swallow in public health. They suggest that if we capture just the right culturally appropriate perspective, if we could just tell people how to be healthy in the right words, they would listen and all would be well. A social perspective on sexuality, in contrast, might force us more in the direction of political economy.

Heterosexual risks experienced by Hispanic women must be given voice in HIV/AIDS outreach campaigns; in this context, consideration of sexual behavior and sexual choices as being framed

by many factors given the contexts of poverty and gender issues among Latinos must not be overlooked. According to Gil (1998):

These differences [among Latinas] are in need of study, analysis, interpretation. To be useful, these efforts need involve a description of the contexts in which individuals make decision, as well as how those contexts – interpersonal and social – influence decisions. In this respect, any prevention education program for sexually active Latinas that does not, somehow and eventually, reach their partners concurrently has limited utility.

B. A Family Focus: The New HIV/AIDS Paradigm

The clear consensus of the academic research and the Latinas and HIV/AIDS Summit, confirmed by NCLR Latino Families HIV/AIDS Needs Assessment participants of both genders, is that the next generation of Hispanic-focused HIV/AIDS prevention, outreach, and education programs should focus on the Latino family. Specifically, HIV prevention projects targeting Latinos should premise efforts on the following themes and messages:

- **Using culturally-based values and beliefs** to construct prevention efforts regarding the growing risk of HIV among Latino families, particularly females who may be in long-term perceived monogamous relationships
- **Targeting Hispanic families** and emphasizing the need for sexual communication with their partners and their children about HIV/AIDS risk
- **Highlighting the responsibility of Hispanic men** to protect their partners and their families by communicating about their risk behaviors and using condoms
- **Promoting awareness among Hispanic youth** of both their growing risk for contracting the virus and the gender and privilege issues related to the factors motivating sexual behavior as it relates to a sense of personal power among young women (the ability of a young woman to attract a male)

A major, multisite demonstration project incorporating this family-focused paradigm should be designed and implemented, incorporating the following attributes:

- **Creating culturally- and linguistically-relevant HIV prevention and testing media campaigns targeting the Latino family, with a particular focus on heterosexual women and youth.** Knowing that in the eyes of many Latinos at risk for HIV infection the virus affects only those who fall into the traditional HIV risk categories of IDU, MSM, and sex worker, greater emphasis needs to be placed on designing media campaigns that target the entire Latino family. By focusing on the Latino family, the long-felt stigma associated with the virus can begin to be eliminated. In addition, such models and strategies will do a great deal to engender a supportive family environment for Hispanics living with HIV, which contributes greatly to the social support needed to adhere to HIV/AIDS treatment regimens.

Due to the popularity of the *telenovela* and the number of families who watch these shows together, mini-*telenovelas* Creating culturally- and linguistically-relevant HIV prevention and testing media campaigns targeting the Latino family, with a particular focus on heterosexual women and youth.

- **Reducing the stigma through the participation of Latino celebrities and HIV-positive Latinos willing to be part of the media campaign.** In an effort to reduce the stigma associated with HIV, celebrities can participate in the creation of media messages, as can HIV-positive Latinos willing to become involved. Recommendations from participants in the NCLR Latino Families HIV/AIDS Needs Assessment found that messages that did not incite fear, but rather awareness, were desired. Participants stated that they “already have enough to be afraid of” and that focusing on a positive educational image would help them better understand and take control of HIV risks. Furthermore, the fear of the virus would be allayed as the viewers would be exposed to positive images of Latinos living with HIV.
- **Using a pan-Latino Spanish-language approach with materials that are sensitive to lower educational levels.** Materials should be in basic Spanish, at a literacy level that is accessible to the majority and, due to the heterogeneous range of Latino subpopulations often residing within one given region, avoid colloquial Spanish of any given subgroup or region. An exception to this recommendation might be when developing materials targeting youth, who often identify with specific word uses. Latino-specific art and pictures should be used to reflect the communities targeted and mere translations of English language materials avoided to the utmost extent possible. In addition, increasing attention should be placed on transcending materials targeting non- or minimally Spanish-speaking Latino indigenous cultures in their respective languages.
- **Linking outreach and prevention activities with community-based organizations (CBOs), educational and religious institutions, and AIDS Service Organizations (ASOs) and creating collaborative projects that mentor new organizations in the development of HIV outreach and education programs.** Many CBOs, although sometimes without an HIV/AIDS prevention and outreach program, are very well established in their respective communities. These organizations can partner with a mentor ASO to create outreach and prevention education networks. To some extent the current competitive funding structure of health dollars in the U.S. discourages collaboration between agencies, but new initiatives, such as various projects administered through the Office of Minority Health, encourage collaboration with other agencies. This is essential for the creation of new models that address Latino needs from a culturally-relevant perspective. Mentoring relationships between organizations allows for creative endeavors that can in turn provide services to other institutions such as those of an educational and/or religious nature.
- **Creating, supporting, and evaluating *promotores*-based HIV/AIDS programs.** *Promotores* programs have been widely used throughout developing countries and provide underserved

better able to document and promote wider-scale replication of best practices. Furthermore, these agencies often provide an array of services to the populations they serve which can more effectively address the context within which HIV risk most often occurs and do so in a manner that is both culturally and linguistically effective and meaningful.

If, as this white paper suggests, this family-focused, culturally-competent approach demonstrates positive results in community settings, it can and should be used to inform a nationwide redefinition of HIV/AIDS prevention, outreach, and education strategies targeting the Latino community.

Our nation's future economic prosperity depends on a healthy and thriving Latino population, the largest and youngest minority group in the U.S. It is projected that by 2050, 24% of the U.S. population will be Hispanic, and dramatically reducing the growing incidence of HIV infection among Latinos should be a national priority. The development of new, creative, and effective HIV prevention, outreach, and AIDS management strategies that meet Latino-specific needs are crucial to curbing the spread of HIV. Eradicating the stigma associated with infection through targeted intervention, early access to testing and treatment, and improving knowledge and methods of preventing the spread of this virus through outreach and education are essential steps in our society's shared battle against HIV/AIDS among Latinos.

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