STRIVING to BRING LATINOS & HIV/AIDS to the FOREFRONT











LATINOS
THE DEEP
SOUTH
ANNUAL
REPORT
2010

Annual Report Outline

- Welcome from the President & Vice-President
- About the Commission/Mission statement
- The Commission's Response to the Epidemic in the Deep South

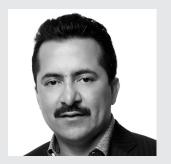
 The LUKA Principles
- Commission Leadership
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Welcome From the President & Vice-President

Dear Partner:

We are pleased to present the Latino Commission on AIDS' annual report for "Latinos in the Deep South". Recognizing that significant demographic and geographic shifts in U.S. Latino populations over the past decade have changed the face of the South, the Commission continues to focus attention on building a network of committed partners engaged in serving the rapidly expanding Latino presence in the Southern states. We feel it is important to share our thoughts about the project's major actions, activities and accomplishments over the past year, as well as our strategic direction for the new year.





The past year has seen domestic and international economic instability. Uncertainty has rippled through our communities in the form of housing crises, high unemployment, political divisiveness, and fear of what the future holds in store. In confusing times such as these, it is more important than ever to not only take direct action, but to build lasting and dynamic partnerships, networks of committed providers, researchers, and community leaders so that we may effectively face future hardships an embrace future successes as a community that transcends bureaucratic boundaries.

In the interest of furthering improvements in public health among Latinos, our project has persevered and flourished precisely through such enhanced involvement in collaborations, partnerships, and network building. From coordinating a community-based, participatory research summit, to connecting local leaders in a regional organization to address health disparities in Hispanic//Latino communities, to connecting regional and national organizations and affiliates for learning and sharing, to the promotion and evaluation of National Latino AIDS Awareness Day, the Commission translates a firm belief in the value of collaborative engagement into action at a local level.

Through the deep insights of our regional partners, the Deep South project has identified four key areas of strategic focus which we refer to as the LUKA Principles (leadership, unity, knowledge and action). These principles serve as both guiding light and practical methodology, for it is clear to us that Latinos in the Deep South will remain vital and dynamic in its mission and arrives at 2011 with the capacity to take on even greater challenges as we can foster leadership, promote unity, spread knowledge, and engage in community action.

The latest national census proved that Hispanics are the fastest growing ethnic group in America. The South, along with the western part of the US, outgrew other regions of the US. Five states have seen their numbers double over the last decade — South Carolina, Tennessee, Alabama and Arkansas in the South and South Dakota in the Upper Midwest. Other big gains include Georgia and North Carolina. Several of those states, South Carolina, Georgia and possibly North Carolina, stand to gain House seats based partly on that fast growth.

One key area of knowledge that our southern partners have noted they would like to enhance is that of conducting community needs assessments of Hispanic areas and data collection specifically pertaining to Hispanics. Community and individual assessment data are critical to the Latino community and directly affect how funding streams, along with access to care programs, are distributed at local and regional levels. Such decisions can impact the quality of life for Latinos and their families. Projects like this can help build the capacity of organizations to engage in such assessment and data collection efforts and can enhance the mobilization efforts of those interested individuals throughout the region in collecting data in a more systematic way. Such was a major focus of the Community based participatory Research Summit we held in Alabama in the summer of 2010. Going forward in 2011, our goal is to continue to enhance knowledge, unite and develop leaders. We will

be diffusing a toolkit that can help providers to better understand and reach this new emerging Hispanic population in the Deep South. We will also inaugurate the Dennis de Leon Leadership Institute where local emerging leaders from the Hispanic/Latino communities in southern regions can not only grow their leadership skills but can immediately utilize those skills.

We invite each of you to actively participate in events that will prevent the spread of HIV, address health disparities that impact our communities, prepare for the implementation of health care reform and the new National AIDS Strategy. Ultimately, it comes down to the relationships. It's your support that makes us strong and we thank you. It means the world to not only us, but also to a region trying to do the right thing for emerging Hispanic populations needing access to care. Let's work together to save lives, mitigate barriers to health care and support healthy communities.

Sincerely,

Guillermo Chacon

President

Miriam Y. Vega

Vice President

About the Commission

Mission Statement

The Latino Commission on AIDS (the Commission) is a nonprofit membership organization dedicated to fighting the spread of HIV/AIDS in the Latino community.

In response to the critical, unmet need for HIV prevention and care for Latinos, a coalition of Latino leaders founded the agency in 1990. The Commission realizes its mission by spearheading health advocacy for Latinos, promoting HIV education, developing model prevention programs for high-risk communities, and by building capacity in community organizations. Through its extensive network of member organizations and community leaders, the Commission works to mobilize an effective Latino community response to the health crisis created by HIV/AIDS. Since 1995, the Commission has steadily expanded its services outside New York to meet the emerging needs of Latino communities in more than 40 States, Puerto Rico, and the U.S. Virgin Islands).

Since its inception, the Commission has been led by Dennis de Leon, a tireless advocate and national leader of the Latino community struggle to address the epidemic until his passing in December 2009. Guillermo Chacón, former Vice-President of the Latino Commission on AIDS and a national leader on Latinos and HIV/ AIDS issues was named President by the Board of Directors in November 2009.

The Commission is dedicated to resolving the HIV crisis in the Latino community, where social stigma, poverty, language barriers, immigration status fears, and access to care, deter testing and increase the infection rate. Over 200,000 Latinos in the U.S. and Puerto Rico are living with HIV/AIDS. The fastest growing ethnic group in the U.S. (citation U.S. Census Bureau), Latinos constitute 14% of the U.S. population but account for over 19% of the AIDS cases (citation CDC).

Program Mission Statement

The Latinos in the Deep South Project (LDSP) is a regionally-focused program coordinated by the Commission. The program aims to build local leadership, network development and coalitions, enhance knowledge and cultural competency, and spur actions to address the needs of the emerging Latino populations in the Deep South, specifically in the states of:

Alabama, Georgia, Louisiana, Mississippi, North Carolina, South Carolina and

Tennessee. We aim to accomplish these goals through capacity building, community organizing, leadership development and networking initiatives, a focus on community based participatory research and dissemination of information.



The Commission's Response To The Epidemic In The Deep South

- The Luka Principles

Moving into this new decade, LDSP will continue the process of network-building and fostering collaboration among organizations and institutions addressing health disparities in emerging Latino populations, including HIV/AIDS related services to Latinos, especially Latino migrants and immigrants. It will also link CBOs and other Latino-serving organizations with regional and national resource networks and civil society networks, and conduct gap and resource analyses of the emerging Latino population and its service providers in the region.

In the United States, a great influx of Hispanics has occurred, and in particular regions such as the Deep South. States in this area have experienced a remarkable influx of Hispanic populations, stressing an already overburdened social and health care systems.

As such, these new populations have placed a premium on understanding cultural & environmental barriers to health promotion & risk prevention and avenues of engagement. For example, the primary industries in which Hispanics are employed in region are construction, production and service jobs (Source: 2008 American Community Survey 1-Year Estimates, U.S. Census Bureau). The region also experiences a high-incidence of reported STD-cases within in the nation. In 2008, Louisiana, Alabama and Georgia have reported the highest rates of reported primary and secondary syphilis (Source: Avert (2010) and Centers for Disease Control and Prevention (2009).

In this light, the Commission understands the devastating impact of HIV/AIDS and other

health disparities within our communities. In the Deep South, various barriers continue to impede HIV prevention efforts. Structural barriers, such as lack of transportation; and lack of Spanish-speaking providers and resources are commonplace within the region. In addition, social barriers, such as low self-perception of risk, stigmatization of HIV and stigmatization of immigrants promote a disconnect. As such, these structural and social issues isolate and disenfranchise individuals from receiving and accessing services. It also places an additional burden on Latino communities to effectively respond to these barriers. However, the Commission realizes that all communities have the resources and expertise to empower and mobilize to address health disparities. Therefore, our efforts need to concentrate on identifying resources, HIV testing procedures, health promotion and disease prevention messages that are culturally appropriate for Latinos.

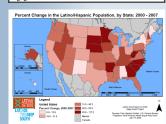
Following this view, the Commission has developed a community mobilization model to engage the emerging Latino communities and

The LUKA principles for mobilizing communities that are targe emerging, often mobile, populations Miriam Y. Vega, Ph.D; Christian F. Castro, MA Latino Commission on AIDS - www.latinoaids.or

In the United States, a great influx of Latinos Hispanics has occurred, and in particular in certain egions of the US. This influx is referred to as an 'Emerging Population.'

The number of international migrants has doubled since 1965, nearing 200 million would constitute the 11th largest country in the vorld if all lived in one place. From 2000-2007, the Latino/Hispanic population within the U.S. has ncreased from 35.2 to 45.3 million, a 28.9%

These new populations have placed a premium on understanding cultural & environmental barriers to health promotion & risk prevention and avenues of



Total Population: Hispanic or Latino Estimates, 2005									
Rank	Alabama	Georgia	Louisiana	Mississippi	North Carolina	South Carolina	Tennessee		
1	Mexican (69%)	Mexican (64%)	Mexican (40%)	Mexican (66%)	Mexican (65%)	Mexican (62%)	Mexican (68%)		
2	Guatema Ian (7%)	Puerto Rican (8%)	Honduran (15%)	Other Hispanic (9%)	Puerto Rican (8%)	Puerto Rican (10%)	Puerto Rican 7%)		
3	Other Hispanic (5%)	Guatemalan (4%)	Other Hispanic (13%)	Puerto Rican (7%)	Salvadoran (6%)	Guatema Ian (5%)	Other Hispanic (5%)		
	D		0						

Employment trends for Hispanics/Latinos in the Deep South

- 1. Construction, extraction, maintenance, and repair occupations
- Production, transportation, and material moving occupations







- Service occupations
- Sales and office support occupations
- Production, transportation, and material moving

Source: 2008 American Community Survey 1-Year Estimates, U.S. Census Bureau

Rank	Primary and secondary syphilis	Chlamydia	Gonorrhea
- 1	Louisiana (16.5)	Mississippi (728.1)	Mississippi (256.8)
2	Alabama (9.7)	Alaska (711.2)	Louisiana (220.2)
3	Georgia (9.6)	South Carolina (597.2)	South Carolina (214.2)
4	Arkansas (7.3)	Alabama (535.0)	Alabama (210.5)
5	Maryland (6.7)	Louisiana (527.8)	North Carolina (176.3)
6	Tennessee (6.7)	Arkansas (498.7)	Georgia (170.5)
7	New York (6.3)	New Mexico (470.2)	Michigan (169.4)
8	Mississippi (6.3)	Hawaii (466.1)	Illinois (160.9)
9	California (6.0)	Illinois (460.4)	Arkansas (159.2)
10	Texas (5.9)	New York (457.9)	Ohio (146.5)

State	White	Black	Hispanic	Other	Total
Alabama	14%	35%	NSD	NSD	20%
Georgia	11%	32%	32%	16%	19%
Louisiana	13%	44%	NSD	NSD	24%
Mississippi	16%	44%	NSD	NSD	27%
North Carolina	12%	34%	38%	25%	19%
South Carolina	13%	33%	27%	29%	19%
Tennessee	17%	34%	32%	33%	21%

PROGRAM

In engaging and subsequently mobilizing Emerging Populations through the development of local programs and coalitions, the Latinos in the Deep South Program focuses its efforts in 7 U.S. southern states (Alabama, Georgia, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee).

LUKA PRINCIPLES



The Latinos in the Deep South Program mobilizes & supports Emerging Populations by engaging local gatekeepers/stakeholders through the LUKA

Local Leadership needs to be engaged &

Unity through coalitions, workgroups-other standing bodies

Knowledge of emerging populations & local environments needs to be enhanced & cultivated

Action through meetings, policy attention & priority setting

LUKA IMPLEMENTATION

Our sustained efforts need to concentrate on identifying resources, HIV testing procedures health promotion and disease prevention messages that are culturally appropriate for Hispanics/Latinos

- L: Over 350 interviews were conducted that helped the identify needs and local leaders. The findings illustrated the Hispanic/Latinos have limited acces to health care due to stigma and organizations lack trained bilingual, culturally competence staff to deliver services.
- U: Seven state roundtables and two regional meetings were convened across the region to unite stakeholders around the need to identify knowledge & resource gaps; along with first action steps that encouraged collaboration amongst various organizations and community members.
- K: Webinars have been developed to address how to reach faith-based networks. A toolkit with key modules on who are Latinos; recruitment and retention; and community mapping are being finalized and will be disseminated to community
- A: Community-Based Participatory Research Summit was held to address HIV/AIDS research priorities. A curricula to involve faith ased networks is being developed. Local Hispanic/Latinos coalitions across the region a coalescing to address community needs



- The creation of resource/allocation maps
- The creation of data collection templates The creation of list serves and use of agency website as clearinghouse.
- 4. Encourage policies that identify resources for sustainability of research partnerships

ACKNOWLEDGEMENTS

This project is funded in part by the Ford Foundation & the Centers for Disease Control and Preventio with additional support from the Office of AIDS Research at the National Institutes of Health

its service providers in the Deep South in order to increase Latino access to HIV prevention. AIDS services and other health promotion activities. The LDSP model is meant to enhance the skills of coalitions and community groups to adopt and implement strategies that best fit their needs and priorities. In order to achieve

these various objectives, the LDSP community mobilization model is underlined by the LUKA principle. The LUKA principle focuses efforts on: (L)ocal leadership; (U)nity through coalitions; (K) knowledge; and (A)ction.

The LUKA principle came to be after 3 years of conducting assessments and talking to stakeholders about developing a tool kit. The LUKA principle was a major accomplishment during 2010 as it consolidated many of the important themes of the program into one overriding model.

Further explanation of the LUKA Principles

The LUKA Principles brings into focus important elements that have been identified by the stakeholders as necessary in building a cohesive front to undertake the issue of health disparities. Within the United States, health disparities are often the result of multiple overlapping issues (not just individual beliefs or actions). If a health outcome is seen in a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health (Source: Healthy People 2010, http://www.healthypeople.gov/2020/about/ Disparities About. aspx). Therefore, within the Deep South region, specific attention and steps are recommended in order for the community

to mobilize and mitigate the health issues that impact the well being of its members. The LUKA Principles are an acronym that stands for a unique community mobilization model that takes into account the need to support and build local leadership; unite communities; enhance knowledge; and to take action.

The following sections will highlight major projects and activities that carry forth LDSP.

Support and Build Local Leadership

The first principle of the model is to support and build local Leadership. Leaders. however broadly defined, can serve a critical role in the community. In general, leaders can act as role models and help lend a voice to critical issues impacting the community. However, for many areas in the Deep South that are experiencing an emerging Latino population, local Latino leadership is at the infancy stage of development. In order to address local needs, local leaders will first have to be identified, cultivated and engaged. The Commission believes that identifying and developing these leaders is critical in community-rapport building and in the eventual mobilization of communities and is therefore deeply committed to creating leadership development opportunities.

In 2010, the Commission sponsored the travel of Juvencio Rocha Peralta and two staff members of the Association of Mexicans in North Carolina (abbreviated AMEXCAN for la Associación de Mexicanos en Carolina del Norte) to attend Reunion Latina in March 2010 in Albany, New York. Held every March in Albany, Reunion Latina continues its tradition of uniting voices and promoting actions to raise aware-

ness among religious and civic leaders, working with the media and educating our Latino Communities about the impact of health disparities, HIV/AIDS and the effects of stigma, homophobia and discrimination. The conference provided participants such as Mr. Peralta and his staff to gain further leadership skills around advocacy, grant writing and building collaborations and strategies with diverse segments of the Hispanic community.

During 2010, the Commission encouraged our partners in the Deep South to join and actively participate in the National Latino/Hispanic AIDS Action Network (NLAAN). The National Latino/ Hispanic AIDS Action Network (NLAAN) was developed in response to the HIV/AIDS crisis within Latino communities and is a participatory and collaborative network of concerned Latinos and those that work with Latino communities. including community leaders, health and service providers, advocates and representatives of state and local health departments. NLAAN is dedicated to educating the Latino public, media, elected officials and health policy decisionmakers about the HIV prevention and access to care needs of the Latino community.

Unite Communities

The second principle of the model is to **Unite communities** through coalitions or other venues of unifying possibilities. Coalitions are diverse groups that combine their resources to create change. They can come together and have set goals and raise their voices in unison, garnering attention. As a result, coalitions can be powerful catalysts within communities to achieve desired outcomes. Through LDSP, we envision various stakeholders – such as community-based organizations; health departments; faith-based organizations; media; and



research institutions involved in developing appropriate HIV prevention strategies and addressing other needs of the emerging population. The key here is that community members unify to address common goals to empower their communities.

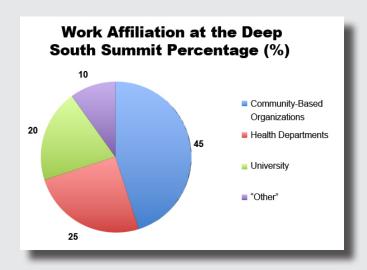
In 2010, the Commission continued to work closely with the National Institutes of Health (NIH), Office of AIDS Research (OAR) to coordinate regional summits in the Deep South that disseminate HIV/AIDS research findings and overall trends to organizations and individuals in the Latino community.

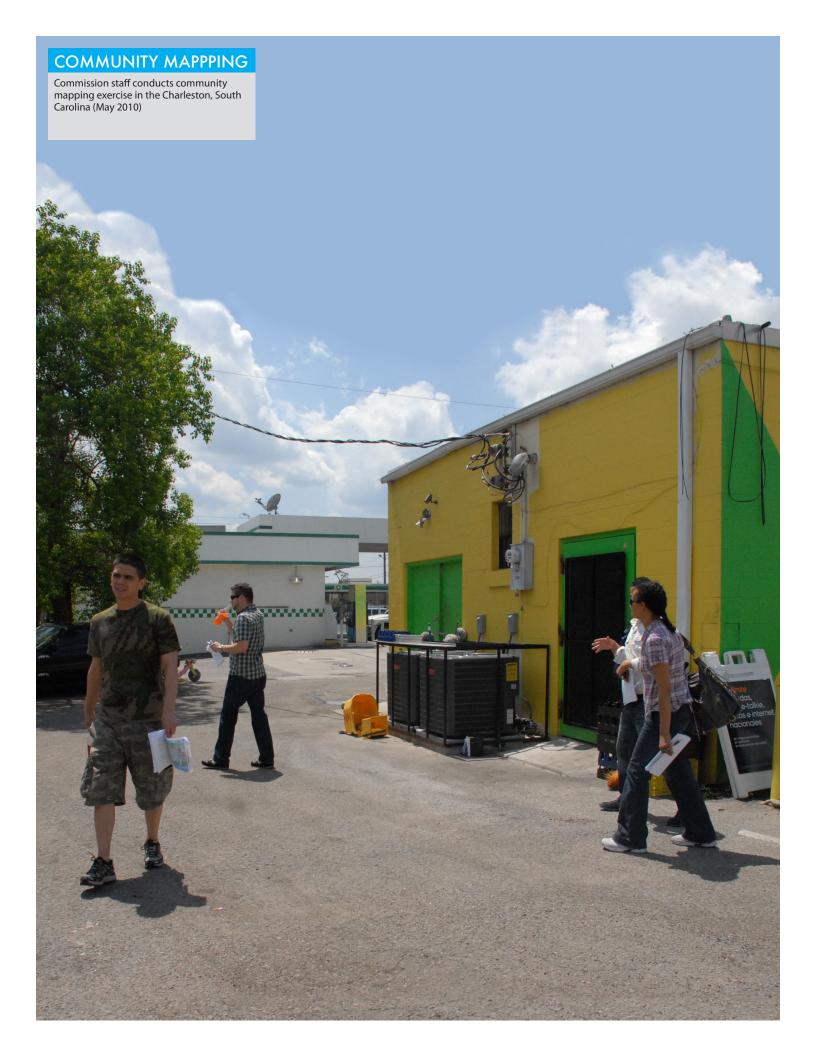
In June 2010, OAR and the Commission organized and convened a summit for academic researchers, NIH, health departments, and community leaders to identify, discuss and resolve research gaps in HIV-related health in the Deep South region. The inaugural meeting, which was held in November 2009, in Charlotte, North Carolina, revealed the need to further explore how HIV-health disparities within the Latino community can be addressed through a focus on research.

As a result, the Commission in collaboration with the OAR (NIH) convened *The Deep South Summit: Promoting Community-Based Participatory HIV/AIDS Research in the Latino Community*, on June 21 and 22, 2010, in Birmingham, Alabama. The goal of the Deep South Summit was to link health departments, service providers, academic institutions, and government agencies together in a unified coalition that will ultimately expand the scope of health care services to Latinos who are at risk, as well as those that are living with HIV/AIDS.

The following are several findings from the summit evaluation report:

- ► A total of 37 participants attended the summit from all 7 Deep South states.
- Promoted the community-based participatory research model as a viable strategy for participants.
- ▶ Helped sustain information dissemination. 91.3% of attendees indicated that they were very likely or would definitely talk to their networks about what they learned during this summit.
- ► Encouraged informal networking amongst summit participants. 87% of attendees indicated that were very likely or would definitely stay in touch with other summit participants.
- ► The Commission familiarized Deep South partners of OAR's Equal Access Program to enhance the use of computer technology to disseminate HIV/AIDS information to the Latino community.
- ► Strengthened the link between OAR and Latino communities in the Deep South.





Enhance Knowledge

The third principle of the model is to enhance Knowledge around Latinos, their needs and how to address those needs. Within the last several decades, the Deep South has witnessed an emerging Latino population. Long-serving organizations and institutions within the region may not be acutely aware that Latinos confront cultural factors that can affect their risk for HIV infection. Language barriers, stigma, and sexuality all play an important role in the daily life of Latinos. Therefore, enhancing knowledge around the varied rich history and cultural norms of Latinos and Latinospecific needs is critical in developing culturally appropriate and effective prevention efforts. Along with identifying Latinos and their needs, knowledge of how to address those needs also needs to be enhanced. Thus, skills building of key stakeholders, coalitions and local emerging leaders need to occur as well.

Therefore, an important aspect in increasing the knowledge of organizations and institutions is to develop a tool kit. The purpose of this tool kit is to assist communities and health departments in building capacity and skills to effectively address the HIV/AIDS prevention needs of an emerging Latino population. The tool kit is divided into modules that address each part of the LUKA principle. These modules further enhance the desired outcome(s) of each principle.

During 2010, a series of focus groups were held in person and via webinar to elicit responses from a diverse set of stakeholders on the proposed format and content of the toolkit. The program is committed to developing the toolkit and disseminating it to the widest amount of people electronically in 2011. As various focus group members recommended, we anticipate that as an electronic document the toolkit can

be periodically updated with the latest best practices, data and trends. As one participant stated, "I enjoyed being part of this meeting and I think the 'tool kit' is shaping up to be a very useful tool for organizations looking to do work with/within the Latino community." Ultimately, the Latinos in the Deep South Program envisions that the toolkit will be a useful resource for interested individuals and organizations in their daily work.

In October 2010, the Commission and the Georgia Department of Community Health coordinated a webinar to promote the importance of increasing the knowledge base of Hispanic-serving organizations within the state. This particular webinar focused on the aspects of "cultural competency with Hispanic/Latinos clients in HIV/AIDS prevention & care settings." The Georgia Department of Community Health wanted the Commission to help them organize an informational-session as part of their 2010 NLAAD activity. The department realized the importance of working with the Commission to share valuable data on the importance of cultural competency, the use of social marketing and the local/regional considerations in reaching Hispanics within the state. The webinar elicited positive responses from participants and will yield future coordinated activities between Hispanic-serving organizations in Georgia, the Georgia Department of Community Health and the Commission.

In addition, the Latinos in the Deep South Program provided Capacity Building Assistance (CBA) services to various Deep South partners, such as CBOs, health departments, medical centers, faith-based organizations, and universities to enhance their HIV prevention work. The program not only uses the LUKA Principles in its provision of CBA, but is strongly guided by the Commission's CBA model, which was de-

veloped over time and experience. This model is called **CHANGE**, an acronym standing for: Customized; Holistic; Analytical; Networking; Grassroots; and Evaluatory (Vega, 2009).

Within these frameworks, CBA clients received technical assistance in areas such as:

- Needs assessment of a coalition
- Strengthening a coalition's mission and vision
- Population needs assessment for a community's risk factors and influencing factors
- Promotion of the Mobilizing Emerging Latino Population CBA model.

In all, the program shared best practices, current data, and tools in a customized fashion to CBA clients. The program also encouraged formal networking amongst local and regional partners to further facilitate unity within communities and the enhancement of knowledge as resources become scarce.

To further propagate the LUKA Principles in the region, the program utilized long-distance technology via webinar to communicate and enhance the ability of organizations to be informed about the program mission and its various services. Webinars have become an effective tool to implement in a region where geographic distances and divide impact continued communication amongst various organizations.

In 2010:

A total of 9 webinars were coordinated that highlighted the history and mission of the Commission, our CBA services and program objectives.

Over 60 community-based organizations from 18 states, including those in the Deep South

registered and attended Commission webinars. In many instances, more than one-staff member from an agency attended the sessions.

In 2010, program staff actively participated at regional, national and international conferences to advance the unity of communities and enhancement of knowledge by conducting presentations, workshops, and focus groups to inform attendees about the Latinos in the Deep South Program.

- North Carolina Latino/Latino Communicable Disease Update, Winston-Salem, North Carolina – December 2009.
- ► 4th Annual Regional HIV/AIDS Conference, Little Rock, Arkansas – March 2010.
- ► South Carolina Latino-Latino Roundtable, Charleston, South Carolina April 2010.
- ► International AIDS Conference, Vienna, Austria July 2010.
- ► United States Conference on AIDS, Orlando, Florida September 2010.
- ► National AIDS Fund (NAF), Southern Grantee Convening, New Orleans, Louisiana September 2010.
- ➤ 3rd Annual Latino Leadership Summit, Greenville, North Carolina – October 2010.
- National Advisory Council on Migrant Health (NACMH), Charleston, South Carolina – October 2010.
- ➤ 23rd East Coast Migrant Stream Forum, Charleston, South Carolina – October 2010.
- ▶ 4th Annual Human Rights Day: World AIDS Day, Norwalk, Connecticut – December 2010.

Highlights of the various gatherings included:

- Conducted a formative assessment during the 4th Annual Regional HIV/AIDS Conference
- Commission staff was invited as a member of OAR's Latino/Latino Delegation at the International AIDS Conference..

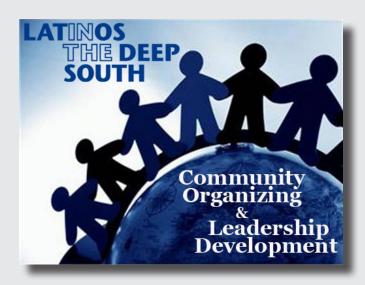
- Presented at poster session on the Latinos in the Deep South Program at the International Conference.
- ▶ Panelist at the National Black Leadership Commission on AIDS community forum on the International AIDS Conference 2010 in Vienna, Austria.

Action

The fourth principle of the model is **Action**. Without taking action, the development of leaders, knowledge and coalitions would be for not. In order to meet the needs of the emerging Latino population in the Deep South action-oriented steps with concrete end goals must always be at the forefront. The creation of community mobilization networks is one such possible action step. A key goal is to educate and inform stakeholders on the issues that impact the Latino community. In addition, this will enable Latinos to become more effective proponents on behalf of their own constituencies.

During the later half of 2010, we have begun to coordinate efforts to encourage stakeholders on the prevalent issues that impact the Latino community. This has lead to the creation of a new initiative titled "Community Organizing and Leadership Development." Within this new initiative the program realizes that the Deep South has become a focal point for increased social and human rights concerns that directly impact the local Latino population's HIV vulnerability. Access to care is widely recognized as a fundamental human right, yet obstacles that Latinos must surmount to receive basic health services suggests that a more aggressive and widely collaborative advocacy effort is needed to change perceptions and policy in the region. In order to do so, the Commission has identified four core areas to engage local groups and coalitions to affect policy change:

- Increasing the capacity of local leadership to affect policy change
- Increase resources for local advocacy and community building
- ▶ Bringing the local voice to national platforms
- Documentation and evaluation of local efforts and leadership development



Since the beginning of the initiative, program staff have conducted several webinars to share the latest developments in the Latinos in the Deep South program. Since then, over 23 CBOs joined program staff during these informational webinar sessions.

A major component will be creation of the **Dennis de Leon Sustainable Leadership Institute**. Named after
Dennis de Leon, former president of the
Commission and a tireless advocate on behalf
of Latinos, people of color, LGBT and other
marginalized populations, **The Dennis Deleon Sustainable Leadership Institute** will be a
space for emerging community leaders to
enhance and develop leadership skills in order



to impact HIV/AIDS local, state and federal health policy affecting Latinos in the Deep South.

The institute will serve as a platform to promote participatory and honest dialogue about how to address the pressing social and structural issues affecting Latinos in the Deep South.



Taken together, these four outlined components of the LUKA Principles provide the foundation for the LDSP project.

Impact Statement and Future Steps from the Deep South Program Director

As we move forward, we continue to address HIV/AIDS as well as other health disparities. We will also emphasize the need to build a healthy dialogue within the realm of social justice to improve the representation of Hispanic leaders to discuss the accessibility of health programs and services to the Hispanic community.

The future of the program will continue to build local leadership, network development and coalitions, enhance knowledge and cultural competency and spur actions to address the needs of the emerging Latino populations in the Deep South. This year's achievements ensure that the voice of the Latino community and the various Latino-serving organizations in the region continue to be at the forefront within the region and within decision-making institutions found in Atlanta, New York, Washington, DC and other locales.

As one Deep South partner stated, Mark Gray from Lowcountry Services in Charleston, South Carolina:

The benefits that we have receive on a local and regional level in South Carolina by the CBA trainings offered by the Commission enabled our workgroup and workgroup leaders helped to disseminate valuable skills-building information regarding infrastructure, prioritization, and best-practices.

The most important aspect of the CBA training and on-going communications with the Commission continues to be the focusing on the organization and infrastructure and the extreme importance of our understanding where we fit as a workgroup/org within the Hispanic communities in the state. By understanding theses points, we can better serve the population, we can seek the true needs of the population and we can create initiatives and programs that can have buy-in from the community.

We will also continue to identify research areas and promote the community-based participatory model. This endeavour is of importance to the Commission as it can support the engagement of community members and researchers to expand the wealth of information that yet to be untapped within the Hispanic community. Currently, the program is working with various partners to develop a central portal to encourage discussion of research activities within the community and with research centers. In addition, the program always seeks to leverage resources for the region through partnerships and beneficial initiatives.

An evident example of this impact is shared by Douglas K. Griffin from the North Carolina Department of Health and Human Services:

What has been most helpful for me in working with the Latino Commission on AIDS has been the opportunity to participate in their cross-boarder coalition building;

and, meeting with individuals from various health/HIV related disciplines from all the 'Deep South' states to effectively articulate, from a broad, multi-state, collective perspective the needs of the Latino community, and strategies for addressing those needs.

At the Latino Commission on AIDS we believe in the strength and resiliency of the Latino community living within the United States and those especially found in the dynamic Deep South region. Therefore, we will continue to serve as a catalyst in bringing to the forefront the critical issues that impact Latinos in regards to HIV/AIDS and other health disparities.

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NOTICE NO MONDAY WALKIN CLINIC

STARTING July 6, 2009

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HARVEST FREE MEDICAL CLINIC

senday, Tuesday, Thursday Ey appointment only:

8:30 am to 12:00 noon 1:00 pm to 5:00 pm

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