



**SHAPING
THE NEW
RESPONSE:**

HIV/AIDS

& LATINOS

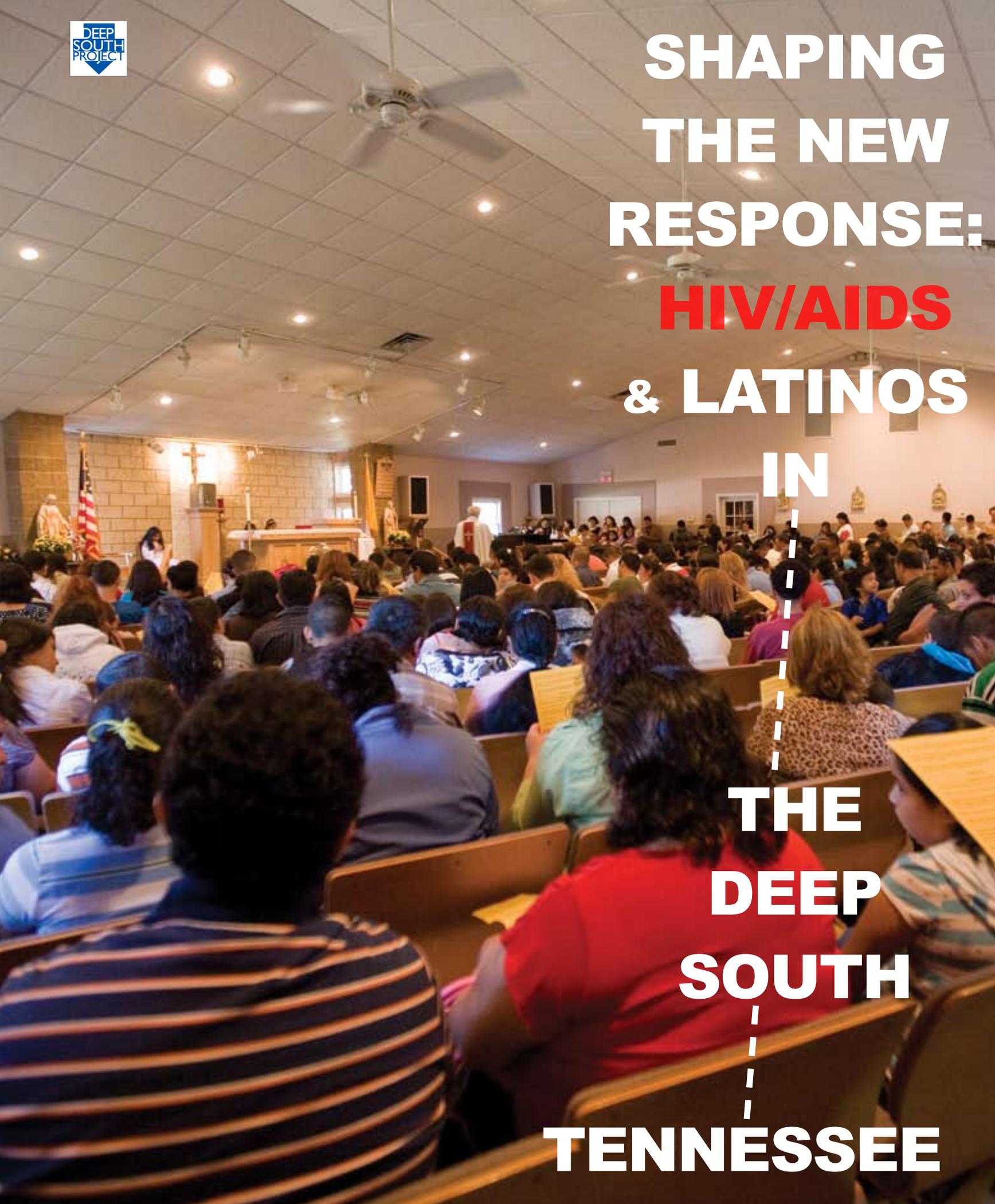
IN

THE

DEEP

SOUTH

TENNESSEE





TENNESSEE

Table 26: **Demographic and epidemiological facts:**

Estimated 2007 state population (ACS):	6,157,000
Estimated 2007 Latino population (ACS)	217,000 (3.44%)
Reported HIV/AIDS cases (12/31/06)	20,289

Table 27: **Tennessee reported overall and Latino HIV diagnoses, 2005-2007**

Year	HIV diagnoses	Latino HIV diag.*	Others % of total
2005	1003	40	3.99%
2006	1002	39	3.89%
2007	n/a	n/a	n/a

Source: Tennessee Department of Health, HIV/AIDS/STD Section, STD Data Surveillance Reports

Table 28: **Adult and Adolescent Annual AIDS Case Rate per 100,000 Population, by Race/Ethnicity, Reported in 2006, Tennessee**

Caucasian	African-American	Latino
5.2	54.5	20.5

Source: Kaiser Family Foundation, www.statehealthfacts.org

Table 29: **Rates per 100,000 population of total adults and adolescents living with HIV/AIDS in Tennessee at the end of 2006**

Caucasian	African-American	Latino
132.3	923.6	224.8

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



DEMOGRAPHICS AND IMMIGRATION

Tennessee and especially the capital, Nashville, is a new destination for Hispanics, and one in six residents of the city is now foreign-born⁷⁷. The Census Bureau and an independent academic study both place Nashville's Latino population at 40,000 to 50,000, or 7 percent of the city's total. Another estimated 25,000 Latinos reside in Memphis, Tennessee's second largest city. Many Latinos also live in the towns and cities adjacent to Memphis on the Arkansas and Mississippi sides of the border where housing is cheaper. Substantial Latino enclaves are scattered throughout the state near poultry plants and other areas of labor shortages.

Nashville enjoyed a booming economy during the last two decades and at one point was the fastest-growing housing market in the country. Jobs were plentiful although the manufacturing base, where employment includes health insurance benefits, is drying up. Immigrants work in casinos, services and poultry, cotton, soybeans and rice farms. Hispanic workers are also common in construction especially roofing jobs, gardening and tree harvesting.

Although the Hispanic population remains politically marginal since so many are not voting citizens, immigrants of many nationalities have developed communal and religious organizations have united to combat city measures that would damage their well-being such as an 'English-only' law proposed in the Nashville City Council.

Nonetheless, the increasing resentment of the newcomers is palpable; two health professionals mentioned that their Spanish-speaking children feel ostracized and now speak only English in public. Policing for immigration purposes is also much more severe just in the last two years. Traffic stops are used to check for residency papers, and the main HIV care center in Nashville reports that it has lost patients who were picked up and deported with no opportunity to maintain their continuity of treatment.

HIV/AIDS

Reported cases of HIV among Latinos are substantial in Nashville while still low in Memphis. Over half of persons with HIV statewide are African-Americans although they comprise only 17 percent of the state popu-

77. Avi Poster, Coalition for Education about Immigration, email communication, Nov. 14, 2008.



lation.⁷⁸ Hispanics account for about 4 percent of notified cases statewide although providers suspect there are many more. Half of all HIV cases in the state are in Memphis where Chlamydia and syphilis rates remain among the highest in the nation.⁷⁹

New HIV cases peaked in 2001-02 and are currently approximately 1,000-1,100 per year. HIV services in Tennessee are structured to help clients with multiple challenges, and income eligibility requirements that are often so low as to exclude all but the poorest. Many clients earn less than \$10,000 per year.

CURRENT SERVICES

The Nashville-based Comprehensive Care Center (CCC) is the largest clinical care provider in the state, serving some 2200 individuals, and approximately 4 percent of the active patients are Latinos. The Center was formed to alleviate the growing pressure of new cases handled by the health department with assistance from Baptist Hospital and medical students on rotation from Vanderbilt University.

The CCC's first director, Drema Mace, also had been the state HIV/AIDS program director and saw the need for a set of standard HIV clinical protocols. In addition, the state of Tennessee created its own Medicaid program known as TennCare, which provided generous benefits for individuals with an HIV diagnosis. TennCare reimbursement enabled the CCC to become a 'one-stop' medical and auxiliary care provider. The CCC created a system of Centers of Excellence that set the standards for HIV care in Tennessee with the endorsement of the state health department.

However, the TennCare system came under attack and was finally abolished in 2005, leaving some 300,000 Tennesseans uninsured. After a period of serious financial stress, the CCC recovered aided by the new formula for distribution of Ryan White funds.

The CCC has a staff interpreter and other bilingual caregivers. It does case teleconferencing or videoconferencing several times a week to assist providers around the state including their three satellite clinics headed by nurse practitioners. Its Patient Assistance Program now covers medications for 180 clients.

78. Tennessee Department of Health HIV/AIDS/STD Program (2005) '2005 Tennessee Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning.'

79. Vincent Glover, Shelby County Department of Health, personal communication, December 2006.



The Davidson County/Nashville health department has set up primary clinics to accommodate non-English speakers in Hispanic neighborhoods. The county also enrolled 35,000 people in a program to reduce use of emergency rooms and to create a safety net for the uninsured.⁸⁰

In addition, the church-based First Response Center provides HIV-related services for a largely homeless population in Nashville. Another large HIV provider organization, Streetworks, directed by a former substance user, targets a similar population and recently added a fulltime Latina outreach worker. Nashville Cares also provides a wide range of non-clinical HIV services and now has two bilingual staff members.

Meharry Medical Center, a historically black college in Nashville, hosts a large HIV service and clinic for approximately 200 active clients on the grounds of the General Hospital. Meharry has bilingual providers including a staff psychologist, a rarity in Nashville. It is also responsible for care for all HIV-positive prisoners in the state. Some Hispanic patients reportedly have left treatment as a result of immigration-related fears or deportation.⁸¹

The main public hospital in Memphis serves some 1200 active patients. The non-profit Friends for Life, the main auxiliary service provider in Memphis, has 1600 clients in 17 counties and provides all non-clinical services as well as housing assistance through the Housing Opportunities for People with AIDS (HOPWA) Program.⁸²

Uninsured Latinos rely on safety-net providers for primary care. Christ Community, a faith-based, federally-funded clinic serving poor communities in Memphis, began HIV-related services in 2006. About 10 percent of its clients are Latino.⁸³

Tennessee's county health departments play a large role in direct delivery of care. Five counties directly administer an HIV/AIDS Center of Excellence, of which there are eleven around the state. Latinos clients including the undocumented can receive care in these centers although some programs are not available to them.

Prevention is lagging according to most informants while health fairs are often used to offer HIV screening. A few projects are funded by the Pfizer Southern AIDS Initiative, but most prevention support comes from federal monies distributed by the regional planning councils.

80. Frances Clark, Nashville-Davidson Department of Health, personal communication, December 2006.

81. Vladimir Berthaud, Meharry Medical College, personal communication, December 2006.

82. Ricci Hellman, Gina Fortner, Ana Miranda, Jamie Russell, Friends for Life group interview, December 2006.

83. Bert Waller, Nathan Cook, Christ Community Health Services, December 2006.



TENNESSEE LATINO HIV/AIDS STRATEGY MEETING

The Commission convened a meeting June 25, 2008 in Nashville in conjunction with the Division of Minority Health and Health Disparities Elimination of the Tennessee Department of Health (TDH). It was opened by Dr. Cherry Houston, Division Director, and Jeaneece Seals, Director of the HIV/AIDS/STD Section of the Department.

Fifty-six participants heard summaries of the present state of HIV/AIDS services targeting Latinos from two of the main Nashville HIV provider organizations, the Comprehensive Care Center and the Meharry Medical College. The rural perspective was provided by family nurse practitioner Lynn Schuster of the TDH Upper Cumberland Regional Office in Cookeville, about 75 miles east of the capital.

Recommendations that emerged from the meeting were influenced by a widespread observation among the group that Latinos in Tennessee avoided services, including HIV-related care, for fear of deportation. They urged a series of measures including the creation of a statewide coalition through the Tennessee Community Planning Group and further study of the feasibility of a new CBO explicitly dedicated to the issue of Latinos and HIV/AIDS. They also proposed universal screening of inmates for HIV in the state's jails and prisons.