



**SHAPING
THE NEW
RESPONSE:**

**HIV/AIDS
& LATINOS**

IN

**THE
DEEP
SOUTH**

RECOMMENDATIONS





SYNTHESIS OF RECOMMENDATIONS FROM SEVEN STATEWIDE FORUMS ON LATINOS AND HIV/AIDS

Although each state addressed a set of unique circumstances related to their Latino communities, many of the recommendations that emerged from the state meetings were similar. A summary of those most frequently mentioned follows:

(1) DATA/RESEARCH RECOMMENDATIONS

- Improve national, state and local surveillance data on the Latino population.
- Improve knowledge of intimate relationships in Latino cultures and on the Latino family unit in the new context of emerging immigrant communities.
- Monitor service delivery performance and satisfaction.
- Learn about HIV/AIDS prevention practices/campaigns in countries of origin.
- Additional research recommendations based on the interviews with key informants:
 - How to integrate HIV prevention into other health and social services and programs.
 - Barriers to adherence and maintenance in care for Latino clients.

(2) OUTREACH & RECRUITMENT RECOMMENDATIONS

- Identify and map community resources.
- Increase ties with Hispanic religious leaders and faith communities.
- Create training modules in Spanish on DVD to reach communities where few residents speak English.
- Explore partnerships with worksites and employers.
- Identify successful outreach programs and replicate them.
- Recruit Latino volunteers, bilingual university students or other bilingual local residents.
- Identify possible 'gatekeepers' among small business owners, trailer parks, apartment complexes, soccer leagues.
- Forge links with Spanish-language media in the area.



(3) CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES RECOMMENDATIONS

- Adjust clinic hours to accommodate Latinos who work long hours and have no paid sick or administrative leave.
- Link CLAS (culturally linguistically appropriate services) improvements to national health disparities elimination.
- Find or create Spanish-language and limited-literacy materials.
- Research and formulate recommendations on phone interpreting services; obtain services for all commonly-used languages and dialects.
- Explore use of Americorps Vista volunteers to serve as interpreters.
- Find ways to increase consumers' understanding of U.S. medical systems.
- Encourage students in the healthcare/social service professions to learn Spanish and explore innovative ways to support these efforts.

(4) NETWORKING RECOMMENDATIONS:

GOVERNMENT/DOH LEVEL:

- Create a working group within the state Planning Council.
- Partner with other states.
- Improve liaison with other screening programs.

CBO/AGENCY LEVEL:

- Develop a resource directory with information on: bilingual staff, interpreter availability and documentation requirements.
- Compile a resource guide for agencies to facilitate referrals.



(5) INTERVENTION

RECOMMENDATIONS:

- Research additional HIV care and prevention interventions for these mobile populations.
- Formalize ASO participation in the process of adaptation of existing interventions for Latinos and especially Latinos in the South.
- Partner with existing Latino organizations to carry out joint interventions.
- Expand intervention trainings.
- Utilize Spanish-language media.
- Capitalize on prenatal and STD clinic settings as possible prevention implementation sites.

(6) POLICY

RECOMMENDATIONS

- Raise the need to recruit and retain bilingual staff with DoH and the state legislature.
- Improve opportunities for immigrants and children of immigrants to become healthcare/social service professionals.
- Expand Medicaid prenatal coverage to undocumented women.
- Establish one-stop information sites for immigrants.
- Improve benefits for HIV/AIDS social workers.
- Increase Latino representation on HIV Planning Councils or Community Planning Groups.





RECOMMENDATIONS FROM THE LATINO COMMISSION ON AIDS

(1) EMERGING LATINO COMMUNITIES IN THE SOUTHERN HAVE URGENT HEALTH PROMOTION AND CARE ACCESS NEEDS, INCLUDING SERVICES RELATED TO HIV/AIDS, THAT ARE NOT BEING MET. ACTIONS ARE NEEDED IN BOTH THE PUBLIC AND PRIVATE SPHERE TO ADDRESS THESE SHORTCOMINGS, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

(a) Health departments should conduct an in-depth community mapping in conjunction with local leaders to assess the specific needs of Latino communities related to HIV/AIDS.

(b) Subsequently, health departments should assess their workforce to determine its level of preparation for

servicing all communities and should initiate a dialogue with Latino communities about existing resources and needs.

(c) Provider groups, together with local partners, should develop outreach and care plans that will work with the Latino population even in the absence of Spanish-speaking staff.

(d) Actions to improve HIV/AIDS services should be closely linked to the Latino population's efforts to address all its health needs, including primary care, prenatal and specialty services, other preventive and health-promoting efforts, and access to urgent care.

(e) Agencies in areas with significant Latino populations should be supported to improve the linguistic and cultural competency of their services.

(f) HIV testing should be made routine among Latino immigrants and combined with guarantees of privacy, comprehensive care for those found to be HIV-positive and sustained prevention education strategies.



(g) Given the disproportionate presence of gay Latinos and other Latino men who have sex with men in the HIV/AIDS statistics, health departments should gather relevant data on these populations and present the findings to their Community Planning Groups to formulate recommendations for action.

(h) Health departments, provider groups and academic partners should investigate the commercial sex industry to determine how best to address the vulnerabilities of sex workers and the men who use these services.

(2) REGIONAL COOPERATION SHOULD BE STRENGTHENED TO MAXIMIZE THE IMPACT OF SUCCESSFUL INNOVATION, SHARE RESOURCES AND BUILD A DYNAMIC, COOPERATIVE PARTNERSHIPS FOR IMPROVED PERFORMANCE AND OUTCOMES.

(a) Because providers and advocates in the South doubt that available epidemiological data accurately reflect the state of the HIV epidemic among Latinos, initiatives are needed to improve data collection and to stan-

dardize reporting of racial and ethnic characteristics throughout the southern region.

(b) Information about successful outreach and prevention education strategies targeting Latino populations should be shared more broadly in the region so that these programs can be replicated.

(c) Agencies, advocates and health departments should articulate the public health rationale for providing preventive and curative services to all those who need them and should combat measures to exclude immigrants from needed services as undermining the health of the entire community.

(d) On the eve of the 2010 census, academic institutions in the seven states should initiate research on the health and well-being of their Spanish-speaking residents and partner actively with service providers to evaluate their performance.

(e) States should incorporate Latino issues into their formal HIV/AIDS planning and coordination structures, such as has been done in North Carolina through its Latino HIV/AIDS Initiative within the state Communicable Diseases Branch and in South Carolina through the creation of a Working Group on HIV/AIDS and Latinos in the state HIV Planning Council.



(f) States should reform credentialing and licensing requirements so that Spanish-speaking professionals trained outside the country can begin to reduce the huge shortage of bilingual health educators, social workers and other health-related positions in the South.

(g) States and counties should replicate safety-net primary care models for uninsured Latino residents that build on existing community resources such as faith communities' social service arms and assist them in incorporating HIV/AIDS/STD programs into their operations.

(3) THE RAPIDLY EXPANDING SPANISH-LANGUAGE PRINT AND BROADCAST MEDIA IN THE SOUTH SHOULD BE ENCOURAGED TO EMBRACE A PREVENTION-BASED, HEALTH-PROMOTING APPROACH TO THE MEDICAL AND HEALTH NEEDS OF THE HISPANIC COMMUNITY THROUGH CONSISTENT DISSEMINATION OF RELIABLE HEALTH INFORMATION.

4) PROVIDE TRAINING, RESOURCES, AND INFORMATION ON HEALTH PROMOTION, PREVENTION STRATEGIES (INCLUDING HIV PREVENTION), AND REFERRALS FOR SERVICES TO THE DRAMATICALLY INCREASING NUMBER OF SPANISH-SPEAKING, FAITH-BASED COMMUNITIES.

5) INCREASE THE NUMBER OF LATINO ADVOCATES IMPLEMENTING THE GOALS IDENTIFIED IN EACH STATE ROUNDTABLE BY INVESTING IN THE DEVELOPMENT OF "HEALTH LEADERSHIP" IN EACH STATE.