



**SHAPING  
THE NEW  
RESPONSE:**

**HIV/AIDS  
& LATINOS**

**IN**

**THE**

**DEEP**

**SOUTH**

**NORTH**

**CAROLINA**



## NORTH CAROLINA

Table 18: **Demographic and epidemiological facts:**

Estimated 2007 state population (ACS):	9,061,000
Estimated 2007 Latino population (ACS)	640,000 (7.06%)
Reported HIV/AIDS cases 12/31/07:	21,593

Table 19: **North Carolina reported overall and Latino HIV diagnoses, 2005-2007**

Year	HIV incidence	Latino HIV diag.	Lat. % of total
2005	1806	125	6.92%
2006	2147	171	7.96%
2007	1943	160	8.23%

Sources: Surveillance Reports, North Carolina Division of Public Health, HIV/STD Prevention & Care Branch, 2005, 2006, 2007, <http://www.epi.state.nc.us/epi/hiv/>; Bill Jones, Epidemiologist, Communicable Disease Branch, 8/18/2008.

Table 20: **Adult and Adolescent Annual AIDS Case Rate per 100,000 Population, by Race/Ethnicity, Reported in 2006, North Carolina**

Caucasian	African-American	Latino
5.3	54.8	23.8

Source: Kaiser Family Foundation, [www.statehealthfacts.org](http://www.statehealthfacts.org)

Table 21: **Rates per 100,000 population of total adults and adolescents living with HIV/AIDS in North Carolina at the end of 2006**

Caucasian	African-American	Latino
98.0	912.7	217.6

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



## DEMOGRAPHICS AND IMMIGRATION

The Latino population of North Carolina is now estimated to be well over a half -million. The state has long had a temporary farm-laborer population that follows the harvests along the eastern migrant stream originating in Florida. These workers historically also took many construction, poultry and meat processing jobs; but as they began to be drawn away to higher paying jobs by the state's rapid economic growth, a severe labor shortage ensued, and tens of thousands of permanent immigrants flocked to the state.

Some 15 of the state's 100 counties have substantial Hispanic populations at present, including all major metropolitan centers such as Charlotte, the Triangle area (Raleigh, Durham and Chapel Hill), the Triad area (Winston-Salem, Greensboro and High Point), Fayetteville, Greenville and Asheville.

Current demographic data may not be reliable. For example, the stated fertility rate for Latinas in North Carolina is higher than that of the Mexican state of

Chiapas, which suggests that the Latino population of the state is still grossly underestimated.<sup>57</sup>

Residents describe a shift in attitudes among native-born North Carolinians toward Latino newcomers from early complaisance to increasing resentment. The state allowed residents to obtain driver's licenses without proof of legal residency, an opportunity utilized by other immigrants in neighboring states until it was revoked in 2006. In 1999 Governor Mike Easley appointed a Latino affairs advisor, and his wife Mary Easley chaired a Latino Health Task Force. Although the Task Force's work was considered uncontroversial at the time, the co-sponsor of the initiative, a Latino advocacy group called El Pueblo, was later the object of an intense attack, including hate mail and threats that led to the resignation of its then executive director.

Police agencies also manifest conflicting views and approaches. Some rural sheriffs welcome the additional role of immigration enforcement while others object to this function. Durham's retiring chief of police refused to perform immigration-related work, arguing that crime-fighting requires trust between the populace and law enforcement officers.<sup>58</sup>

57. Leonardo Uribe, Duke University, personal communication, July 2007.

58. Steven Chalmers, Durham Police Department, personal communication, July 2007.



## HIV/AIDS

North Carolina is one of the first southern states to recognize the health disparity reflected in the steady rise of Latino HIV cases in the state, now at about 9 percent of all reported new infections. This development was crucial in the 2008 launch of the state's Latino HIV/AIDS Initiative.

Nearly one quarter (83 of 345) of all incident tuberculosis cases in 2007 were found among Hispanics.<sup>59</sup> Now, 10 percent of persons with new HIV diagnoses are co-infected with TB, and the state health department is encouraging greater cooperation between its TB and HIV programs. TB and HIV co-infections are common worldwide, and each of the two diseases worsens the impact of the other. In addition, the medications used for TB may interact negatively with some HIV treatments.

## GOVERNMENT

The HIV/STD Prevention and Care Branch is located in the Epidemiology Section of the Division of Public Health. In 2007-08 the Branch opted for an ambitious program of community mobilization around Latino HIV/AIDS issues throughout the state.

While the state promotes activating Latino community resources to encourage HIV awareness and testing, others question whether this drive can occur without an influx of new resources. Bicultural community leaders are wary of being tapped to fulfill the state's implementation goals with regard to HIV/STDs and other programs as an inexpensive substitute for new funded programs with explicit commitments of continuing support.

You have a few key people who are engaged with the [Latino] community and know what they're doing. But they're being stretched in every direction for all sorts of programs. —Yvonne Torres, Wake County HIV/AIDS Program, Raleigh

59. Presentation at North Carolina Latino HIV/AIDS Initiative Task Force meeting, May 29, 2008, Raleigh.



## CURRENT CONDITIONS

North Carolina can count on a considerable resource base for providing care and prevention services to Latino residents, including agencies and health departments with experienced bilingual staff, Latino service organizations, researchers focusing on the emerging Latino communities, farm labor advocates and Latino community organizers with deep historical roots in their respective regions.

A North Carolina researcher found that fear dominates the health-seeking decisions of Latinos.<sup>60</sup> Even when medical or mental health care is available, many immigrants remain skeptical that they will be served or believe that they will risk becoming known to authorities.<sup>61</sup> When medical care is urgent, immigrants tend to rely on safety-net providers or hospital emergency rooms. One Durham facility reports that its clientele is now one-third Latino.

For HIV-related care North Carolina offers a variety of options, from county health departments to specialized clinics associated with the state's many universities, such as the Duke AIDS Research and Treatment Center

(DART). The large university clinics often have bilingual staff and run many research trials seeking participation from Latinos.

## CURRENT SERVICES

Some of the larger cities in North Carolina are home to agencies with bilingual outreach workers and/or clinicians. Testing is also available with Spanish-speaking counselors in several counties.

For AIDS case management 'bridge counselors' perform the initial work of getting new clients into medical and social services. This system evolved because case managers could not keep up with all the new clients, and too many people were lost to care. In lieu of contact tracing, Disease Intervention Specialists throughout the state are charged with helping new patients to find care and to inform their intimate partners about the diagnosis.

Spanish-speaking outreach workers encourage testing in some cities. A Wake County (Raleigh) door-to-door HIV and STD testing program enjoys a 90 percent acceptance rate except among women when male relatives

60. Emilio Parrado, Duke University, personal communication, July 2007.

61. Mary DeKoster, Durham County Health Department, personal communication, July 2007.



are in the home.<sup>62</sup> Positive tests tend to be rare although more common among commercial sex workers, according to program staff.

Wake County also has an innovative STD education program at its county jail run in conjunction with researchers at the University of North Carolina. The two-week workshop involves intensive discussion about health and gender with male inmates using popular Latin music and other cultural artifacts.

Health fairs are a popular strategy to reach Latino enclaves. Many informational services and tests can be offered at fairs, and those screened referred onward. Some groups use the lay health provider (promotores) model in different forms in which community members are trained and mentored to provide health information to their peers.<sup>63</sup> Churches also may organize health programs to assist recent immigrants. For example, a health promoter project was established in Raleigh through El Pueblo focusing on families and children; STI education was later added.

Latino social services agencies, though rare, are promising vehicles for providing HIV/AIDS orientation and

prevention education. El Centro Hispano in Durham is a community-based organization with approximately 900 dues-paying members located in a refurbished downtown building across from the Latino Community Credit Union. The existence of these two entities side by side in a prominent location provides a strong welcoming signal for immigrants as bank accounts, car loans and even mortgages can be obtained there.

El Centro Hispano also hosts a gay-oriented prevention program strategy and exported it to neighboring cities briefly. The outreach is an unusual achievement for Latino groups anywhere in the South.

Another creative approach is the initiative run from Wake Forest University's public health school to provide STD education to Latino men through their soccer leagues.<sup>64</sup> This ongoing project is being monitored carefully for possible replication elsewhere.

62. Donna Rzewnicki, Wake County Health Department, personal communication, July 2007.

63. Rhodes SD, Foley KL, Zometa CS & Bloom FR (2007) 'Lay Health Advisor Interventions Among Hispanics/Latinos: A Qualitative Systematic Review.' *American Journal of Preventive Medicine*. 33(5): 418-27.

64. Rhodes SD, Eng E, Hergenrather KC, Remnitz, IM, Arceo R, Montañó J, Alegría-Ortega J (2007) 'Exploring Latino Men's HIV Risk Using Community-based Participatory Research.' *Am J Health Behav* 31(2): 146-58.



## STRATEGIES

The state's main goals were articulated in the January 2008 launch of its Latino HIV/AIDS Initiative: increased awareness of the disease, broader testing and earlier detection of HIV infections. Its 2008 statewide 'Get Real, Get Tested' campaign included bilingual advertising.

Another strategic goal for the state is to develop working models that can be disseminated elsewhere in the region as occurred successfully with the state's own successful adaptation of the Popular Opinion Leader intervention for black gay men.

A Duke University research team pursued the idea of constructing an HIV prevention intervention that would take an apartment block, rather than a fixed population, as its unit of measurement given that the high degree of mobility of the individuals in immigrant enclaves requires different approaches and measurements of success. Although the concept has yet not been tried, it is an innovative potential health promotion and education model for Latino neighborhoods.

Many respondents emphasized the need to integrate HIV education not only with general health care access but also with other pressing issues that affect the population, such as depression, social isolation, substance abuse and domestic violence. They note that the stress of family separation and solitude weighs especially heavily on married men without their partners.

Spanish-language newspapers and radios abound throughout the state. A popular television program available in most North Carolina cities and two South Carolina markets entitled 'Nuestro Barrio' presents information on health and other topics in a simple and didactic style. It is produced by the Durham-based Community Reinvestment Association of North Carolina (CRA-NC).



## THE NORTH CAROLINA LATINO HIV/AIDS INITIATIVE

The Initiative is an ambitious, multilevel campaign to incorporate the issue into the work of the health departments throughout the state. Based on a previous experience mobilizing counties to improve readiness for bioterrorist attacks, extensive initial contacts were made with county officials and community partners throughout the state to join the efforts. Increased HIV screening among Latino residents was a first step.

At the forum that launched the project in January 2008, state officials called for preemptive action to ‘change the course of the HIV/AIDS epidemic in North Carolina’s Latino community.’ A permanent Steering Committee was formed with four state employees and four community representatives in addition to a 24-member Task Force to guide the Initiative. Its four announced goals are:

- To increase Latino access to HIV/AIDS testing, prevention and care services;

- To improve linguistic and cultural competency of programs for Latinos;
- To obtain broad community involvement and leadership from within the Latino community on HIV-related efforts; and
- To strengthen collaboration with research centers to further the understanding of the HIV epidemic among Latinos and evaluate effectiveness of the Initiative in accomplishing its goal and objectives<sup>65</sup>.

At a July 2008 follow-up meeting on the Initiative in Raleigh, the Steering Committee’s recommendations were outlined: a needs assessment on testing availability to be carried out by the HIV/STD Prevention and Care Branch; increased participation of Latinos in the state’s Community Planning Groups; identification of best-practices and programs for Latinos; translation of ADAP-related documents into Spanish; revision of state licensing policies to facilitate entry of bicultural, foreign-educated professionals into the care system; cultural/linguistic competency education/trainings; and an increase in the number of bilingual Disease Intervention Specialists in the state.

65. Felizzolla J (2008) ‘North Carolina Latino HIV/AIDS Initiative: A Statewide Response to an Increasing Epidemiological Trend of HIV Disease Cases among Latinos.’ (PowerPoint) North Carolina DHSS Communicable Disease accessed at: [www.latinoaids.org/programs/southproject/docs](http://www.latinoaids.org/programs/southproject/docs)  
<<http://www.latinoaids.org/programs/southproject/docs>>