



**SHAPING
THE NEW
RESPONSE:**

**HIV/AIDS
& LATINOS
IN**

**THE
DEEP
SOUTH**

ALABAMA



ALABAMA

Table 2: **Demographic and epidemiological facts:**

Estimated 2007 state population (ACS):	4,628,000
Estimated 2007 Latino population (ACS)	25,000 (2.70%)
Reported cumulative HIV/AIDS cases 6/30/08	15,683*

Table 3: **Alabama reported overall and Latino HIV diagnoses, 2005-2007**

Year	HIV incidence	Latino HIV diag.	Lat. % of total
2005	849	22	2.59%
2006	934	23	2.46%
2007	900*	31*	3.44%*

Sources: HIV/AIDS Surveillance Branch, Alabama Department of Public Health, End of the Year Report 2005, <http://www.adph.org/aids>; Anthony Merriweather, 'HIV/AIDS in Alabama's Hispanic Community,' presentation at Alabama Statewide Roundtable, February 21, 2008; *Lani Thompson, Alabama Department of Public Health, personal communication 11/6/2008.

Table 4: **Adult and Adolescent Annual AIDS Case Rate per 100,000 Population, by Race/Ethnicity, Reported in 2006, Alabama**

Caucasian	African-American	Latino
4.9	32.5	18.3

Source: Kaiser Family Foundation, www.statehealthfacts.org

Table 5: **Rates per 100,000 population of total adults and adolescents living with HIV/AIDS in Alabama at the end of 2006**

Caucasian	African-American	Latino
111.1	619.0	210.6

Source: CDC (2008) HIV/AIDS Surveillance Supplement Report 13(1): 39-40.



DEMOGRAPHICS AND IMMIGRATION

Alabama's Latino population is among the fastest-growing in the South, attracted by jobs in agriculture, poultry and hog farms, construction, landscaping and other services, and some manufacturing jobs. Birmingham has the largest Latino population in Alabama with estimates ranging from 70,000 to 100,000.

Attitudes toward the immigrants among native-born residents are contradictory—immigrants tend to be popular in zones with a labor shortage while other municipalities have shown hostility. In Albertville in northeast Alabama, a local women's organization complained about the use of a town facility for English classes and forced its removal, ending instruction for over a hundred students.¹²

One particularly negative environment is the Birmingham suburb of Hoover where a mayoral candidate won on an explicitly anti-immigrant platform, leading to the closing of a day-laborer hiring hall known as 'La Casita.' On the other hand, the Birmingham United Way provides support to an agency serving immigrant clients.

HIV/AIDS

African-Americans comprise over 60 percent of newly detected HIV cases and overall prevalence. Latinos were barely noticed in epidemiological calculations until the second half of the current decade. The most recent HIV/AIDS planning document for the state, which covers the period from 2003 to 2008, does not disaggregate data for Latinos in its epidemiological summary.¹³

There are consistent reports of steadily increasing new HIV infections among Latinos in Alabama. A large HIV clinical care facility in Birmingham witnessed a doubling of Latino cases in the last year. Montgomery AIDS Outreach, which serves 1800 patients in two sites, reports that about 3 percent of its clients are Latinos—98 percent of them uninsured—and that two or three new Latino HIV clients appear each week.

Only 40 percent of all HIV-positive individuals of all ethnicities in Alabama are considered currently 'in care,' defined as having been seen by a doctor within the last year.¹⁴

¹² Father Thomas Ackerman, St. William Catholic Church, Gunthersville, personal communication

¹³ 'Comprehensive Plan for HIV Prevention in Alabama 2004-2008 (Revised),' Division of HIV/AIDS Prevention and Control, Alabama Department of Public Health.

¹⁴ Anthony Merriweather, 'HIV/AIDS in Alabama's Hispanic Community,' presentation at Alabama Roundtable, Montgomery, April 21, 2008.



GOVERNMENT

The Alabama public health system is centralized. The state is divided into 11 regions with the cities of Birmingham and Mobile managing independent county health departments with substantial autonomy. The public health system of Birmingham, Alabama's largest city, once provided care for workers in the many steel mills and nearby coal mines, and the health department remains an important direct service provider.

HIV/AIDS is handled in each district by a state infectious disease officer. Nonprofits and local health departments alike are heavily dependent on Ryan White funds to sustain their operations. Alabama's U.S. senators pushed hard for the redistribution of Ryan White funding to increase resources for the South during the 2006 congressional reauthorization process.

CURRENT SITUATION

Although HIV prevention initiatives targeting Latinos are infrequent, clinical services are available for those found to be HIV-positive. Care is available in Birmingham through the St. George's Clinic within Cooper Green Hospital, a public facility. All services are free; hospitalization is not covered for undocumented immigrants although it is available on an emergency basis. Interpretation is a constant problem, and bilingual employees must sometimes be borrowed from other departments.

The largest AIDS nonprofit in the state is AIDS Alabama, which played a central role in the Southern AIDS Coalition, an advocacy network of 14 states. However, it did not have a bilingual employee as of October 2008. There are bilingual employees in AIDS service organizations in Tuscaloosa, Mobile, Anniston, Huntsville and Montgomery. The Birmingham/Jefferson County health department hired a Latino community liaison in 2006. The University of Alabama at Birmingham is home to academics experienced in research on Latino populations who have worked in HIV/AIDS projects.

A typical scenario for AIDS providers is that of Montgomery AIDS Outreach whose health district includes the high-incidence counties of Alabama's so-called "Black Belt." It employs a single bilingual case worker whose responsibilities extend into 23 counties where she is often the only interpreter available.



STRATEGIES

Outreach to Latinos in an area may depend on the energies and commitment of a single individual. Latino businesses in Alabama tend to be very cooperative with these efforts. ‘Not one store or restaurant ever told me no,’ said one employee.¹⁵ Word of mouth is key: immigrants often will patronize a private bilingual doctor trusted by residents rather than seek free services in unfamiliar health departments.

A team of Hispanic health promoters supported by a professor of medicine at the University of Alabama at Birmingham (UAB) has carried out programs on breast and cervical cancer among women’s groups as well as HIV testing at men’s soccer leagues.

A research team based at the UAB School of Nursing found Latino parents concerned with problems they face raising their children in unfamiliar, new circumstances¹⁶ and forged local links in northeastern Alabama counties to create appropriate programs.

Health initiatives serving immigrants often partner with local churches. One Catholic parish in the northeast, which holds services in Spanish and Conjobal, a Guatemalan language, hosts a monthly meeting of county agencies to discuss Latino health issues. A Baptist congregation near Anniston in eastern Alabama runs Empower Ministries, a free primary care service one night per week. ‘La Casita,’ the hiring hall/service agency forced out of the Birmingham suburb of Hoover, was established by a Catholic parish and once performed HIV screening.

CBO NETWORKS

AIDS groups in Birmingham meet through the HIV Prevention Network led by AIDS Alabama. The Alabama Alliance for Latino Health in Birmingham addresses health issues for this population, including HIV.

The Alabama HIV Prevention Council, the state’s community planning group, has one Hispanic member out of 33.

15. Maria Shepard, personal communication, January 2007.

16. Harrison L & Scarinci S (2007) ‘Child Health Needs of Rural Alabama Latino Families.’ J Comm Health Nursing 24(1): 31-47.



ALABAMA ROUNDTABLE & RESEARCH SYMPOSIUM

The Commission convened a Roundtable on Latinos in Alabama and HIV/AIDS February 21 in Montgomery in conjunction with the state HIV/AIDS Program and the Office of Minority Health. An organizing team comprised of key partners from the HIV/AIDS program staff, an advocacy group and a maternal and child clinic mobilized over 60 participants to an all-day session greeted by the State Health Officer, Dr. Don Williamson, who lauded the action as a response to an emerging health disparity in the state.

The meeting built on the lessons learned in a prior event held in Louisiana, which was attended by two delegates from Alabama. Successful examples of community-based research and action projects in Alabama were highlighted.

The Roundtable produced detailed recommendations in four areas: data and research; outreach; culturally

and linguistically appropriate services; and policy. One recommendation, to increase knowledge of Latino cultural differences and interpersonal relations, attracted the attention of academic partners and led to a follow-up symposium in October 2008 on applying HIV prevention research findings to the Latino population and identifying priorities for future studies, which was attended by over 100 academics, students, providers and advocates from four states. It recommended that partnerships be developed between academics and front-line workers to better understand the immigrant communities and to formulate appropriate health-promotion programs.