NEW YORK STATE RESPONDS TO THE LATINO HIV/AIDS CRISIS AND PLANS FOR ACTION

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EXECUTIVE SUMMARY

In March 1981 eight cases of a more aggressive form of Kaposi's Sarcoma, a rare form of a relatively benign cancer that tended to occur in older people was documented amongst young gay men in New York.[1] At about the same time there was an increase in New York in the number of cases of a rare lung infection Pneumocystis carinii pneumonia (PCP).[2] In April 1981 this increase in PCP was noticed at the Centers for Disease Control and Prevention (CDC). On June 5, 1981, the CDC published MMWR Weekly about the occurrence, without identifiable cause, of PCP. This report is sometimes referred to as the "beginning" of AIDS, but it might be more accurate to describe it as the beginning of the general awareness of AIDS in the United States. Just five months later, in December 1981, it was clear that the disease affected other population groups, when the first cases of PCP were reported in injection drug users.[3]

HIV/AIDS has changed the way we live and love. Although the populations most affected in the United States have been gay men and other men who have sex with men and African American communities, it is important to note that HIV/AIDS has impacted us all. Since its inception, the Latino Commission on AIDS (Commission) has been committed to collaboratively addressing the devastation and challenges wrought by this pandemic on the Asian/Pacific Islander, Native Population, African American, White-Non Hispanic and Latino* communities and we will continue to work with our partners at the national, state and community level to address the issues that make so many of our members vulnerable to this pandemic such as racism, sexism, homophobia, transphobia, substance abuse, mental health, domestic violence, sexual exploitation, and lack of affordable housing.

In the Commission's twenty years of existence, we have worked tirelessly with partners across New York to address the needs, priorities and challenges facing New York's Latino communities but understand that 29 years since the first documented cases of AIDS in our state, the acute HIV/AIDS crisis affecting Latinos continues to demand immediate attention, unrelenting vigilance, a profound understanding and consistent action. Therefore from January – December 2009, the Commission, with generous support from the New York State Department of Health AIDS Institute and support from our partners across New York, conducted 28, bilingual community consultations throughout New York to better understand how HIV/AIDS and other health challenges are currently affecting New York's Latino communities.

By working with community partners across the state, the Commission engaged individuals living with HIV/AIDS, service providers, community advocates, peer educators and community gate keepers familiar with the needs of Latino populations to participate in this process to identify priorities, challenges and develop recommendations for improving existing services. While Latino communities in general were discussed, special attention was paid to the impact of the disease on Latino Gay Men and other Men who have sex with Men (MSM), Transgender Latinas, Latinas, Latino Injection Drug Users (IDUs), Latino Youth, Incarcereted Latinos, Latino Immigrants, Latinos over 50, and Latino Families and Children.

In January 2008, the Commission, together with national partners, developed the first ever National Latino/Hispanic HIV/AIDS Leadership Summit where 300 participants from across the country developed and adopted the ***National Latino/Hispanic AIDS Action Agenda***, and an action plan that includes the development of statewide Latino/Hispanic AIDS agendas. The Commission took this task to heart and with ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action***, we have concluded the statewide assessment process that will lead to the development of a New York Latino AIDS Action Agenda.

The goal of ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** is to provide us all with an opportunity to respond with action to the health crisis generated by HIV/AIDS and better educate our legislators, our state and local health departments, our community based organizations and ultimately Latino communities by calling attention to the crisis, identified priorities as well as recommendations for improvement of service provision. With the development of

this report and the subsequent guide, ***How to Develop a Community HIV/AIDS Assessment and Develop an Action Agenda: Bringing Attention to the Needs of Minority Populations***, the Commission hopes to help other organizations and under-represented populations nationally and internationally collect the data needed to bring attention to how HIV/AIDS is impacting their communities.

Many things have improved since the first reported cases of AIDS, such as the drop of HIV prevalence among New York's IDU populations in the late 1990s when 52% were HIV positive to 7% HIV prevalence rates in 2007. The success was thanks in large part to the NYSDOH's Syringe Access Programs (SEP and ESAP) which ensured access to clean syringes and educational materials by IDU communities. However, during the last 29 years a lot has remained the same and in some cases progress has regressed. On December 1, 2009, the NYC Department of Health and Mental Hygiene released new data that showed the number and proportion of new diagnoses among MSM continues an alarming trend upwards. Preliminary numbers suggest that MSM accounted for 42% of the city's new HIV diagnoses last year, up from 37% just four years earlier, and for young men between 13 and 29 years old, that rising proportion reflects a rapid increase in actual infections – from 551 in 2004 to 706 in the partial count for 2008.

As the number of people living with HIV continues to increase, reaching individuals at risk for HIV with culturally competent and linguistically appropriate prevention education, HIV testing and treatment is critical. Testing is the essential first step in linking people with HIV to medical care and ongoing support to help them establish and maintain safer behaviors. A substantial proportion of new infections in the U.S. are believed to be transmitted by those who are unaware of their HIV status, but studies also show that once people learn that they are HIV positive, most take steps to protect their partners. Additionally, CDC data suggests that many people with HIV are diagnosed late in the course of their infection, when it may be too late to fully benefit from life-extending treatments. CDC data released in 2009 show that Latinos progress to AIDS faster than any other racial or ethnic group with 42% being diagnosed with AIDS within 12 months after learning of their positive HIV status compared to 34% late diagnosis among white non-Hispanic and 35% among Blacks.

New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action is meant to serve as a resource, and a tool kit. It can inform program design as well as further communication between people living with HIV/AIDS, client advocates, service providers, decision making bodies and elected officials about the needs of Latino communities in regard to HIV prevention and linking Latinos living with HIV/AIDS to quality services. This report is only part of a process that will require Latino and ally leadership, cultural competency training, expansion of bilingual HIV/AIDS awareness campaigns, new partnerships that will make the link between HIV/AIDS, sexually transmitted infections, hepatitis C, tuberculosis and other health challenges and direct community organizing that will fully address the challenges that Latino communities face.

The Commission believes that this report is a step in the right direction and for that we would like to extend special thanks to members of the Planning Committee, our gracious hosts across the state, the many participants who gave of their time and experience and are grateful to the New York State Department of Health AIDS Institute for their support.

~ Latino Commission on AIDS

* For the sake of this report Hispanics/Latinos will be referred to as Latino.

RESUMEN EJECUTIVO

En Marzo de 1981 ocho casos de una forma agresiva y poco común de Sarcoma de Karposi, que es un tipo de cáncer relativamente benigno que tiende a afectar a gente mayor, fue documentada entre jóvenes homosexuales en Nueva York.[1] Casi al mismo tiempo se produjo un incremento en Nueva York en el número de casos de una rara infección pulmonaria llamada Pneumocystis carinii pneumonia (PCP).[2] En Abril de 1981 este incremento de los casos de PCP fue observada por Los Centros para el Control y la Prevención de Enfermedades (CDC). El 5 de Junio de 1981 el CDC publicó un artículo en el Semanario MMWR acerca de esta situación, sin causa identificable, de PCP. Este reporte a veces es identificado como "el comienzo" del SIDA, pero realmente sería más preciso describirlo como el inicio de la conciencia general sobre el SIDA en los Estados Unidos. Cinco meses después, en diciembre de 1981, resultó claro que la enfermedad afectaba a otros segmentos de la población, cuando los primeros casos de PCP fueron reportados entre los usuarios de drogas intravenosas.[3]

El VIH/SIDA ha cambiado la forma en que vivimos y amamos. Aunque las poblaciones más afectadas en los Estados Unidos han sido los hombres homosexuales, otros hombres que tienen sexo con hombres y las comunidades Afroamericanas, es importante señalar que el VIH/SIDA nos ha impactado a todo(a)s. Desde su fundación, La Comisión Latina sobre el SIDA (La Comisión) ha estado comprometida con un enfoque colaborativo para enfrentar la devastación y los desafíos generados por esta pandemia en las comunidades Asiáticas y de Las Islas del Pacífico, la Población Nativa, Afroamericana, Blancas-No Hispanas y Latinas* y continuaremos trabajando con nuestros colegas y aliados a nivel nacional, estatal y comunitario para enfrentar los temas que hacen vulnerables a esta pandemia a los miembros de nuestra comunidad, tales como el racismo, el sexismo, la homofobia, la transfobia, el abuso de substancias, la salud mental, la violencia doméstica, la explotación sexual y la falta de vivienda sostenible.

Durante los veinte años de existencia de la Comisión, hemos trabajado incansablemente con nuestros aliados en todas partes de Nueva York para enfrentar las necesidades, prioridades y desafíos que enfrentan las comunidades Latinas, sin embargo entendemos que veintinueve años después que se documentaran los primeros casos de SIDA en nuestro estado, la crisis aguda de VIH/SIDA que afecta a los Latinos continúa demandando acción inmediata, vigilancia constante, un profundo entendimiento y acción consistente. Por tanto, entre enero y diciembre de 2009, la Comisión, con el generoso apoyo del Instituto para el SIDA del Departamento de Salud del Estado de Nueva York y de nuestros colegas en todo el Estado de Nueva York, llevo a cabo 28 consultas comunitarias bilingües en todo el estado de Nueva York para entender mejor cómo el VIH/SIDA y otros desafíos de salud están actualmente afectando a las comunidades Latinas de Nueva York.

Trabajando con socios comunitarios en todo el estado, la Comisión abordó a personas que viven con VIH/SIDA, proveedores de salud, educadores pares y dirigentes comunitarios que conocen las necesidades de las poblaciones Latinas para que participaran en el proceso de identificar prioridades, desafíos y desarrollar recomendaciones para mejorar los servicios existentes. Aunque se discutió la situación de las comunidades Latinas en general, se dio especial atención al impacto de la enfermedad entre las Latinas, la juventud Latina, los Latinos mayores de 50 años, las familias y la niñez Latinas, los Latinos usuarios de drogas Inyectadas (UDIs), las Latinas transgénero, los hombres gay Latinos y otros hombres que tienen sexo con hombres (HSH), los Latinos encarcelados y los Latinos inmigrantes.

En Enero de 2008, la Comisión, junto a socios nacionales, desarrolló la primera Cumbre del Liderazgo Nacional Latino/Hispano sobre el VIH/SIDA, durante el cual 300 participantes de todo el país desarrollaron y adoptaron la ***Agenda Nacional de Acción Latina/Hispana sobre el SIDA*** y un plan de acción que incluye el desarrollo de agendas Latinas/Hispanas estatales. La Comisión tomó esta tarea muy seriamente y con el reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción***, habiendo concluido el proceso de evaluación estatal que llevará al desarrollo de una Agenda de Acción Latina sobre el SIDA en nuestro estado.

La meta del reporte ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** es ofrecernos a todo(a)s una oportunidad para responder con acción a la crisis de salud generada por el VIH/SIDA y educar mejor a nuestros legisladores, a nuestros departamentos de salud locales y estatales, nuestras organizaciones comunitarias y en última instancia a las comunidades

Latinas, llamando la atención sobre la crisis, las prioridades identificadas así como las recomendaciones para mejorar la provisión de servicios. Con la elaboración de este informe y la guía ***Cómo Desarrollar una Evaluación Comunitaria del VIH/SIDA y Desarrollar una Agenda de Acción: Llevando Atención a las Necesidades de las Poblaciones Minoritarias***, la Comisión desea ayudar a otras organizaciones y poblaciones que no están propiamente representadas nacional e internacionalmente a recolectar la información necesaria para atender la manera cómo el VIH/SIDA está impactando sus comunidades.

Muchas cosas han mejorado desde que se reportaron los primeros casos de SIDA, tales como el descenso en la prevalencia de VIH entre las poblaciones usuarias de drogas intravenosas (UDI) a fines de los 1990s cuando 52% de estos eran VIH positivos al 7% en las tasas de prevalencia en 2007. Este éxito se logró en buena medida gracias al Programa Expandido de Demostración y Acceso de Jeringas del Departamento de Salud del Estado de Nueva York (ESAP), el cual aseguró el acceso a jeringas limpias y materiales educativos a las comunidades UDI. Sin embargo, durante los pasados 29 años muchas cosas no han cambiado y en algunos casos se ha producido un retroceso. El 1 de Diciembre de 2009, el Departamento de Salud e Higiene Mental de la Ciudad de Nueva York publicó nuevos datos que muestran que el número y la proporción de los nuevos diagnósticos entre los HSH continúa en una alarmante tendencia de ascenso. Los número preliminares sugieren que los HSH representan el 42% de los nuevos casos de diagnósticos de VIH reportados en la ciudad el año pasado, lo cual representa un incremento en comparación al 37% reportado hace solamente cuatro años, en el caso de los hombres jóvenes entre 13 y 29 años de edad, esa proporción creciente refleja un rápido incremento en infecciones – de 551 en 2004 a 706 en un conteo parcial para 2008.

En la medida que el número de personas viviendo con VIH continúa incrementando, es crucial alcanzar a personas en riesgo de VIH con educación en prevención, pruebas de VIH y tratamientos cultural y lingüísticamente apropiados. La prueba es el primer paso esencial para vincular a la gente que vive con VIH con la atención médica y el apoyo continuo para ayudarles a establecer y mantener comportamientos más seguros. Se cree que una proporción substancial de las nuevas infecciones en los Estados Unidos son transmitidas por aquellos que no están conscientes de su estatus de VIH, pero los estudios también muestran que una vez las personas saben que son VIH positivas, la mayoría de ellas toman pasos para proteger a sus parejas. Adicionalmente, los datos de CDC sugieren que mucha gente con VIH recibe un diagnostico tardío en el curso de la infección, cuando puede ser tarde para beneficiarse plenamente de los tratamientos para extender la vida. Los datos del los CDC publicados en el 2009 muestran que los Latinos avanzan más rápidamente hacia el SIDA que cualquier otro grupo racial o étnico con un 42% que reciben un diagnóstico de SIDA dentro de los 12 meses siguientes después de enterarse de su estatus VIH positivo, comparado con un 34% de diagnósticos tardíos entre los blancos no Hispanos y 35% entre los Afroamericanos.

El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción está orientado a servir como un recurso y un paquete de herramientas. Este puede ser útil en el diseño de programas así como en el mejoramiento de la comunicación entre la gente que vive con VIH/SIDA, los defensores de los derechos de los clientes, proveedores de servicios, organismos de toma de decisiones y oficiales electos, a cerca de las necesidades de las comunidades Latinas relacionadas con la prevención del VIH y en la vinculación de los Latinos que viven con VIH/SIDA con servicios de calidad. Este informe es solamente una parte de un proceso que requerirá al liderazgo Latino y aliados, adiestramiento en capacidad cultural, expansión de las campañas de concientización bilingües sobre el VIH/SIDA, nuevas alianzas que harán el vínculo entre el VIH/SIDA, las infecciones de transmisión sexual, la hepatitis C, la tuberculosis y otros desafíos de salud y la organización comunitaria directa para enfrentar de forma integral los desafíos que las comunidades Latinas enfrentan.

La Comisión cree que este informe es un paso en la dirección correcta y por ello queremos expresar nuestro agradecimiento especial a los miembros del Comité de Planificación, nuestros amables anfitriones en todo el estado y los numerosos participantes quienes aportaron su experiencia. También agradecemos al Instituto sobre SIDA del Departamento de Salud del Estado de Nueva York por su apoyo.

~ Comisión Latina sobre el SIDA

* En el caso de este informe nos referiremos a los Hispanos/Latinos como Latinos.

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DISCLAIMER: The statements in this report DO NOT reflect the personal situation or medical status of those people whose photographs appear in this report. The images used in this report are for illustration purposes only.

PRIORITIES – AT A GLANCE

LATINO GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

Twenty nine years since the outset of the HIV/AIDS epidemic, gay men and other MSM are still disproportionately affected. Since the beginning of the epidemic, over 300,000 MSM have lost their lives due to AIDS-related illness. While non-Hispanic white MSM in New York City have higher rates of HIV/AIDS than New York City Latino MSM,[4] male-to-male sexual contact is still the leading cause of HIV for Latino men (57% of Latino men in the U.S. reporting sex with other men as the cause of their HIV infection). [5] Latino gay men and other MSM face unique challenges, such as high levels of homophobia and stigma that may discourage them from being open about their sexual identity with friends and family. In an effort to maintain a masculine image and to adhere to *machismo* ideals[6], Latino MSM may not identify as gay or bisexual or acknowledge their HIV risk behavior.[7] Given the stress and social stigma that Latino MSM often confront, they may turn to substances such as methamphetamine as a means of self-medication, to heighten self-esteem or to reflect their masculinity [8], placing them at greater risk for HIV. [9] Latino MSM, as compared other men of color, are shown to have the highest rates of unprotected anal intercourse.[10] Though multiple factors cause Latino MSM to be particularly vulnerable to HIV/AIDS, by targeting gay-identified men, prevention and treatment programs fail to meet the needs of Latino MSM.

Participants who took part in community consultations toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** emphasized the importance of moving outreach efforts away from the "gay" identity and the need for increased understanding about the fluidity of Latino MSM sexuality. Additionally, community consultations highlighted that it is crucial for HIV/AIDS organizations to educate Latino communities about the harmful effects of homophobia and the stigma surrounding the HIV epidemic.

Priority One:

New York State needs to initiate bilingual HIV anti-stigma and homophobia reduction campaigns that are culturally and linguistically appropriate for Latino communities.

Priority Two:

New York State needs to develop and support home grown HIV prevention programs and interventions that are relevant for Latino MSM who may not identify as gay or bisexual, especially those who are Spanish monolingual. It's important to recognize that interventions currently targeting gay-identified men may not be reaching Latino MSM who do not identify as a gay.

TRANSGENDER LATINAS

Transgender women (those who are born biologically male but identify as female) are particularly vulnerable to HIV. A recent meta-analysis reveals HIV prevalence to be 27.7% on average among transgender women;[11] however, there is minimal HIV/AIDS surveillance data on this population. Various factors contribute to transgender women's HIV risk, including severe discrimination, transphobia, and lack of support and legal protections that result in economic hardship, substance abuse and depression. Transgender Latinas are often met with financial difficulties given the stigma that presents challenges to finding employment; thus, sex work may be used as a survival strategy to make ends meet. As sex workers, unprotected sex with clients may result in both higher income and greater risk for HIV for transgender Latinas.[12] [13] [14] [15] [16] In addition to rampant discrimination that leads to engagement in prostitution, transgender Latinas confront daily stressors such as language

barriers and cultural adaptation (for those who are immigrants), family rejection and depression. To cope with such difficult life circumstances, many transgender Latinas turn to substance use, thus making them more vulnerable to HIV.[17] [18] While transgender Latinas are in great need of HIV/AIDS prevention and care services, AIDS service delivery organizations are often inadequate: staff have not received sufficient training to understand the needs of transgender clients, nor are they culturally competent in working with Latinas.[19]

Community consultations conducted by the Commission toward the development of ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** discussed the ongoing lack of health care providers who are sensitive to transgender issues, lack of legal protections, sex work as one of the only ways for transgender women to obtain income, specific vulnerabilities of transgender women who are undocumented immigrants, and the overall lack of data on transgender Latinas.

Priority One:

New York State needs to develop and fund additional culturally competent clinical health care for transgender Latinas, especially outside of New York City. Health clinics should employ health care professionals who have been trained in the specific needs of transgender women and should include hormone therapy; transition counseling; pre- and post-operative consultations; substance abuse treatment; and mental health care. Anti-discrimination training should also be built into these services.

Priority Two:

The Gender Expression Non-Discrimination Act (GENDA) (A.5710/Gottfried)(S.2406/Duane) is a bill that needs to be brought to a vote in the New York Senate. If passed it would outlaw discrimination in New York State based on gender identity and/or expression. Currently it is legal in New York to be fired from your job, kicked out of your home or be denied credit or public accommodations for being transgender.

LATINAS

HIV/AIDS impacts Latina women in the United States significantly more than it affects white non-Hispanic women, with national prevalence rates five times greater for Latinas. [20] In New York City, Latinas are also disproportionately affected by HIV/AIDS: they comprise 31.6% of cases while white women only account for 8.3% of HIV prevalence in New York City. [21] Latinas in the United States are of diverse backgrounds, including those who are citizens and those who are undocumented immigrants. [22] Racism and inequalities at all levels of society continue to place Latinas in a position of increased vulnerability to HIV/AIDS. For some Latinas, unprotected sex with concurrent partners as well as substance abuse can become a mechanism for self-medication while increasing their risk for contracting HIV. [23] Inequalities in their relationships with male partners also make Latinas more vulnerable to HIV: men may have more control over sexual exchanges given that Latina women may not have the power to suggest condom use. [24] Latinas may also feel forced to remain in violent relationships if they are lacking economic independence. [25] For Latinas who are immigrants, especially those who are undocumented, HIV/AIDS and other health services may not provide them with culturally and linguistically appropriate care.[26] [27] Given the collective nature of Latina families and Latinas' multiple responsibilities as caregivers for family members, they may not access health care services even when they are accessible and culturally sensitive.[28] [29] As a result, Latinas often test late for HIV and progress more rapidly to AIDS than other women.[30]

Community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** reflect the themes in the current literature. Participants spoke of a need for increased focus on domestic violence, recognition of gender inequalities and power dynamics that place Latinas in vulnerable

situations with men, and an examination of the prejudice, racism and discrimination yielded against Latina women in health centers as well as in American society in general.

Priority One:

New York State needs to ensure that HIV prevention materials and education address gender inequalities and power dynamics between Latinos and Latinas in order to promote safer sex and more open communication about sexual risk-taking. Organizations working with men need to address sexism through workshops, campaigns and activities and those working with women need to empower them with knowledge, skills and access to resources.

Priority Two:

New York State needs to make health care more accessible to Latina women by increasing the number of bilingual and culturally competent staff in health facilities, providing care regardless of immigration status, clearly stating confidentiality policies and offering "one-stop shopping" services for women who have multiple responsibilities beyond their personal health care.

LATINO INJECTION DRUG USERS

Injection drug use (IDU) remains a main cause of HIV transmission for Latinos in the United States and its territories. In 2007, a CDC estimate revealed that IDU accounted for 21% of HIV incidence for Latinos and Latinas in the continental U.S. and 40% of those living in Puerto Rico.[31] Latina women are especially affected by HIV/AIDS related to IDU, with 28% of Latinas living with HIV/AIDS reporting that they became infected through injection drug use. [32] For ethnic and racial minority IDUs, HIV prevalence is higher than among white IDUs. New York City IDUs have the highest HIV prevalence in the world, [33] where 44.4% of IDUs with HIV/AIDS are Latino men and 37.9% are Latina women. Injection drug users often struggle with various psychosocial risk factors such as homelessness, stigmatization, financial problems, imprisonment and a history of abuse. These difficulties often make HIV prevention less salient for IDUs. [34] Although harm reduction strategies such as syringe exchange programs are shown to lower HIV rates among IDU, Latino IDUs, especially those who are undocumented immigrants, may fear that accessing services could jeopardize their safety and could engender government suspicion. [35] Given these fears and anxieties, harm reduction programs, in addition to health care services, may not reach Latino IDUs who are at high risk for HIV/AIDS.

Community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** reflect the themes in the current literature on IDUs in Latino communities. Those interviewed noted the need for increased syringe-exchange and harm reduction programs, as well as the obstacles of stigma and discrimination that often prevent Latinos from accessing these programs.

Priority One:

New York State needs legislation that would amend the penal code to clarify that syringe possession is lawful under certain circumstances authorized by the public health law, state that possession of used syringes with a residual amount of drugs is not a violation of the controlled substance statute, and require the Department of Criminal Justice Services (DCJS) to regularly inform law enforcement of the policy.

Priority Two:

New York State needs to increase their efforts in advertising syringe exchange and harm reduction programs in order to increase access to information among IDUs and to combat stigma in the community at large. More outreach should take place in Latino communities and confidentiality policies should be explicitly stated.

LATINO YOUTH AND YOUNG ADULTS

According to recent HIV incidence data, Latino youth in the United States are overrepresented in the HIV epidemic.[36] [37] Although they accounted for only 17% of adolescents in the United States in 2006, Latino adolescents between the ages of 13 and 19 comprised 19% of AIDS cases that same year, showing a 2% increase from 2005.[38] As of 2003, Latino adolescents were 5 times more likely to become infected with HIV than non-Latino white teens of the same age.[39] Multiple variables contribute to HIV risk for Latino youth, such as high rates of unprotected sex, cultural values that may influence communication with parents and family, and drug and alcohol abuse.[40] Sexual activity is a leading cause of HIV infection for Latino youth in the U.S.[41] Adolescent Latino men and women show high rates of sexual behavior that place them at risk for HIV and are less likely to use a condom than their white counterparts.[42] *Familismo*, which emphasizes family connections [43] and commitment [44] as well as the collective nature of Latino communities, [45] can affect Latino youths' sexual decision-making. By promoting aspects of *familismo*, parents play an important role in decreasing their adolescents' sexual risk-taking;[46] yet Latino parents are less likely than other parents to communicate with their children about sex.[47] In addition to silence surrounding sexuality, Latino youth also confront various challenges, such as racism, adjustment to dominant American culture, and language barriers when English is not their first language. Such a stressful environment contributes to HIV vulnerability by facilitating risky behavior for Latino youth.[48] [49]

Community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** echoed the trends in current research by discussing the various needs of Latino youth depending upon their levels of acculturation. Group participants also came up with strategies for reaching Latino youth when sexuality and HIV risk are not discussed openly within their families.

Priority One:

New York State needs to mandate comprehensive sex education (K-12) that is not abstinence based in all public schools to ensure that Latino youth are also provided with education about self-esteem, decision making skills, HIV/STI 101, pregnancy prevention, safer sex and sexual behaviors, sexual orientation and gender identity. This is especially important for young people from homes where sexuality is not discussed.

Priority Two:

New York State needs to develop and support (long-term) home grown HIV prevention programs that build upon the protective factors of Latino cultural values such as *familismo*. Ideally, Latino parents would be included in these programs.

INCARCERATED LATINOS

According to a February 2009 Pew Hispanic Center study, Latinos comprise 40% of the approximately 200,000 prisoners in federal penitentiaries, which is triple their percentage of the total U.S. adult population. Due to increasingly strict immigration regulations, such as policy changes implemented by the Immigration and Customs Enforcement (ICE), Operation Streamline, and the Identity Theft Penalty Enhancement Act of 2004, Latino immigrants are being incarcerated at much higher rates. Nearly half of Latinos in federal prisons are immigrants, with 81% sentenced for entering or residing in the nation without authorization.[50]

New York State has the highest national rates of inmates living with HIV/AIDS: 4,000 of New York's prisoners are HIV positive, comprising 20% of HIV positive prisoners in the nation. While most HIV positive prisoners acquire the virus

before they enter the prison system,[51] once incarcerated, they face continued health risks. Less than one percent of the United States' inmates have access to condoms while in prison.[52] With the passage of the New York State Department of Health HIV/Hepatitis C Oversight Bill (S.3842/A.903) in 2009, the Department of Health can conduct annual assessments and make changes to the prison health care system. While this bill is a positive development for incarcerated Latinos, few HIV prevention programs effectively and explicitly serve the various needs of Latinos being released from prison.[53]

Community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** noted that the passage of the HIV/Hepatitis C Oversight Bill would allow service providers increased access to providing HIV prevention services for incarcerated individuals. They also discussed the need for distribution of condoms in prison as a vital harm reduction strategy.

Priority One:

New York State needs to implement condom distribution programs across all state prisons and jails and ensure that prisoners with unopened condoms are not treated as if they are holding contraband.

Priority Two:

New York State needs to ensure that more HIV prevention programs have access to prison populations, especially programs that offer services to inmates being released from prison and returning to their communities.

LATINO IMMIGRANTS

Between 2000 and 2006, Latinos accounted for 50% of the United States' population expansion. [54] At the beginning of the new millennium, immigrants from Latin American countries comprised 51.7% of those born outside of the United States.[55] As of 2006, there were about 3,000,000 Latinos living in New York State, with just over 40% of all New York City households made up of Latino immigrants.[56] Latinos born outside of the United States encounter vast inequalities, discrimination and racism that can contribute to elevated HIV risk.[57] Latino immigrants may have minimal information about condom use and HIV transmission dynamics. Some cultural norms like *machismo*[58 59 60 61] and lack of open discussion about sex[62 63] can also affect HIV vulnerability. Latino immigrants may encounter depression, limited access to health care, language barriers, social isolation and poverty. An undocumented immigration status can leave Latino immigrants with no legal protection. The combination of these stressors augments Latino immigrants' vulnerability to HIV and AIDS;[64 65] however, HIV prevention messages are not tailored for Latino immigrants. Moreover, Latino immigrants often lack access to health care or knowledge of how to obtain it. Without the availability of and information about culturally appropriate health care, Latino immigrants often obtain HIV tests at a later stage and consequently advance more rapidly to AIDS.[66]

In community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action***, agencies discussed the dearth of HIV prevention programs designed specifically for Latino immigrants and that it is essential for health care professionals to be better trained to assess the needs and understand the cultural traditions of Latino immigrants.

Priority One:

New York State community based organizations, faith-based communities and social service agencies need to support the development of community services and programs targeting Latino immigrants that address isolation and community building as well as substance abuse and HIV prevention.

Priority Two:

New York State needs to increase outreach and education to Latino immigrant communities to raise awareness about health care services available to immigrants regardless of their immigration status, financial means or the language spoken. HIV testing and other mobile services should be taken on the road to farms, day labor sites and laundry mats. Agencies should consider expanding their hours of operation to be more inclusive of Latino immigrants.

LATINOS OVER 50

While there is minimal empirical research on HIV/AIDS and older adults,[67] [68] HIV rates are rising amongst this population in the United States as antiretroviral therapy has extended the lives of people with HIV and as more older people are being diagnosed with the virus. In 2005, adults over the age of 50 comprised 15% new HIV infections and 24% of people living with the virus, a steep increase since the 17% rate in 2001. Latinos are disproportionately representative of adults aged 50 or older who are living with HIV/AIDS, yet few research studies have explored their needs and vulnerability to the virus. Approximately 17% of HIV positive Latino individuals living in the United States were diagnosed after reaching age 50.[69] Older Latino adults confront particular obstacles in HIV prevention and treatment. Stigma and homophobia, traditional cultural values, poverty that contributes to more rapid progression to AIDS and overall poor health, sexual activity that medical professionals fail to acknowledge, inadequate health care, high unemployment, and familial care giving responsibilities all contribute to HIV risk for older Latino individuals. Despite multiple elements that make older Latinos vulnerable to HIV, research in this area is lacking and HIV prevention messages are not targeting this population.[70] [71] [72]

During community consultations conducted by the Commission toward the development of ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action***, participants noted that adequate outreach has not been conducted amongst older Latino adults and that strategies for effectively connecting with this population must be developed. Community consultations also mentioned that older Latinos need support in developing a greater understanding of the reality of HIV risk, which may not be conveyed successfully by younger outreach workers. Participants advocated for peer educator programs as a way to reach older Latino adults.

Priority One:

New York State community based organizations need to increase outreach efforts to older Latino adults in order to encourage them to seek HIV testing and treatment as needed, as well as education to decrease stigma surrounding the virus.

Priority Two:

New York State needs to support the amending of the Older Americans Act, to include services, outreach, training, and research on issues of concern to older HIV positive adults and to prohibit discrimination in services on the basis of sexual orientation and/or HIV status.

LATINA FAMILIES AND CHILDREN

In 2007, U.S. Latino children less than 13 years old represented 14% of AIDS cases whereas white children accounted for 12% and African American children for 73% (n=78).[73] That same year, 26% of New York City male children under the age of 13 and living with HIV/AIDS were Latino, while only 5.2% were white. Regardless of HIV status, children in families affected by HIV face a number of risk factors due to maternal depression, stress, family upheaval and lack of support from adult caregivers. HIV positive mothers are more likely to suffer from depression when families

are separated or dealing with a chaotic situation; furthermore, chronic illness can produce distress for the whole family.[74] According to one research study, HIV positive Latina mothers and other mothers of color suffered from more illness than HIV positive white mothers[75]; in another study, HIV positive mothers of color advanced more quickly to AIDS than their white counterparts. Moreover, HIV positive Latina mothers and their children were found to be more vulnerable to depression and anxiety. [76] Children of Latina mothers who are less acculturated to dominant U.S. ideologies seem to be particularly vulnerable to negative mental health outcomes[77], especially when their mothers were born outside of the U.S. Additionally, research finds that women who encounter discrimination are less apt to disclose their HIV status;[78] therefore, for Latina families who encounter high levels of stigma and racism in American society, HIV status disclosure becomes particularly difficult.

In community consultations conducted by the Commission toward the development of ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action***, participants indicated a need for more outreach to Latina families who lack connections to health care and social services. Participants also advocated for more culturally appropiate services, especially for non-English speaking Latina families.

Priority One:

New York State needs to develop additional supportive services for immigrant Latina families to assuage social isolation resulting from immigration status and living with a stigmatizing virus. Support services need to include legal aid services for those low-income Latinos interested in advance directives, health proxies, living wills and/or wills.

Priority Two:

New York State needs community-based organizations to develop and maintain strong relationships with faith-based communities. Capacity building organizations should consider providing training to prevent diseases and to improve the health status of Latinos by providing support to faith institutions in areas of program design, implementation and evaluation which strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities.

PRIORIDADES

HOMBRES GAY LATINOS Y OTROS HOMBRES QUE TIENEN SEXO CON HOMBRES

Veintenueve años después del surgimiento de la epidemia de VIH/SIDA, los hombres gay y otros hombres que tienen sexo con hombres (HSH) aún están siendo desproporcionadamente afectados por la misma. Desde el inicio de la epidemia, más de 300,000 HSH han perecido debido a enfermedades relacionadas con el SIDA. No obstante que los HSH blancos no-Hispanos en la Ciudad de Nueva York tienen tasas más altas de VIH/SIDA que los HSH Latinos en la Ciudad de Nueva York,[4] el contacto sexual de hombre a hombre es aún la causa principal de VIH para los hombres Latinos (57% de los hombres Latinos en los EEUU reportan sexo con otros hombres como la causa de su infección de VIH).[5] Los hombres gay Latinos y otros HSH enfrentan desafíos únicos, tales como los altos niveles de homofobia y el estigma, los cuales pueden desmotivarlos a revelar su identidad sexual a sus amistades y familiares. En un esfuerzo por mantener una imagen masculina y de adherirse a los ideales del ***machismo,***[6] los HSH Latinos pueden no identificarse como gay o bisexuales o reconocer su comportamiento de riesgo de VIH.[7] Dado el estrés y estigma social que los HSH Latinos a menudo enfrentan, ellos pueden usar substancias tales como las metanfetaminas como forma de automedicación, para aumentar su auto-estima o reflejar su masculinidad,[8] lo cual los coloca en un riesgo mayor de adquirir el VIH.[9] Se ha demostrado que los HSH Latinos tienen tasas mayores de sexo anal sin protección, en comparación con otros hombres de color.[10] Aunque múltiples factores vuelven a los HSH Latinos particularmente vulnerables al VIH/SIDA, los programas de prevención y tratamiento no logran resolver las necesidades de los HSH Latinos en la medida que éstos se focalizan en hombres identificados como gay.

Los participantes en las consultas comunitarias para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** enfatizaron la importancia de cambiar el enfoque de los esfuerzos de alcance comunitario, focalizados en la identidad "gay" y la necesidad de incrementar el entendimiento a cerca de la fluidez de la sexualidad de los HSH Latinos. Adicionalmente, las consultas comunitarias subrayaron que es crucial que las organizaciones que trabajan en el VIH/SIDA eduquen a las comunidades Latinas a cerca de los efectos dañinos de la homofobia y el estigma que rodean a la epidemia de VIH.

Prioridad Uno:

El Estado de Nueva York necesita iniciar campañas bilingües anti-estigma sobre el VIH y de reducción de la homofobia que sean cultural y lingüísticamente apropiadas para las comunidades Latinas.

Prioridad Dos:

El Estado de Nueva York necesita desarrollar y apoyar programas de prevención de VIH generados localmente e intervenciones que sean relevantes para los HSH Latinos que no se identifican como gay o bisexuales, especialmente aquellos que son Hispano parlantes monolingües. Es importante reconocer que las intervenciones que actualmente están dirigidas a los hombres identificados como gay podrían no estar alcanzando a los HSH Latinos que no se identifican como gay.

LATINAS TRANSGÉNERO

Las mujeres transgénero (aquellas que nacen biológicamente como varones pero se identifican como pertenecientes al género femenino) son particularmente vulnerables al VIH. Un reciente meta-análisis revela que la prevalencia de VIH entre mujeres transgénero es en promedio 27.7%;[11] sin embargo existe un mínimo de datos de vigilancia de VIH/SIDA en esta población. Varios factores contribuyen al riesgo de VIH de las mujeres transgénero, incluyendo una severa discriminación, transfobia

y falta de apoyo y protecciones legales, las cuales producen dificultades económicas, abuso de substancias y depresión. Las Latinas transgénero a menudo enfrentan dificultades financieras debido al estigma que les plantea retos para encontrar empleo; por tanto, el trabajo sexual podría ser utilizado como una estrategia de sobrevivencia para cubrir las necesidades básicas. Como trabajadoras sexuales, el sexo no protegido con clientes puede producir altos niveles de ingreso y mayores riesgos de contraer VIH.[12 13 14 15 16] Además de la creciente discriminación que las lleva a participar en prostitución, las Latinas transgénero confrontan factores generadores de estrés diarios tales como barreras de lenguaje y adaptación cultural (en el caso de aquellas que son inmigrantes) rechazo familiar y depresión. Para enfrentar circunstancias de vida difíciles, muchas Latinas transgénero recurren al abuso de substancias, lo cual las vuelve más vulnerables al VIH.[17 18] No obstante que las Latinas transgénero tienen una gran necesidad de servicios de prevención y cuidado de VIH/SIDA, las organizaciones que proveen servicios de SIDA son a menudo inadecuadas: el personal no ha recibido suficiente entrenamiento para entender las necesidades de las clientes transgénero, ni son culturalmente competentes para trabajar con Latinas.[19]

En las consultas comunitarias llevadas a cabo por la Comisión para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** se discutió la continua carencia de proveedores de salud que sean sensibles a los asuntos de las personas transgénero, la carencia de protección legal, el trabajo sexual como una de las únicas formas que tienen las mujeres transgénero para obtener ingreso, las vulnerabilidades específicas de las mujeres transgénero que son inmigrantes indocumentadas, y la carencia general de datos sobre las Latinas transgénero.

Prioridad Uno:

El Estado de Nueva York necesita desarrollar y financiar atención clínica de salud culturalmente apropiada y adicional para las Latinas transgénero, especialmente fuera de la Ciudad de Nueva York. Las clínicas de salud deben emplear profesionales de salud que hayan sido entrenados en las necesidades específicas de las mujeres transgénero y necesitan incluir terapia hormonal; consejería sobre transición; consultas pre y post operatorias; tratamiento en abuso de substancias; y atención en salud mental. Entrenamiento contra la discriminación debería también ser incluido en estos servicios.

Prioridad Dos:

La Ley de Expresión de Género y Contra la Discriminación (conocida en Inglés como The Gender Expression Non-Discrimination Act o GENDA) (A.5710/Gottfried)(S.2406/Duane) es una ley que debe ser aprobada en el Senado de Nueva York. De ser aprobada, ésta haría ilegal la discriminación con base en la expresión de género en el Estado de Nueva York. Actualmente es legal en Nueva York ser despedida de un empleo, expulsada del lugar de vivienda o la negación de crédito o ajustes públicos por el hecho de ser una persona transgénero.

LATINAS

El VIH/SIDA impacta a las mujeres Latinas en los Estados Unidos de forma significativamente mayor de lo que afecta a las mujeres blancas no-Hispanas, con una tasa de prevalencia cinco veces mayor para las Latinas.[20] En la Ciudad de Nueva York, las Latinas están también desproporcionadamente afectadas por el VIH/SIDA: ellas representan el 31.6% de los casos en tanto que las mujeres blancas solamente suman el 8.3% de la prevalencia de VIH en la Ciudad de Nueva York.[21] Las Latinas en los Estados Unidos tienen diversos antecedentes, incluyendo a aquellas que son ciudadanas y aquellas que son inmigrantes indocumentadas. [22] El racismo y las inequidades en todos los niveles de la sociedad continúan colocando a las Latinas en una posición de mayor vulnerabilidad ante el VIH/SIDA. En el caso de algunas Latinas, el sexo no protegido con parejas concurrentes así como el abuso de substancias como un mecanismo de automedicación, podrían llegar a incrementar su riesgo de contraer VIH. [23]

Desigualdades en sus relaciones con parejas masculinas también hacen a las Latinas más vulnerables al VIH: los hombres podrían tener más control sobre los contactos sexuales dado que las mujeres Latinas podrían no tener el poder para sugerir

el uso del condón. [24] Las Latinas también podrían sentirse forzadas a permanecer en relaciones violentas si carecen de independencia económica. [25] En el caso de las Latinas que son inmigrantes, especialmente aquellas que son indocumentadas, los servicios de VIH/SIDA y otros servicios de salud podrían no proveerles con atención cultural y lingüísticamente apropiadas.[26] [27]

Dada la naturaleza colectiva de las familias Latinas y de las múltiples responsabilidades de las Latinas como proveedoras de cuidado para miembros de la familia, ellas podrían no acceder a servicios de salud, aún cuando estos sean accesibles y culturalmente sensibles. [28] [29] Como resultado, las Latinas a menudo toman tardíamente la prueba de VIH y avanzan más rápidamente hacia el SIDA en comparación con otras mujeres. [30]

Las consultas comunitarias llevadas a cabo por la Comisión para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** reflejaron los temas en la literatura actual. Los participantes hablaron de la necesidad de enfocarse mas en la violencia doméstica, el reconocimiento de las desigualdades de género y la dinámica de poder que coloca a las Latinas en situaciones vulnerables con los hombres y en el análisis del prejuicio, racismo y discriminación existente contra las mujeres Latinas en los centros de salud, así como en la sociedad en general.

Prioridad Uno:

El Estado de Nueva York necesita asegurar que los materiales de prevención y la educación sobre el VIH discuta las desigualdades de género y las dinámicas de poder entre los Latinos y Latinas para promover sexo más seguro y una comunicación más abierta sobre la toma de riesgos sexuales. Las organizaciones que trabajan con hombres necesitan enfrentar el sexismo por medio de talleres, campañas y actividades; y aquellos que trabajan con mujeres necesitan dotarlas de conocimiento, habilidades y acceso a recursos.

Prioridad Dos:

El Estado de Nueva York necesita hacer la atención de la salud más accesible para las mujeres Latinas incrementando el número del personal bilingüe y culturalmente competente en facilidades de salud, proveyendo atención sin importar el estatus migratorio, planteando claramente políticas de confidencialidad y ofreciendo servicios que se puedan ofrecer dentro de una misma agencia y en una sola visita para mujeres que tienen múltiples responsabilidades más allá de su atención de salud personal.

LATINOS USUARIOS DE DROGAS INTRAVENOSAS

El uso de drogas intravenosas (UDI) sigue siendo la causa principal de transmisión de VIH para los Latinos en los Estados Unidos y sus territorios. En el 2007, un estimado de los CDC reveló que UDI representaba los 21% de la incidencia de VIH para los Latinos y Latinas en los Estados Unidos continentales y 40% de aquellos que viven en Puerto Rico. [31] Las mujeres Latinas están siendo especialmente afectadas por el VIH/SIDA vinculado al UDI, con un 28% de Latinas que viven con VIH/SIDA que reportan haberse infectado por medio del uso de drogas inyectadas. [32] En el caso de los UDI pertenecientes a minorías étnicas y raciales, la prevalencia de VIH es mayor que entre los UDI blancos. Los UDI en la Ciudad de Nueva York tienen los niveles de prevalencia de VIH más altos en el mundo, [33] donde el 44.4% de los UDI con VIH/SIDA son hombres Latinos y el 37.9% son mujeres Latinas. Los usuarios de drogas inyectadas a menudo luchan con varios factores psicosociales tales como la carencia de vivienda, la estigmatización, los problemas financieros, el encarcelamiento y una historia de abuso. Estas dificultades a menudo hacen que la prevención de VIH sea menos importante para los UDIs. [34]

Aunque estrategias de reducción de daños tales como el intercambio de jeringas han demostrado efectividad para bajar las tasas de VIH entre los UDI, los UDI Latinos, especialmente aquellos que son inmigrantes indocumentados, podrían evitar

utilizar los servicios por temor a que pudieran amenazar su seguridad y porque estos los hacen sospechar de las intenciones del gobierno. [35] Dada la existencia de estos temores y ansiedades, los programas de reducción de daños, además de los servicios de salud, podrían no alcanzar a los UDI Latinos que se encuentran en alto riesgo de contraer el VIH/SIDA.

Las consultas comunitarias llevadas a cabo por la Comisión para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** reflejaron los temas existentes en la literatura actual sobre las comunidades UDI Latinas. Aquellos entrevistados manifestaron la necesidad de un incremento en los programas de intercambio de jeringas y de reducción de daños, así como los obstáculos del estigma y la discriminación que a menudo previenen el acceso de los Latinos a estos programas.

Prioridad Uno:

El Estado de Nueva York necesita legislación que enmendaría el código penal para clarificar que la posesión de jeringas es legal bajo ciertas circunstancias autorizadas por la ley de salud pública, plantee que la posesión de jeringas usadas con una cantidad residual de drogas no es una violación al estatuto de substancias controladas y requiera al Departamento de Servicios de Justicia Criminal (en Inglés The Department of Criminal Justice Services o DCJS) informar regularmente sobre la política de aplicación de la ley .

Prioridad Dos:

El Estado de Nueva York necesita incrementar sus esfuerzos para anunciar los programas de intercambio de jeringas y de reducción de daños para incrementar el acceso a la información de parte de los UDIs y para combatir el estigma en la comunidad en general. Debería existir más alcance hacia las comunidades Latinas y las políticas de confidencialidad deberían ser planteadas explícitamente.

JUVENTUD LATINA

De acuerdo a datos recientes sobre la incidencia del VIH, la juventud Latina en los Estados Unidos está sobre-representada en la epidemia de VIH. [36] [37] Aunque los jóvenes representaban solamente un 17% de los adolescentes en los Estados Unidos en 2006, los adolescentes Latinos entre las edades de 13 y 19 comprendían el 19% de los casos de SIDA de ese mismo año, mostrando un incremento de 2% con relación a 2005. [38] Hasta el 2003, los adolescentes Latinos tenían 5 veces más probabilidades de llegar a infectarse con el VIH que los adolescentes blancos no-Hispanos de la misma edad. [39] Múltiples variables contribuyen al riesgo de VIH de los jóvenes Latinos, tales como altas tasas de sexo sin protección, valores culturales que podrían influenciar la comunicación con los padres y la familia y el abuso de drogas y alcohol. [40] La actividad sexual es la causa principal de infecciones de VIH de la juventud Latina en los Estados Unidos. [41] Los hombres y mujeres adolescentes Latinos muestran altas tasas de comportamiento sexual que los coloca en riesgo de contraer el VIH y están menos inclinados a usar un condón que sus contrapartes blancas-no hispanas.[42] El *Familismo*, el cual enfatiza las conexiones familiares [43] y el compromiso [44] así como la naturaleza colectiva de las comunidades Latinas, [45] puede afectar la toma de decisiones de la juventud Latina. Por medio de la promoción de ciertos aspectos del *familismo*, los padres pueden jugar un importante rol en la disminución de la toma de riesgos sexuales de los adolescentes;[46] sin embargo los padres Latinos están menos inclinados que otros padres a comunicarse con sus hijo(a)s a cerca del sexo.[47] Además de silenciar la sexualidad que los rodea, la juventud Latina también confronta varios desafíos, tales como el racismo, la adaptación a la cultural Americana dominante y las barreras lingüísticas cuando el Inglés no es su primera lengua. Tal ambiente estresante contribuye a la vulnerabilidad al VIH al facilitar el comportamiento de riesgo de la juventud Latina.[48] [49]

Las consultas comunitarias llevadas a cabo por la Comisión para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** hicieron eco de las tendencias en la investigación actual discutiendo las diversas

necesidades de la juventud Latina de acuerdo a su nivel de aculturación. Los grupos participantes aportaron estrategias para llegar a la juventud Latina cuando la sexualidad y los riesgos de VIH no son discutidos abiertamente con sus familias.

Prioridad Uno:

El Estado de Nueva York necesita aprobar una educación sexual integral (K-12) que no esté basada en la abstinencia en todas las escuelas públicas, para asegurar que la juventud Latina también reciba educación a cerca de la auto-estima, habilidades para tomar decisiones, VIH/ETS 101, prevención de embarazos, sexo más seguro y comportamientos sexuales, orientación sexual e identidad de género. Esto es especialmente importante en el caso de la gente joven en cuyos hogares no se discute la sexualidad.

Prioridad Dos:

El Estado de Nueva York necesita desarrollar y apoyar programas de prevención de VIH generados localmente (de largo plazo) que estén basados en factores de protección de valores culturales Latinos tales como el *familismo*. Idealmente los padres Latinos deberían estar incluidos en estos programas.

LATINOS ENCARCELADOS

De acuerdo a un estudio del Pew Hispanic Center de Febrero de 2009, los Latinos representan el 40% de los aproximadamente 200,000 presos en penitenciarias estatales, el cual triplica su porcentaje del total de la población adulta de los Estados Unidos. Debido a las crecientemente estrictas regulaciones migratorias, tales como los cambios de política implementados por Immigration and Customs Enforcement (ICE), es decir, la llamada "Operation Streamline", y la Ley de Incremento de Penas por Robo de Identidad de 2004 (en Inglés, the Identity Theft Penalty Enhancement Act of 2004), los inmigrantes Latinos están siendo encarcelados en proporciones mucho mayores. Casi la mitad de los Latinos en prisiones federales son inmigrantes con un 81% sentenciados por entrar o residir en el país sin autorización.[50]

Nueva York tiene la tasa nacional más alta de presos viviendo con VIH/SIDA: 4,000 presos en Nueva York son VIH positivos, los cuales representan un 20% de los presos que son VIH positivos en el país. No obstante que la mayoría de los presos que son VIH positivos adquieren el virus antes de ingresar en el sistema de prisiones, [51] una vez encarcelados, ellos continúan enfrentando riesgos de salud. Menos del uno por ciento de los presos en Estados Unidos tienen acceso a condones cuando están en prisión.[52] Con la aprobación de la Ley de Monitoreo sobre VIH/Hepatitis C del Departamento de Salud del Estado de Nueva York en 2009 (en Inglés, the New York State Department of Health HIV/Hepatitis C Oversight Bill) (S.3842/A.903), el Departamento de Salud puede llevar a cabo evaluaciones anuales y realizar cambios en el sistema de salud de las prisiones. No obstante que esta ley es un desarrollo positivo para los Latinos encarcelados, pocos programas de prevención de VIH efectiva y explícitamente atienden las diversas necesidades de los Latinos liberados de prisión.[53]

Las consultas comunitarias llevadas a cabo por la Comisión para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** expresaron que la aprobación de la Ley para el Monitoreo del VIH/Hepatitis C permitiría a los proveedores de salud un mayor acceso para la provisión de servicios para personas encarceladas. Ellos también discutieron la necesidad de distribuir condones en las prisiones como una estrategia vital para la reducción de daños.

Prioridad Uno:

El Estado de Nueva York necesita implementar programas de distribución de condones en todas las prisiones estatales y cárceles para asegurar que los presos con condones no abiertos no sean tratados como si estuvieran en posesión de contrabando.

Prioridad Dos:

El Estado de Nueva York necesita asegurar que más programas de prevención de VIH tengan acceso a las poblaciones encarceladas, especialmente los programas que ofrecen servicios para los presos que son liberados de prisión y regresan a sus comunidades.

INMIGRANTES LATINOS

Entre 2000 y 2006, los Latinos representaron el 50% por ciento de la expansión poblacional en los Estados Unidos. [54] Al inicio del nuevo milenio, los inmigrantes de los países Latinoamericanos constituyeron el 51.7% de aquellos nacidos fuera de los Estados Unidos.[55] Hasta el 2006, habían alrededor de 3,000,000 Latinos viviendo en el Estado de Nueva York, poco más del 40% de todos los hogares de la Ciudad de Nueva York estaban constituidos por inmigrantes Latinos.[56] Los Latinos nacidos fuera de los Estados Unidos enfrentan vastas desigualdades, discriminación y racismo, los cuales pueden contribuir elevados riesgos de VIH.[57] Los inmigrantes Latinos podrían tener una información minima a cerca del uso del condón y las dinámicas de transmisión del VIH. Algunas normas culturales como el *machismo*[58] [59] [60] [61] y la falta de una discusión abierta sobre el sexo [62] [63] pueden también afectar la vulnerabilidad de VIH. Los inmigrantes Latinos podrían enfrentar depresión, acceso limitado a atención de salud, barreras de lenguaje, aislamiento social y pobreza. Un estatus de inmigrantes indocumentado puede dejar a los inmigrantes Latinos sin protección legal. La combinación de estos factores generadores de estrés aumenta la vulnerabilidad de los inmigrantes Latinos al VIH y SIDA; [64] [65] sin embargo, los mensajes de prevención del VIH no están diseñados para los inmigrantes Latinos. Adicionalmente, los inmigrantes Latinos a menudo carecen de acceso a atención de salud o de conocimiento de cómo obtenerlo. Sin disponibilidad de y información a cerca de atención de salud culturalmente apropiada, los inmigrantes Latinos a menudo obtienen pruebas de VIH en una etapa tardía y consecuentemente avanzan más rápidamente hacia el SIDA.[66]

En las consultas comunitarias llevadas a cabo por la Comisión para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** las agencias discutieron la carencia de programas de prevención del VIH diseñados específicamente para Inmigrantes Latinos y que es esencial que los profesionales de salud estén mejor entrenados para evaluar las necesidades y entender las tradiciones culturales de los inmigrantes Latinos.

Prioridad Uno:

Las organizaciones de base comunitaria, las comunidades de fe y las agencias de servicio social del Estado de Nueva York, necesitan apoyar el desarrollo de servicios comunitarios y programas orientados a los inmigrantes Latinos que enfoquen el aislamiento y el desarrollo comunitario así como el abuso de substancias y la prevención de VIH.

Prioridad Dos:

El Estado de Nueva York necesita incrementar el alcance y la educación hacia las comunidades inmigrantes Latinas para elevar la conciencia a cerca de los servicios de salud disponibles para los inmigrantes sin importar su estatus migratorio, medios financieros o la lengua que hablen. La prueba de VIH y otros servicios móviles deberían llegar a granjas, lugares de trabajo diario y lavanderías. Las agencias deberían considerar expandir sus horas de operación para ser más inclusivos con los inmigrantes Latinos.

LATINOS MAYORES DE 50 AÑOS

A pesar de que existe una investigación empírica minima sobre el VIH/SIDA y los adultos mayores de 50 años,[67] [68] las tasas de VIH están incrementando entre esta población en los Estados Unidos en la medida que la terapia anti-retroviral ha

extendido las vidas de las personas con VIH y más gente mayor está siendo diagnosticada con el virus. En 2005, los adultos mayores de 50 años comprendían el 15% de las nuevas infecciones de VIH y el 24% de las personas viviendo con el virus, un agudo incremento en comparación con la tasa de 17% en 2001. Los Latinos están desproporcionadamente representados entre los adultos de 50 años de edad o mayores que viven con VIH/SIDA, sin embargo pocos estudios de investigación han explorado sus necesidades y vulnerabilidad al virus. Aproximadamente un 17% de las personas Latinas VIH positivas viviendo en los Estados Unidos fueron diagnosticadas después de alcanzar la edad de 50 años.[69] Los Latinos adultos mayores enfrentan obstáculos particulares en la prevención y tratamiento del VIH. El estigma, la homofobia, los valores culturales tradicionales, y la pobreza contribuyen a un avance más rápido hacia el SIDA y un estado de salud deficiente, la actividad sexual que los profesionales de salud no reconocen, atención inadecuada de salud, alta tasa de desempleo y responsabilidades de atención a la familia son factores que contribuyen al riesgo de VIH para personas Latinas mayores. A pesar de los múltiples elementos que hacen a los Latinos mayores vulnerables al VIH, se carece de investigación en esta área y los mensajes de prevención de VIH no están orientados a esta población.[70] [71] [72]

Durante las consultas comunitarias llevadas a cabo por la Comisión, para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción*** los participantes plantearon que no se ha realizado un adecuado alcance entre los Latinos adultos mayores y que se deben desarrollar estrategias para conectarse efectivamente con esta población. Las consultas comunitarias también indicaron que los Latinos mayores necesitan apoyo para desarrollar un mayor entendimiento de la realidad del riesgo de VIH, el cual no puede proveerse exitosamente por trabajadores comunitarios más jóvenes. Los participantes sugirieron la creación de programas de educación de pares como la forma para llegar a los Latinos adultos mayores.

Prioridad Uno:

Las organizaciones localizadas en la comunidad del Estado de Nueva York necesitan incrementar sus esfuerzos de alcance hacia los Latinos adultos mayores para animarlos a buscar la prueba de VIH y el tratamiento que necesitan, así como educación para disminuir el estigma que rodea al virus.

Prioridad Dos:

El Estado de Nueva York necesita apoyar una enmienda a la Ley de Americanos Mayores (en Inglés, the Older Americans Act) para incluir servicios, alcance, entrenamiento e investigación en asuntos que preocupan a los adultos mayores que son VIH positivos y prohibir la discriminación en servicios sobre la base de la orientación sexual y/o el estatus de VIH.

FAMILIAS Y NIÑEZ LATINAS

En 2007, la niñez Latina de los Estados Unidos menor de 13 años de edad representaba el 14% de los casos de SIDA en tanto que la niñez blanca el 12% y la niñez Afroamericana el 73% (n=78).[73] Ese mismo año, el 26% de los niños varones de la Ciudad de Nueva York por debajo de los 13 años de edad y viviendo con VIH/SIDA eran Latinos, en tanto que solamente el 5.2% eran blancos-no hispanos. Sin importar el estatus de VIH, los niños y niñas viviendo en familias afectadas por el VIH enfrentan numerosos factores de riesgo debido a la depresión maternal, estrés, disrupción familiar y falta de apoyo de los adultos proveedores de cuidado. Las madres que son VIH positivas están más propensas a sufrir de depresión cuando las familias están separadas o están lidiando con una situación caótica; adicionalmente, enfermedades crónicas pueden producir desajustes para toda la familia.[74] De acuerdo a un estudio de investigación, las madres Latinas que son VIH positivas y otras madres de color sufrían de más enfermedades que las madres blancas que eran VIH positivas[75]; otro estudio planteó que las madres de color VIH positivas avanzan más rápidamente al SIDA que sus contrapartes blancas. Adicionalmente, se encontró que las madres Latinas que son VIH positivas y sus hijo(a)s eran más vulnerables a la depresión y la ansiedad.[76] Lo(a)s hijo(a)s de madres Latinas que están menos aculturadas a las ideologías dominantes en los Estados Unidos parecen

ser particularmente vulnerables a resultados de salud mental negativos[77], especialmente cuando sus madres nacieron fuera de los Estados Unidos. Adicionalmente, la investigación muestra que las mujeres que enfrentan discriminación son menos aptas para revelar su estatus de VIH;[78] por tanto, para las familias Latinas que enfrentan altos niveles de estigma y racismo en la sociedad Americana, revelar el estatus de VIH resulta particularmente difícil.

Durante las consultas comunitarias llevadas a cabo por la Comisión, para el desarrollo del reporte: ***El Estado de Nueva York Responde a la Crisis Latina del VIH/SIDA y Planea Acción,*** los participantes indicaron que hay una necesidad de mayor alcance a familias Latinas que no tienen conexiones a cuidado médico y servicios sociales, los y las participantes también respaldaron y hablaron de la necesidad de servicios culturalmente apropiados, especialmente para familias Latinas que no hablan Inglés.

Prioridad Uno:

El Estado de Nueva York necesita desarrollar servicios de apoyo adicionales para familias inmigrantes Latinas para disminuir el aislamiento social generado por su estatus migratorio por el estigma relacionado al VIH. Los servicios de apoyo deben incluir servicios de ayuda legal para Latinos de bajos ingresos interesados en directrices avanzadas, substitutos de salud, testamentos de vida y/o testamentos.

Prioridad Dos:

Las organizaciones de base comunitaria del Estado de Nueva York necesitan desarrollar y mantener fuertes relaciones con comunidades de fe. Organizaciones orientadas al desarrollo de capacidades deberían considerar proveer entrenamiento para prevenir enfermedades y mejorar el estatus de salud de los Latinos proveyendo apoyo a las instituciones de fe en áreas de diseño de programas, implementación y evaluación que fortalezcan sus capacidades para llevar a cabo programas y servicios que contribuyan a la eliminación de disparidades de salud.

METHODOLOGY

From January – December 2009, the Commission, with generous support from the New York State Department of Health AIDS Institute and through collaboration with partners across New York, conducted 28, bilingual community consultations throughout the state to better understand how HIV/AIDS and other health challenges are currently affecting New York's Latino communities.

The Commission engaged individuals living with HIV/AIDS, service providers, community advocates, peer educators, and community gate keepers familiar with the needs of Latino populations in the community consultation process to identify priorities, challenges and develop recommendations for improving existing services. While the entire Latino community was discussed, community consultations paid special attention to how the disease impacts Latino Gay Men and other Men who have sex with Men (MSM), Transgender Latinas, Latinas, Latino Injection Drug Users (IDUs), Latino Youth, Incarcereted Latinos, Latino Immigrants, Latinos over 50, and Latino Families and Children.

A total of 408 participants contributed to the state-wide findings from community consultations; 32 participants self reported that they worked with or represented more than one sub-population and therefore participated in more than one meeting. Ten community consultation sessions were conducted in New York City and focused on the nine target populations outlined above along with one that was conducted with 50 Latinos living with HIV/AIDS. Outside of New York City, 10 consultations took place. Every effort was made to ensure that all 62 counties of the state of New York were represented at the various sessions.

Participants were identified by the host organizations in each county and input was sought from the New York State Department of Health AIDS Institute. Each participant invited to attend by phone or letter was also asked to invite others who they felt would be beneficial to the process. Each community consultation was audio-taped and tapes were transcribed by Commission interns. No incentives other than light refreshments were provided.

A survey following the community consultations was completed by 234 individuals who self reported working with or representing Latinos living with or affected by HIV/AIDS in all 62 New York State counties. Most notable in the entire process was the large number of counties represented by the community consultation participants, indicating that voices were heard from around the state. (see Table I County of Service Provision in The Post Community Consultation Survey Summary on page 62) .

DEDICATION

The Latino Commission on AIDS mourns the passing of one of its founders, Dennis de Leon, a tireless advocate for Human Rights, social justice and one of the first openly HIV positive Latino leaders in the country. He was a pioneer and a visionary, and in his lifetime he sought to curb and eliminate health disparities among marginalized communities. As a lawyer and later a non-profit executive, de Leon believed in bridging cultural differences to effect progressive social change.

For 15 years, Dennis served as the President of the Latino Commission on AIDS, a local, regional and national service and advocacy organization addressing HIV/AIDS and health disparities in Latino communities nationwide. In his capacity as President, de Leon served as the Manhattan delegate on the Civilian Complaint Review Board, which reviewed police misconduct allegations, and on several other boards, including the New York City HIV/AIDS Planning Group, Gay Men's Health Crisis, Housing Works, and the Federal AIDS Policy Partnership.

Prior to his tenure at the Commission, de Leon served as Chair/Commissioner for the New York City Commission on Human Rights, where he enforced human rights laws and increased cooperation between diverse ethnic and racial communities. From 1988 to 1990, he was appointed Deputy Borough President for Manhattan after six years as the city's Senior Assistant Corporation Counsel, where he supervised civil rights law enforcement and the representation of uniformed officers.

"Dennis' impact on the HIV epidemic will be felt for years and generations to come. Throughout his career and as President of the Commission he maintained that all communities of color needed to work together to address not only the disease but also the injustices that made ethnic and minority communities more vulnerable. His passing is cause for great sadness, but his life and legacy are a cause for celebration." stated Ruben Medina, Latino Commission on AIDS Board Chair. "He has touched millions of lives and made a tremendous difference in the world."

Dennis de Leon spearheaded the National Latino/Hispanic HIV/AIDS Leadership Summit in Washington, D.C. where 300 participants from across the country developed and adopted the *National Latino HIV/AIDS Action Agenda*, which was instrumental in the development and completion of *New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*. His leadership, dedication and friendship will be greatly missed.

LATINOS AND HIV IN THE UNITED STATES AND NEW YORK

Overview and Literature Review - In the United States, over half a million Americans contracted HIV within the past ten years.[79] Estimates project that over one million Americans have HIV, including over 20% who do not know they are infected with the virus. In the 1980s and 1990s, the U.S. took notable strides to decrease mother-to-child HIV transmission, infection through contaminated blood, and risk behavior among men who have sex with men; however, in recent years, the nation's success in fighting the HIV epidemic has slowed.[80] Although the CDC reports that the United States is confronting a much larger HIV epidemic than originally estimated, Americans are receiving less information and appear to be less alarmed about the virus than they were in the past.[81] At a time when some groups in the United States have HIV prevalence rates comparable to that of some countries in sub-Saharan Africa,[82] a Henry J. Kaiser Family Foundation survey found that in the United States, the number of people who report having witnessed, listened to or read about HIV/AIDS has decreased from 34% in 2004 to only 14% in 2009.[83]

Latinos in the United States remain a group greatly affected by HIV/AIDS: as compared to whites, Latinos have greater rates of HIV incidence, prevalence and AIDS cases, [84] [85] [86] [87] with HIV incidence rates that are nearly three times greater than among their white peers (29.3 new cases per 100,000 Latinos as opposed to 11.5 per 100,000 whites).[88] Approximately 200,000 Latinos in the United States are HIV positive;[89] however, we must not infer that high HIV/AIDS rates imply that Latinos are involved in riskier behavior than their white counterparts. Multiple social issues such as HIV can arise due to individuals' contact with their environments;[90] various studies convey that structural, institutional and contextual factors intensify vulnerability to HIV.[91] [92] When examining the effect of HIV and AIDS on Latino communities, it is crucial to take into account the environmental factors that contribute to increased prevalence and incidence rates.[93]

Research shows that Latinos who have HIV/AIDS encounter more obstacles to obtaining care than their white counterparts.[94] [95] [96] Obstacles include: limited access to culturally and linguistically appropriate health care and information, denial about HIV transmission risk, rigid gender roles and safer sex practices. According to the Henry J. Kaiser Family Foundation, although only one out of 10 Latinos viewed HIV/AIDS as a significant health risk, over a third declared it to be a more pressing community issue than it had been in the recent past. Moreover, Latino parents are increasingly worried that their children could become HIV positive, with nearly 40% noting that they are deeply worried.[97]. Given that Latinos are the largest and most rapidly growing minority population in the United States, confronting the HIV/AIDS epidemic in Latino communities is vital to enhancing the country's overall health.[98]

In New York, the epicenter of the U.S. HIV/AIDS epidemic, Latinos have the highest rates of AIDS (out of ten states where Latinos are most affected by the virus).[99] In 2007, Latinos in New York State represented 16 percent of the population, but accounted for 30% of people living with HIV/AIDS in New York. Of the 1,311 Latinos newly reported to have HIV infection, 449, or 34%, developed AIDS within the first year of their HIV diagnosis, which means they tested late in their infection. [100] In New York State, the highest HIV transmission rates for adult Latino men are among those who engaged in intravenous drug use followed by MSM. The highest HIV transmission rates in New York State for adult Latina women are among women who engage in heterosexual sex followed by women whose risk category is unknown.

Particular New York City neighborhoods are overrepresented in the HIV epidemic—such as the South Bronx, Chelsea and parts of Brooklyn—partially due to unprotected sex taking place within social and sexual networks in those neighborhoods. Given that a number of the groups with high HIV prevalence (both in New York City and the United States as a whole) are likely to have few opportunities for social movement, sexual relationships typically confine HIV transmission to specific geographic locations where HIV spreads rapidly. This is especially true for Latinas and Black women, who have a higher risk of HIV infection due to social and financial vulnerabilities and the dynamics of their sexual networks, not as a result of their personal risk behavior.[101] In New York State, nearly 16% of Latina women and almost 5% of Latino men entering prison

are HIV positive, which not only impacts the thousands of incarcerated HIV positive Latinos/as, but also the thousands more who are released each year and still thousands more family and community members across the state.

It is interesting to note that while HIV/AIDS has taken a disproportionate toll on New York's and more specifically, New York City's minority and low-income communities, the state and citywide death rate related to HIV/AIDS is falling. One possible factor may be the emphasis on early and routine HIV testing and linking individuals to care, as well as improvements in antiretroviral therapy. Since its launch in 2008, the New York City Health and Mental Hygiene's "Bronx Knows" initiative has provided voluntary HIV tests to nearly 160,000 Bronx residents, including many of the 250,000 who had never been tested previously. Between 2008 and 2009, HIV testing rose by approximately 28% in the Bronx.[102] Testing is the essential first step in linking people with HIV to medical care and ongoing support to help them establish and maintain safer behaviors. A substantial proportion of new infections in the U.S. are believed to be transmitted by those who are unaware of their HIV status, but studies also show that once people learn that they are HIV positive, most take steps to protect their partners. Additionally, data suggest that many people with HIV are diagnosed late in the course of their infection, when it may be too late to fully benefit from life-extending treatments.

In order to decrease HIV and AIDS in the United Status and among U.S. Latinos, we must recognize that HIV continues to be a significant health risk in this country. Funding should be allocated for creative and ground-breaking prevention efforts and research should target gay men and other MSM, Latinas and other specific groups in order to gain an increased understanding of the cultural and social influences on HIV transmission. Finally, there is an urgent need to conduct empirical investigations of multilevel interventions that include biomedical, behavioral and structural elements.[103] [104] [105]

LATINO GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

Overview and Literature Review - The term, "men who have sex with men (MSM)" includes all men who have sex with men,[106] irrespective of their sexual orientation, as well as those who have sex with women and men.[107] HIV/AIDS has dramatically affected all gay men and MSM in the United States. They continue to be overrepresented in the AIDS epidemic and have been personally or socially impacted by HIV infection, its affects on behaviors and attitudes as well as its devastating impact on their communities. According to the CDC, since the outset of the epidemic, more than 300,000 MSM have died of complications related to AIDS. As of 2008 in New York City, Latino MSM comprised 27.5% of those living with HIV and AIDS while non-Hispanic white MSM accounted for 41.6 % and Black MSM for 28.6%.[108] These data exhibit a change in epidemic trends since the 1995 report, ***Setting our Agenda: Priorities for Addressing HIV/AIDS in the Latino Community***, Latino MSM showed much higher rates of HIV than non-Hispanic white MSM.[109] Still, male-to-male sexual contact continues to be a leading HIV risk factor for Latino men: 57% of those with HIV and AIDS in the United States cited sex with other men as the way in which they became infected with HIV.[110]

Latino gay men and other MSM may be at particularly high risk for HIV due to the stigma that surrounds male-to-male sexual contact. Given that Latino cultures frequently hold negative views of sexual minorities, disclosing male-to-male sexual contact or identifying as gay or bisexual to one's family may ultimately harm the family's reputation and the interpersonal relationships of its members. Identifying as gay or bisexual may also be damaging to a Latino man's image as a masculine man and may counter the traditional ideal of *machismo*.[111] In order to protect their families and their own self-esteem, Latino MSM may choose not to identify as gay, to be open about their sexuality,[112] or to acknowledge their risks for HIV.[113] The female partners of Latino MSM may also be vulnerable to HIV if their male partners do not discuss their sexual interactions with other men or reveal their HIV status. HIV prevention programs that are designed for gay-identified men may not reach Latino MSM who distance themselves from a gay identity.[114] 29 years after the pandemic began its devastating impact on this population, there is still a need to request culturally appropriate HIV interventions that specifically target Latino MSM.

Adaptation to dominant U.S. culture can also be a mitigating factor in whether or not Latino MSM engage in high-risk sexual behavior. Some research demonstrates that higher levels of adaptation to U.S. culture can increase HIV preventative behaviors, such as more open communication with partners about sexual risk and greater likelihood of disclosing a positive HIV status.[115] However, others studies show a connection between greater acculturation and higher levels of drug use and risky sexual behavior.[116]

Latino MSM may use drugs and alcohol as a way to boost their self-esteem, uphold a *machismo* image, or to self-medicate when faced with high levels of stigma, discrimination and racism.[117] Additionally, internalizing homophobia and racism can lead to feelings of low self-worth and substance use. Substance use can decrease inhibitions and thus make condom use less salient and contribute to higher levels of sexual risk behavior, placing Latino MSM who use drugs and alcohol at greater risk for HIV.[118] Recent studies illustrate that Latino MSM are increasingly using methamphetamine,[119] a drug that has been associated with greater levels of HIV infection.[120]

In addition to substance abuse, unprotected anal intercourse is another leading HIV risk factor for Latino MSM. Five research studies of U.S. men who identified as gay and bisexual reported that as compared to men of other minority groups, Latino men had the greatest levels of unprotected sexual interactions with other men.[121] The Los Angeles Young Men's Survey revealed that 39% of Latino respondents had engaged in anal sex without a condom within the last 6 months.[122] Another research study noted that an estimated 45% of Latino men sampled disclosed unprotected anal sex during the previous month.[123]

In spite of the fact that Latino MSM are disproportionately impacted by HIV and show high rates of risky behavior, prevention programs continue to ignore their unique needs. Participants who took part in community consultations toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** emphasized the importance of moving outreach efforts away from solely focusing on men who openly identify as gay or bisexual and instead understanding that some Latino MSM may identify as straight and need specific, tailored interventions to reach them. Additionally, community consultation participants highlighted that it is crucial for HIV/AIDS organizations to educate Latino communities about the harmful effects of homophobia and the stigma surrounding the HIV epidemic.

COMMUNITY CONSULTATION FINDINGS

It has been 29 years since "gay-related immune deficiency" or GRID (the original term for AIDS) was first identified in New York City, yet Latino MSM have yet to be the focus of primary and secondary disease prevention efforts in New York State, the epicenter of the U.S. HIV/AIDS epidemic.

HIV/AIDS advocates across New York reported that stigma associated with HIV/AIDS is very much present in Latino communities. Even in New York City, where gay visibility is more prevalent than the rest of the state, homophobia

and stigma are still rampant and Latinos are still the target of the myths and fears associated with HIV/AIDS. It is well documented that Latino cultures frequently hold negative views of sexual minorities, which makes it unsafe to disclose male-to-male sexual contact or to identify as gay or bisexual for fear of rejection, violence or harm. Participants in community consultations expressed that education is fundamental to changing community norms and only through teaching acceptance can we create a community where it is safe for MSM to be more open about their relationships. Across the state, New York's Latino gay men and other MSM need consistent educational programs, outreach activities and access to services that address homophobia, transphobia and stigma associated with AIDS.

Those who participated in community consultations also identified a need for specialized prevention programs that target Latino immigrant Spanish monolingual MSM. Many immigrant men who arrive in the U.S. are Spanish monolingual and have little or no understanding of HIV/AIDS, which leaves those who engage in male-to-male sexual contact at risk for HIV infection. Participants reported a systemic failure at reaching this target population, which highlights a huge deficit in programs that focus on Latino MSM and prevention programs seeking to work with Latino Spanish-speaking immigrant MSM should emphasize confidentiality and create space for men to express themselves securely and away from harm and judgment.

"I am sick and tired of organizations taking brochures and posters that they developed for African American MSM and changing the image and the language to Spanish and saying that they are targeting my community in a culturally competent manner. They aren't and they are cheating Latinos out of life saving information." ~ Yonkers community consultation participant

Reaching openly gay Latinos who primarily speak Spanish is challenging mainly because Spanish speaking Latino MSM do not have traditional venues where they feel comfortable or welcome. As a result many go online or frequent smaller non-gay venues to look for sexual partners. With the increased use of the internet for sex, the need for online outreach efforts has also increased but it is important to properly train staff to abide by online outreach protocols that will not harm the online community and will simultaneously protect the organization and its programs from liability.

Community consultation participants expressed grave concern about organizations funded to target Latino MSM who were taking the "easy way out" by conducting outreach at mainstream gay bars, bath houses and sex clubs. The type of outreach described by participants excludes Latinos who frequent smaller, lesser known venues and many men who engage in male-to-male sexual contact in exchange for monetary support, housing, drugs or alcohol. In many cases, organizations funded to target Latino communities have been resistant to directly addressing the issue of homophobia fearing that they will alienate the larger Latino community, and that desire to play it safe has come at a very high price.

Community consultation participants agreed that one of the challenges not unique to Latinos is providing prevention services to men who self-identify as heterosexual but have sex with other men. As with bisexual men, this is a very difficult population to identify and bring into supportive services because of the insensitivity among providers. There is a tremendous need to educate service and health care providers about the specific health needs of non-gay identifying MSM. It was recommended in Albany, New York City and Westchester that New York State needs to partner with medical schools and agencies that provide continuing education credits to train clinicians to work in a non-judgemental way and focus on behaviour rather than on self-identification.

Tremendous inroads have been made in addressing stigma associated with AIDS through the establishment of partnerships with faith-based communities. However, more education is fundamental to changing community norms. Only through providing inclusive services that value and celebrate all forms of diversity can we create a community where it is safe for MSM to be more open about their behaviors and their relationships. We must be unwavering in advocating for inclusive, respectful and equitable services for all people. We must educate individuals or groups who at the core of their faith believe that being gay is wrong – that those beliefs do not justify negative behavior and harmful treatment of sexual minorities in our Latino communities.
"We love because he first loved us. If anyone says, 'I love God,' yet hates his brother, he is a liar. For anyone who does not love

his brother, whom he has seen, cannot love God, whom he has not seen. And he has given us this command: Whoever loves God must also love his brother. (John 4:19-21)" ~ Hudson Valley community consultation participant

Across New York, there is a tremendous need for diversifying educational activities that would include: same sex relationship affirming workshops led by gay friendly ministers, mental health awareness programs, substance abuse counseling, how to "come out" to family and friends, gay and Latino cultural awareness workshops, ESL and GED courses, and activities for Latino MSM over 50. Service providers expressed concern over the lack of prevention programs and materials focused on MSM over 50 because of low or no risk perception even among those that are having intergenerational same-sex relations. Community consultation participants across the state in Albany, Buffalo, Hudson Valley, Newburg, New York City, and Rochester as well as in Suffolk and Nassau Counties expressed concern that adaptation to dominant U.S. cultures increases one's likelihood of drug use and risky sexual behavior. Participants mentioned the following drugs being commonplace in their communities: marijuana, cocaine and crystal meth (crack cocaine was not mentioned). Developing linguistically and culturally competent campaigns that address drug intake and its connection to sexual risk taking is essential, especially since drugs and alcohol are a mechanism for coping with isolation and loneliness among many immigrant Latinos.

When reaching out to Latino MSM or Latino immigrant MSM who work non-traditional hours (blue collar, food and hotel service industry, manual labor) or as day laborers, it is important to take into consideration their availability to participate in educational events or access clinical services if operating hours are 9am – 5pm. Providing services during non-traditional hours as well as Spanish-language translation is essential in ensuring increased access for these individuals. Incorporating additional health wellness topics and screenings into the outreach work and services provided to Latino MSM would serve as a way to get this group thinking about overall health wellness.

Priority One:

New York State needs to initiate anti-stigma campaigns that debunk the myths associated with HIV and assist in the reduction of homophobia. These campaigns must be culturally and linguistically appropriate for Latinos and developed in collaboration with Spanish language television and print media outlets throughout the state.

Priority Two:

New York State needs to develop and support home grown HIV prevention programs and interventions that are relevant for Latino MSM who may not identify as gay or bisexual, especially those who are Spanish monolingual. It's important to recognize that interventions currently targeting gay-identified men may not be reaching Latino MSM.

Priority Three:

New York State needs to advocate with the CDC for Effective Behavioral Interventions that specifically target Spanish speaking Latino MSM communities.

Priority Four:

New York State needs to increase funding for substance abuse prevention education and counseling targeted to Latino MSM as a way to address the high rates of alcohol and substance abuse. Harm reduction programs have proven highly effective with other populations but have seldom been tried with Latino MSM, especially those who are Spanish monolingual.

TRANSGENDER LATINAS

Overview and Literature Review - Transgender women, those biologically born as male and identifying as female, are at incredibly high risk for contracting HIV. Transgender women of color are especially vulnerable[124] [125] [126] and may not feel a connection to or support from the larger, white-dominated lesbian, gay, bisexual and transgender (LGBT) community.[127] A 2008 meta-analysis that reviewed statistics from research articles regarding transgender women observed HIV prevalence rates to be 27.7% in most of these studies.[128] In 1995 ***Setting Our Agenda: Priorities for Addressing HIV/AIDS in the Latino Community*** identified transgender Latina women as the most neglected group within New York's Latino LGBT community. The report recognized multiple HIV risk factors for transgender Latinas, including substance use, sex work, discrimination from housing, and a severe lack of health services and outreach groups that addressed their needs.[129] Fifteen years later, transgender Latinas are facing many of the same obstacles that increase their vulnerability to HIV, such as discrimination from employment that may lead them to turn to sex work,[130] [131] [132] high levels of depression and subsequent drug use as a form of self-medication, and the potential for having multiple sex partners as a means to contribute to emotional fulfillment.[133] [134] [135] [136] Despite being at high risk for HIV, transgender Latinas are still lacking connections to appropriate health services or transgender specific HIV prevention programs.[137] [138] Transgender Latinas are an incredibly high-risk subgroup within a minority population[139]; nevertheless, there is a dearth of surveillance data on HIV/AIDS in this population.

Many transgender Latinas frequently encounter economic hardship as a result of transphobia, which leads to discrimination and stigmatization that prevent them from obtaining a job. In order to support themselves, transgender Latinas may turn to sex work where they are at risk or financially rewarded for engaging in unsafe sex. .[140] [141] [142] [143] [144] While transgender women who are involved in sex work may recognize that condoms and other latex barriers protect their health, if customers request unprotected sex in exchange for a higher payment, impoverished sex workers may forego condom use. Transgender Latinas who engage in sex work are also at high risk for HIV given their lack of control over what takes place during their transactions with clients. In order to avoid violent reactions from clients who find out that they are transgender and without sufficient legal protection should they suffer from abuse, transgender Latinas engaging in sex work may not insist on condom use even if they recognize the risks of unprotected sex.[145] [146] [147] [148]

Another risk factor for transgender Latinas is substance use, which may be a coping mechanism to help them face stressful life circumstances such as discrimination, prostitution, family abandonment and depression. Transgender Latinas who engage in sex work may also develop drug addictions as a result of clients offering them drugs and consequently continue their involvement in sex work in order to support the financial costs of substance use. Transgender Latinas' substance use, combined with their participation in sex work, can increase feelings of hopelessness and damaged self worth, making them increasingly vulnerable to HIV.[149] [150]

Not only are sex work and drugs used as survival strategies for transgender women, but some studies reveal that they may be viewed as normative within transgender communities. Participation in sex work and drug use may be seen as interconnected with the process of transitioning from male to female and may facilitate initiation into the transgender community. While some transgender women may discuss prostitution as a job, sex work as well as sex with various partners may serve to validate their identification with the female gender and to further self-medicate against depression and stress.[151] Nevertheless, it is important to note that sex work is not a choice within transgender communities but a means of survival due to transphobia and a system that does not provide legal protections for our transgender community members from discrimination in employment, housing or otherwise. Research shows that many transgender women may also lack social support, both emotional and financial, from family members[152]; however, in one study, nearly all (98%) of the young transgender women of color who were surveyed cited friends as a source of emotional support.[153] In a study of the New York City House Ball community, composed of social networks of racial and ethnic minority LGBT individuals, the support provided by the community was shown to diminish the negative effects of discrimination and stigma for transgender women.[154]

Transgender Latinas may also be at risk for HIV through unprotected sex with their primary partners. In one study of transgender women of color, the study participants frequently cited unprotected sex within their long-term relationships as a sign of love and mutual trust.[155] Condoms may be seen as a barrier to developing an intimate emotional connection with their steady partners and HIV risk may be downplayed as intimacy increases within the relationship. Transgender women may also engage in high-risk sexual behaviors such as receptive and insertive anal sex with primary partners as further validation of their female gender identity.[156] [157] [158] [159]

Hormone therapy, often obtained from non-medical health care professionals due to a flawed system that does not provide legal protections or medical support for transgender people, can be accompanied by multiple side effects and also poses health risks for transgender women. [160] Transgender women who are facing financial difficulties and who do not have access to health care may also be lacking access to safer methods of hormone therapy or to HIV treatment and care. Even AIDS service delivery organizations with a long history of working with the LGBT community often lack staff that have been properly trained and sensitized to the specific needs of transgender women of color; therefore, these women may feel distrustful of social service and health care providers. [161] [162] In a 2010 survey measuring discrimination against LGBT people and people with HIV, more than 25% of transgender and gender-nonconforming individuals surveyed said health care providers had refused to serve them. Moreover, almost 21% of transgender and gender-nonconforming individuals noted that health care professionals spoke to them in a callous or insulting manner and close to 8% said that health care

professionals treated them roughly. More than 20% said that health care providers had blamed them for their own health conditions. Transgender and gender-nonconforming survey respondents who are people of color and also low-income experienced harsher treatment: almost one third of those surveyed said they had been denied care due to their gender identity.[163]

Transgender New Yorkers face severe discrimination. A report released in 2010 by the Empire State Pride Agenda showed that: 20.7% of transgender New Yorkers have incomes under $10,000 a year; 28.4% have experienced a serious physical or sexual assault motivated by transphobic or homophobic violence; and fully one-third are or have been homeless at one time.[164]
Since the onset of the AIDS pandemic, health clinics tailored to the needs of transgender women have been established in some large cities.[165] In New York City, the New York Association for Gender Rights Advocacy (NYAGRA), TransEmpowerment, Callen-Lorde Community Health Center, and The Gender Identity Project at the LGBT Community Center are exemplary models of some of the advocacy, health and community agencies that now serve trans people of all backgrounds; however, most cities across New York State still lack appropriate services, leaving countless members of the trans community in isolation and deprived of culturally competent health care.

Existing research about transgender women of color reveals myriad vulnerabilities to HIV, yet shows social support from friends and community to be protective against the harmful effects of stigma and discrimination. Community consultations conducted by the Commission toward the development of ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** discussed the ongoing lack of health care providers who are sensitive to transgender issues, transgender women being forced to turn to sex work as a means of survival, the need for legislation to protect transgender peoples' rights to get and keep jobs and housing, specific vulnerabilities of transgender women who are undocumented immigrants, and the overall lack of data on transgender Latinas.

COMMUNITY CONSULTATION FINDINGS

Throughout New York State, representatives from HIV/AIDS service organizations, Latinos living with HIV/AIDS and peer advocates agreed that transgender Latinas are a marginalized group without sufficient access to appropriate HIV support services and health care. They noted that transgender Latinas face high levels of stigma and discrimination and lack legal protections; therefore, they have limited employment opportunities beyond sex work. In spite of a pressing need for HIV prevention and treatment services, very few programs in New York State are tailored to transgender women's needs and most health care professionals are not culturally competent in working with the transgender community. Additionally, community consultation participants noted the dearth of surveillance data on HIV/AIDS among transgender individuals. Without clear documentation of the virus's effect on transgender people, there is no data to support the need for more transgender-sensitive programs and increased funding to realize this goal.

Community consultation participants representing all regions of New York State highlighted the lack of programs specifically for transgender Latinas as a critical issue in preventing HIV/AIDS. They expressed the fact that transgender individuals have experiences and health needs different from gay, lesbian or bisexual people. Transgender people face unique challenges as a result of their gender identity, which is often confused with sexual orientation. New York programs often fail to screen transgender women for injection drug use (IDU) and do not perceive them to be at risk for IDU even though many may take huge risks if they inject hormones, silicone and drugs and do not do so safely. Community consultation participants agreed that most of the available programs for transgender women in New York State typically focus on HIV positive transgender women while neglecting to address the prevention needs of those who are HIV negative. Transgender Latinas who participated in the community consultations expressed that their community has an increasingly optimistic view of HIV as a chronic, manageable disease and thus may not take HIV prevention seriously; which indicates an even greater need for HIV prevention messages that target transgender women.

Across the state, community consultation participants observed that existing programs that are tailored to the needs of transgender women may not be culturally appropriate for transgender Latinas. Throughout New York State, services often lack Spanish-speaking staff or resources in Spanish and may not be sensitive toward transgender Latinas' immigration-related stress, such as a lack of legal documentation. Transgender Latinas are often underinsured or lack insurance; however, even those who have insurance frequently have difficulty accessing care since insurance may not cover their gender-specific or transitioning health needs. Representatives who participated in the community consultations agreed that health care providers are frequently judgmental of transgender individuals, especially transgender women who engage in sex work. Providers often lack the knowledge, skills and resources to provide affirming, comprehensive and appropriate care to transgender Latinas.

"As a transgender woman with a full time job and health insurance coverage, it is very upsetting to me that my insurance company can deny me coverage for gynecological health services because the services are thought of as a female service." ~ New York City community consultation participant

Lack of health insurance is cited as an issue for many transgender Latinas in New York, creating a barrier to supportive services in addition to health care. Community consultation participants underscored that transgender Latinas need housing support services, substance abuse prevention, and support groups facilitated by professionals trained in addressing transgender issues. Participants also emphasized the need to link individuals to supportive faith-based groups as many transgender Latinas have roots in their religious communities.

Community consultation participants not only discussed issues related to accessing health care but also highlighted the most urgent issues related to HIV/AIDS support services for transgender Latinas. Participants recommended that organizations need to provide mental health counseling to address the gender transition process, as well as a safe space for transgender Latinas to build social connections and support. Participants in New York City cited the Houses and Parents of the House/Ball community for the support and safe space they offer their children/members as well as the positive reinforcement of healthy life choices.

A great deal of emphasis was placed on providing transgender Latinas with skills building and job training and links to career opportunities so that they are not limited to sex work as a means to survive. Service providers and transgender Latinas interviewed in New York City, Buffalo and Hudson Valley expressed concern for young transgender Latinas and the need for more positive role models. In order to truly improve employment options for transgender Latinas, we need to seriously advocate for changing laws and policies.

While job training is important, it does not address the root problems of discrimination and stigmatization; thus, there is an urgent need for legislation that protects transgender people against employment discrimination. Transgender and gender non-conforming individuals are currently denied the basic legal protections that are afforded other minority groups because gender identity and expression are not recognized as protected statuses under New York State's civil rights laws. The state's non-discrimination statutes must be amended to correct this omission - and to accomplish this legislative objective, community consultation participants strongly supported passage of the Gender Expression Non-Discrimination Act (GENDA A.5710/S.2406.)

"Why is it that the largest Latino HIV/AIDS organization in the country with a staff of almost 50 can't find a single qualified trans Latina to employ?" ~ New York City community consultation participant

Additionally, transgender Latinas need legal services to assist them in the gender identification change process as well as with housing and work discrimination. Across the state, participants cited the need for bilingual domestic violence services that are sensitive to the transgender community. Domestic violence and homeless shelters should create a more welcoming atmosphere for transgender women and there is a need for shelters that are specifically for transgender women.

For incarcerated transgender women, units should be segregated in order to protect them from encountering violence and abuse. Community consultation participants also note the importance of implementing anti-stigma campaigns within the community to target transgender women's vulnerability at the structural level.

Based upon the large gaps in services for transgender Latinas, those interviewed in the community consultations recommended that the CDC conduct more research on transgender individuals in general in order to develop more effective HIV/AIDS prevention and care programs. They advocated that service providers create special programs that are directed towards the transgender community; conduct outreach activities where peer educators distribute information regarding available, appropriate services; integrate HIV prevention, testing and treatment with general supportive services, gender reassignment surgery and the process of transitioning from one's assigned gender to the gender with which one identifies. Additionally, HIV prevention messages that convey a realistic image of HIV/AIDS should be developed and disseminated.

Community consultation participants throughout the state proposed that health care providers and staff receive comprehensive training in the unique needs of transgender individuals. Service providers also need to understand and address the mental health issues of transgender Latinas who often face social isolation and exclusion and to scale-up prevention efforts among men who have sex with transgender women (a group that is rarely considered and is difficult to reach). Finally, participants suggested that funds be allocated for HIV prevention efforts among HIV negative transgender women and that transgender leaders, decision-makers and policy-makers organize a symposium to discuss transgender needs and services.

Priority One:

The Gender Expression Non-Discrimination Act (GENDA) (A.5710/Gottfried)(S.2406/Duane) is a bill that needs to be brought to a vote in the New York Senate. If passed it would outlaw discrimination in New York State based on gender identity and/or expression. Currently it is legal in New York to be fired from your job, kicked out of your home or be denied credit or public accommodations for being transgender.

Priority Two:

New York State needs additional culturally competent clinical health care for transgender Latinas, especially outside of New York City. Care should include hormone therapy; transition counseling; pre- and post-operative services; mental health care; and substance abuse counseling and treatment.

Priority Three:

New York State needs to develop a two-tier community education campaign that 1) addresses transphobia by promoting understanding of and decreasing discrimination against trans Latinas and 2) provides young Latinas with role models who can inform them of employment options outside of the sex industry.

Priority Four:

New York State needs to gather surveillance data on the HIV/AIDS rates and risk behaviors amongst transgender Latinas in order to present an accurate picture of the virus' impact on this community.

LATINAS

Overview and Literature Review - A 2007 report from the CDC shows that Latina women in the United States continue to be disproportionately affected by HIV and AIDS, with national prevalence rates five times higher than their white counterparts.[166] In 1995, Latina women in New York City represented 40% of all national Latina AIDS cases.[167] Nearly fifteen years later, New York City Latinas are still largely overrepresented in the epidemic. According to the 2007 surveillance data for the New York City Department of Health and Mental Hygiene, Latina women account for 31.6% of New York City HIV prevalence rates (n=30,749) compared to only 8.3% of white women.[168] Nationally, 2007 data shows that Latinas comprise 14% of HIV positive women.[169]

Latinas in the United States represent a diversity of cultures and countries of origin, speak various languages, and are immigrants as well as U.S. born women.[170] Inequalities at all levels of society, such as racism, sexism, and poverty contribute to the exceedingly high rates of HIV amongst Latina women. At a structural level, racism continues to subjugate Latinas by diminishing their opportunities for employment, economic independence, educational advancement and access to housing. It is not their cultural, ethnic or racial background that makes Latina women more vulnerable to HIV; rather, HIV affects Latinas due to a racist system that continues to oppress them. As a result of a discriminatory environment, Latinas may suffer from depression and low self-esteem. For some, drugs and alcohol, unprotected sex and multiple partners can become coping mechanisms, placing them at higher risk for HIV.[171]

Gender inequalities also contribute to HIV vulnerability and risk for Latina women. Within cultures that facilitate dependence on and deference to men, Latinas may not advocate for safer sex, believing that women should not challenge men's desires.[172] Latinas may also refrain from requesting that their male partners use a condom for fear that the man will react violently or will subsequently withhold financial support.[173] Both the possibility and the reality of intimate partner violence place Latina women at risk for contracting HIV from their partners. Violence may also lead some women to engage in high-risk activities: without economic independence, Latina women, seeking to leave violent relationships, especially those who are undocumented immigrants, may have few alternatives and could potentially turn to sex work as a means to survive.[174]

Men who perpetuate violence against their female partners are also frequently facing economic and social challenges that increase their risk for HIV, such as having outside sexual partners and using drugs; they may continue to have unprotected sex with their primary female partners and in turn put them at risk for HIV. Condom use often becomes less salient as trust develops within a relationship.[175] [176] While Latina women may be aware of their male partners' sexual activity with other men or women outside of the primary relationship, they may not broach the topic openly. [177] [178] Cultural ideals of *machismo* and *marianismo* discourage open communication about sex while condoning men's sexual activity with multiple partners.[179] Moreover, homophobia and the stigmatization of same-sex sexual behavior may push some Latino men to covertly have sex with men without disclosing their behavior to their female partners. [180] [181]

Despite great vulnerability to HIV, economic segregation and immigration status often prevent Latinas from having access to adequate medical care. When health care is available, Latinas may still encounter health care workers who degrade or devalue them for lacking English language proficiency. Unfortunately, this is not a new problem for Latina women: the 1995 Commission report noted that Latinas had difficulty accessing "culturally-appropriate and responsive services".[182] Without appropriate health services, Latina women often live with undiagnosed sexually-transmitted infections that increase their vulnerability to HIV.[183] [184]

Even with availability of accessible health services where staff is welcoming, Latina women may refrain from seeking out HIV testing due to anxiety that a positive result could lead to stigmatization in the work place or exclusion from family and friends. Latinas who are undocumented immigrants may be fearful that an HIV positive diagnosis could lead to loss of confidentiality followed by government involvement (deportation). Additionally, Latina women frequently place the needs of their families before their own needs; therefore, they may not see a medical professional until they are severely ill.[185] [186] Late testing amongst Latina women can cause undiagnosed HIV infections to go untreated and to progress more rapidly to AIDS.[187]

Community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** reflect the themes in the current literature. Participants spoke of a need for increased focus on domestic violence, recognition of gender inequalities and power dynamics that place Latinas in vulnerable situations with men, and an examination of the prejudice, racism and discrimination yielded against Latina women in health centers as well as in American society in general.

COMMUNITY CONSULTATION FINDINGS

Community consultation participants from across New York State agreed that Latinas play multiple roles and thus may neglect to obtain HIV/AIDS testing, treatment and supportive services. Because many Latinas have various responsibilities such as childcare and other family obligations, HIV/AIDS programs need to integrate services in concentrated locations so that they are more accessible to Latinas. Those who attended community consultations also identified numerous obstacles that prevent Latinas from seeking care, such as lack of culturally appropriate services, lack of knowledge about safe sex, and traditional gender roles that typically disempower Latinas. According to community consultation participants, in order to reach Latinas for HIV/AIDS prevention and treatment, programs need to integrate women to address basic needs so that HIV care does not become another stressful aspect of their lives.

Integrated services should not only address HIV/AIDS prevention and treatment but should also include education in areas such as literacy and English for speakers of other languages, domestic violence services, mental health and substance abuse counseling, childcare, legal aid, and various other supportive services. Community consultation participants recognized that Latina women come from diverse backgrounds and therefore have various needs: some Latinas are undocumented immigrants with limited English skills, some where born in the United States and are fluent in English, some abuse drugs and need substance abuse interventions, and some Latinas are lesbians or bisexual and can still be at risk for HIV/AIDS. Latinas are daughters, grandmothers, sisters, aunts, and partners and HIV/AIDS prevention programs should acknowledge all of these roles. One suggestion from community consultation participants was to facilitate communication between different generations of women in order to build upon the collective nature of many Latino cultures.

Additionally, new immigrant Latinas may not have sufficient knowledge about reproductive health. Latina immigrants who are undocumented may be fearful of seeking out services. Community consultation participants across New York expressed concern that many Latinas may adhere to more traditional gender roles that prevent them from obtaining services or from being open about their sexual risk taking and relationships. Community consultation participants agreed with current literature expressing that many Latino men engage in high-risk sexual activities, both with other men and other women, outside of their primary relationships and that many Latinas may be at risk for HIV/AIDS but do not negotiate condom use with their partners. HIV/AIDS service providers should be sensitive to the needs of Latinas by considering cultural and gender dynamics, as well as various levels of English language facility and immigration status.

Community consultation members suggested that HIV/AIDS programs should also recognize the taboos surrounding mental health services and should strategize about how to reach Latinas with relevant prevention messages. Participants across the state reported high rates of mental health issues among their Latina peer groups and among Latina clients, ranging from depression and distress to suicidal ideation among Latinas living with HIV/AIDS. Service providers cited a lack of mental health care services as a challenge. Across the state, participants mentioned that many of their clients, upon first learning of their HIV positive status, experienced anxiety and post-traumatic stress disorder. Service providers working in Manhattan boroughs reported less difficulty in linking women to mental health services than providers in other parts of the state where mental health services were sparse or difficult to access. Across all of New York, service providers reported that barriers to accessing mental health care included lack of child care for women with children, undocumented immigrants' fear of deportation, few free or sliding fee service options, lack of bilingual services and Latino communities' own perception of biases toward mental health care.

The HIV positive Latinas that were part of the community consultations admitted that depression and feelings of isolation diminished when they began participating in support groups, educational workshops, or peer education trainings but confessed that participation is difficult for those with children, demanding partners, work or limited funds that impact transportation and child care. Feelings like depression and stress are just the tip of the iceberg for many of the women interviewed. Issues like betrayal, loneliness or being the sole provider for children or extended families compound the anxiety that many are feeling. The high prevalence of mental health issues reported during the community consultations suggest that health organizations and support agencies need to do a better job of integrating mental health services into primary HIV care and into support groups and educational programs.

"It's difficult to make our funding sources understand that we need financial support to provide food, van service and child care. We are under pressure to produce numbers but some of these grant managers don't understand the realities of our clients' lives."
~ Buffalo community consultation participant

While providing transportation support to Latino/a clients was an issue across the entire state, this was a much more difficult and expensive issues to address outside of New York City. Service providers in the five New York City boroughs reported needing subway vouchers to help clients get to groups and educational events but across the rest of the state, agencies reported that transportation services were more expensive and among the first services being cut due to budget constraints. They

shared that transportation is much more costly when one must hire or provide van services (gas, drivers, insurance, storage). Linking clients to HIV specialized care was also a huge concern outside of New York City, where providers and HIV positive individuals spoke about clients and patients driving 1.5 to 3.0 hours each way to access doctors or clinics with experience treating HIV/AIDS. In some cases the only option available to individuals with no transportation or limited funds was to be seen by a medical provider who had no other HIV positive clients and little or no experience treating the disease.

"We have clients who sometimes have to travel all the way to New York City to see a doctor that is specialized in working with HIV." ~ Albany community consultation participant

Those surveyed in community consultations also highlighted the need for stronger relationships between Latina women and their providers. Community consultation participants were in accord that service providers must create a welcoming environment to give Latinas a safe space where they can feel comfortable discussing sensitive, stigmatizing issues. Participants, many of whom were service providers themselves, recommended that health care providers become more self-aware and examine their own biases and prejudices when working with Latinas. Professionals should also consider the ways in which they communicate with their clients. Those interviewed in the community consultations noted that many services with which they are familiar dehumanize women and lack sensitivity to their needs.

In additional to the importance of having culturally sensitive, comprehensive services for Latinas, community consultation attendees also recommended forming partnerships between organizations throughout New York State. Participants were in agreement that service providers must work as a united front in order to reach Latina women with HIV/AIDS prevention efforts. Organizations should communicate regularly in order to develop concrete strategies for working with Latinas. Some suggestions include coordinating to form a domestic violence response (given that HIV and violence are closely related), developing social marketing campaigns that are specifically designed to reach Latinas, and developing peer support services to mobilize women. Community consultation participants asserted that Latinas need more leadership opportunities within their communities in order to empower their counterparts to fight the spread of HIV/AIDS.

Priority One:

New York State needs to ensure that HIV prevention materials and education address gender inequalities and power dynamics between Latinos and Latinas in order to promote safer sex and more open communication about sexual risk-taking. Organizations working with men need to address sexism through workshops, campaigns and activities and those working with women need to empower them with knowledge, skills and access to resources.

Priority Two:

New York State needs to make health care more accessible to Latina women by increasing the number of bilingual and culturally competent staff in health facilities, providing care regardless of immigration status, clearly stating confidentiality policies and offering "one-stop shopping" services for women who have multiple responsibilities beyond their personal health care.

Priority Three:

New York State would benefit from developing a statewide Latina service provider network that would draw attention to the HIV prevention and access to care needs of Latinas and would serve as a think tank to gather data and more effectively funnel resources, information and support.

Priority Four:

New York State needs to conduct more aggressive outreach to encourage Latina women to participate in routine HIV testing and seek treatment as necessary.

LATINO INJECTION DRUG USERS

Overview and Literature Review - Injection drug use (IDU) continues to be a leading cause of HIV transmission for Latinos in the United States and its territories. In 2007, the CDC estimated that IDU accounted for 21% of HIV incidence for Latinos and Latinas in the continental U.S. and 40% of those living in Puerto Rico.[188] In 1995, IDU comprised only 17% of national Latino AIDS cases.[189]

At the end of 2006 (in 33 states with confidential name-based reporting), 14,427 male adult or adolescent Latinos living with HIV/AIDS became infected through injecting drugs with contaminated needles, representing 23% of U.S. Latino males living with HIV/AIDS. Latinos are especially impacted by IDU given that many drug trafficking routes in the United States pass through areas with large Latino communities, such as south Florida, Arizona, Texas, and New York City.[190] In the United States, Latina women are also greatly affected by HIV/AIDS and injection drug use: in 2006, 28% of all Latina adults and adolescents living with HIV/AIDS acquired the virus through IDU.[191] Injection drug users may face multiple confounding factors such as homelessness, stigmatizing attitudes towards drug use, mental health problems, economic disparities, imprisonment and have a history of trauma and abuse. Given these challenges and stressors, IDUs may not consider HIV prevention to be a main priority. [192]

HIV rates tend to be higher for racial and ethnic minority IDUs than for those who are white. In New York City, HIV rates among IDUs are the highest in the world, with racial and ethnic minority groups disproportionately affected even after syringe exchange programs were widely implemented.[193] While syringe-exchange programs have proven to be effective in decreasing HIV for IDUs, these programs may not have bilingual staff and undocumented immigrant Latinos may be wary of obtaining services out of fear that they could be deported or arrested.[194] According to the New York City Department of Health and Mental Hygiene, 44.4% of IDUs living with HIV and AIDS are Latino men, as compared to 13.5% non-Hispanic white men and 41.5% Black men. Disparities also exist for New York City's Latina women who use injection drugs: 37.9% of IDUs living with HIV and AIDS are Latina and 49.3% are Black women, while only 12.4% are white women.[195] Latinos living in Puerto Rico may be more vulnerable to acquiring HIV through injection drug use: some studies show that substance users living in Puerto Rico may be more likely than Latinos living in the contiguous U.S to share needles and other drug-injecting equipment and to inject drugs.[196]

IDUs may also be at risk for HIV given that substance use increases the likelihood of engaging in unprotected sexual activity.[197] Both occasional and chronic drug users tend to have unprotected sex more often than individuals who do not use substances. Women whose male partners use injection drugs are particularly at risk for unprotected sex and subsequent HIV infection.

Health care and HIV treatment are important components for decreasing HIV rates among IDUs. One study found that caregivers were more likely to disseminate HIV prevention messages throughout their communities when their friends and family had HIV treatment available to them.[198] Syringe exchange and methadone maintenance programs that are accessible and welcoming to all groups are also vital elements of HIV prevention for IDUs.[199]

Community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** reflect the themes in the current literature on IDUs in Latino communities. Just as current research reveals, community consultation participants also noted the need for increased syringe-exchange and harm reduction programs, as well as the obstacles of stigma and discrimination that often prevent Latinos from accessing these programs.

COMMUNITY CONSULTATION FINDINGS

Community consultation participants from across New York State discussed themes of stigma, increased access to syringe exchange programs, lack of knowledge related to HIV transmission, and immigration issues contributing to the spread of HIV/AIDS among Latino injection drug users (IDU). Like many other Latinos at risk for HIV/AIDS, Latino IDUs confront stigma not only associated with HIV/AIDS but also with drug use. Community consultation participants across the state, but especially outside of New York City agreed that there are insufficient resources for Latino IDUs and that many of the professionals working with them lack competency in and knowledge about Latino cultures.

Service providers, advocates and individuals living with HIV/AIDS from across New York identified multiple barriers to HIV/AIDS prevention among Latino IDUs. First, there is a scarcity of syringe-exchange programs in New York. While syringe exchange is no longer illegal in New York, existing programs must navigate administrative obstacles before they can distribute clean supplies to IDUs. Most syringe-exchange programs focus on drug use cessation and thus exclude IDUs who are not ready to stop using drugs. Moreover, resources for such programs are limited given reluctance to contribute funds to services that promote harm reduction rather than ending drug use. According to community consultation participants, many IDUs in New York are unaware of existing harm reduction programs and IDU treatment services.

Participants noted that while IDUs tend to have high rates of HIV testing and low levels of undiagnosed infection, the challenge is how to connect testing to other supportive services such as housing, substance abuse counseling and treatment. Many Latino IDUs lack insurance and thus turn to the emergency room for health care, which in many cases does not provide them with appropriate HIV screening and testing or consistent treatment for those who are HIV positive. Community consultation participants emphasized the need for more routine HIV testing in emergency rooms – where many low income individuals turn for primary care. Participants advocated for emergency room staff to receive training in management of IDU cases and that in general, medical professionals need clear guidelines and procedures that outline a referral system.

For Latino IDUs, syringe exchange services may not be accommodating to their needs: community consultation participants who are part of the target populations emphasized that especially outside of New York City, programs are not always culturally sensitive to Latinos and may not offer services in Spanish. Immigration issues came up as a barrier for Latino

IDUs across the state. Community consultation participants shared that their clients reported reluctance to seeking HIV/AIDS testing and substance abuse treatment for fear of deportation or intervention from law enforcement. Data show that Puerto Ricans represent the largest group of Latino IDUs in New York; however, IDUs who are undocumented immigrants may not be accounted for or diagnosed with HIV.

Those who participated in the community consultations also noted housing as another key issue related to HIV/AIDS prevention for IDUs. In New York, many housing programs require drug use cessation in order to be eligible for housing services; thus, IDUs who are still using do not qualify for many of these services. Participants asserted that housing is a key factor in reducing vulnerability to drug use and subsequent HIV infection, yet Latinos in general often lack access to affordable housing. Community consultation participants in New York City noted that IDUs living in the Bronx face an especially dire housing situation in terms of cost and availability. Participants recommended that the HIV/AIDS Services Administration (HASA) in New York should consider the housing needs of Latino IDUs as an important element in HIV prevention.

Throughout New York State, community consultation attendees discussed the fact that the majority of substance abuse programs are not amenable to implementing harm reduction strategies and instead, advocate for drug use cessation. Substance use, especially injection drug use, is viewed negatively by many service providers and many of them are poorly trained and are not aware of the need to refer transgender individuals who may inject steroids and hormones or diabetic clients who may inject insulin to syringe exchange programs.

Across the state, service providers reported high rates of substance abuse amongst their HIV positive Latina clients. In some cases, clients became positive due to injection drug use; in others, clients used alcohol and drugs as a coping mechanism to deal with depression and isolation. Substance abusing HIV positive women face the challenge of many medical providers who are reluctant to prescribe antiretroviral medications to individuals who are actively using because of concerns with adherence. In fact, service providers reported that many of their Latina clients were successful with adhering to their treatment regimens when they were also enrolled in drug treatment programs. Service providers in Albany, Hudson Valley, Long Island and New York City noted that Latinas who are IDUs may be especially reluctant to seek out IDU services for fear that they will be separated from their children. Participants recommended increased advocacy efforts to protect family members of IDUs from being separated by Child Protective Services. Participants also suggested that medical providers be provided with education to support what service providers confirmed and research has shown to be true: that Latina clients can be successful with adhering to their treatment regimens when they were also enrolled in drug treatment programs.

When discussing incarcerated Latinos who are also IDUs, unanimously across the state, participants asked for better discharge planning for incarcerated Latinos so that they can be linked to care and treatment once they are released back to their communities and families. Participants in New York City, Hudson Valley and Long Island also expressed concern for the high prevalence of tattooing and piercing in Latino communities, which friends frequently perform, and urged for the distribution of culturally sensitive information regarding the potential HIV risks of these practices and harm reduction strategies to prevent HIV transmission.

Community consultation participants put forth a number of recommendations to address HIV/AIDS among Latino IDUs. First, they suggested legalizing alternative methods for needle exchange, such as making them available in bodegas or implementing peer-delivered exchange programs within the community. Research should explore the effectiveness of innovative syringe-exchange programs and the results should be used to educate funding sources about the importance of syringe exchange and harm reduction in reducing the spread of HIV/AIDS. Participants across the state also wanted to see an amendment to the penal code in New York State legislation to clarify that syringe possession is lawful under certain circumstances authorized by public health law. As of this writing, possession of used syringes with a residual amount of drugs is a violation of the controlled substance statute. Participants in New York City advocated for training and better

oversight of law enforcement officials to ensure that programs serving IDUs, specifically syringe exchange programs, are places where IDUs will not be persecuted and harassed. It was stressed that this was especially important for immigrants and mothers who police routinely harass as they exit syringe exchange sites.

"It is common to see a police car stationed outside of our program offices which not only keeps our clients from coming in, but then even if they have the courage to come in, they sometimes get harassed when they come out. In cases like these, the police are not helping the community." ~ New York City community consultation participant

Priority One:

New York State needs to increase their efforts in advertising syringe exchange and harm reduction programs in order to increase access to information among IDUs and to combat stigma in the community at large. More outreach should take place in Latino communities and confidentiality policies should be explicitly stated.

Priority Two:

New York State needs legislation that would amend the penal code to clarify that syringe possession is lawful under certain circumstances authorized by the public health law, state that possession of used syringes with a residual amount of drugs are not a violation of the controlled substance statute, and require the Department of Criminal Justice Services (DCJS) to regularly inform law enforcement of the policy.

Priority Three:

New York State needs to provide additional mental health programs for IDUs to address stigma, discrimination and psycho-social risk factors that increase likelihood of engaging or relapsing in drug use as a way to self-medicate.

Priority Four:

New York State should work to reduce stigmatization of IDUs by working more closely with spiritual and religious communities to provide education related to HIV and IDU as well as with law enforcement officials to ensure that individuals who are accessing syringe exchange programs are not harassed upon entering or leaving a facility.

LATINO YOUTH AND YOUNG ADULTS

Overview and Literature Review - According to recent HIV incidence data, Latino youth in the United States are overrepresented in the HIV epidemic.[200] [201] Although they accounted for only 17% of adolescents in the United States in 2006, Latino adolescents between the ages of 13 and 19 comprised 19% of AIDS cases that same year, showing a 2% increase from 2005.[202] For Latino young adults between the ages of 20-24, rates were even higher; these young people accounted for 18% of the total U.S. population yet comprised 23% of AIDS rates in 2006.[203] In 1995, Latino youth accounted for 19% of national AIDS rates.[204]

As of 2003, Latino teens had a chance of becoming infected with HIV at a rate 5 times greater than non-Latino white teens of the same age.[205] Several psychosocial factors may contribute to HIV risk for Latino youth, including high levels of unprotected sex, cultural values that may have an impact on communication with parents and family, and drug and alcohol abuse.[206] Young Latino men who have sex with men (MSM) are at particularly high risk for HIV infection due to their identification with minority ethnic and sexual groups. In recent years, HIV rates have decreased amongst young people; however, rates for Latino youth have declined less than they have for non-Latino white youth.[207]

Sexual activity is a main factor placing Latino youth in the U.S. at risk for contracting HIV.[208] Both male and female adolescents of minority races and ethnicities face growing risk for HIV. For young Latina women, unprotected vaginal and anal sex is an emerging risk factor due to gender inequalities and lack of communication about their partners' risk behavior. Adolescent Latino men and women show high rates of sexual behavior that place them at risk for HIV: a 2007 national survey revealed that 52% of Latino students of high school age had engaged in vaginal sexual intercourse and 17% had engaged in sexual behavior with more than four partners. Moreover, Latino adolescents were less likely to use a condom than their white counterparts.[209]

An important aspect of HIV risk and prevention for Latino youth is the concept of *familismo*, which is an element of many Latino cultures that emphasizes family connections,[210] commitment to family members[211] and the collective nature of Latino communities.[212] *Familismo* has been shown to affect Latino youths' decision-making processes in sexual behavior. Adolescents' adherence to the values of *familismo*—such as dedication to preserving family respect and pride and placing the needs of the family before their own needs—can influence their decisions about whether or not to engage in sexual activity.[213]

Parents can play an important role in decreasing their adolescents' sexual risk-taking by promoting aspects of *familismo* that contribute to healthier sexual behavior.[214] Several studies indicate that communication between parents and children can influence Latino youths' sexual perceptions and actions and open dialogue about sex may be a crucial element of HIV prevention for Latino adolescents. Research indicates that in general, as compared to non-Latino parents, Latino mothers and fathers may not communicate as frequently or directly with their adolescent children about sex.[215] Latino families with more traditional beliefs are unlikely to communicate candidly about condoms, sexual behavior and sexual identity,[216] [217] leaving Latino youth with insufficient information about the importance of safe sex.[218]

Not only are Latino youth at risk for HIV due to the silence surrounding sexuality, but they are also met with multiple anxiety-producing challenges, such as racism, difficulties with adaptation to dominant American cultures, and communication obstacles when English is not their first language. Such a stressful environment contributes to HIV vulnerability by facilitating risky behavior for these youth.[219] [220]

Community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** echoed the trends in current research by discussing the various needs of Latino youth depending upon their levels of acculturation. Group participants also developed strategies about how to reach Latino youth when sexuality and HIV risk are not discussed openly within their families.

COMMUNITY CONSULTATION FINDINGS

Community consultation participants representing all regions of New York State agreed that HIV prevention messages need to be redesigned such that they are relevant to Latino youth and their various needs and cultural identifications. Some participants suggested that online and mobile technology are the most effective ways to reach Latino youth while others advocated that adolescents act as peer educators as a way to promote the inclusion of more Latinos in the fields of public health and research. Across the state, community consultation participants agreed that Latino youth have urgent needs in terms of HIV prevention, treatment, testing, and support. Participants also agreed that many of their colleagues were not culturally competent, nor do they consider the varied needs of Latino youth depending upon their cultural identification, level of adaptation to dominant U.S. cultures and English-language abilities. Given the epidemiological data that show sharp increases in HIV/AIDS rates among Latino youth, it is crucial that services for this population are appropriate and accessible.

HIV prevention is still a challenge among Latino youth. According to community consultation participants from across New York, youth are still lacking accurate information on HIV/AIDS and hold many misconceptions regarding infection, treatment resources and treatment options. Pre-teen Latinos (those ages 10-15) are often left out of HIV prevention programs and lack messages that are appropriate for their developmental stage. Still, community consultation participants agreed that most youth have been saturated with HIV prevention messages, albeit messages that are inaccurate, outdated or inappropriate.

Participants in Albany, Hudson Valley, Newburg and New York City shared concerns that with scarcity of funds many prevention programs now largely target HIV positive youth and secondary prevention while neglecting to work specifically with those who are HIV negative. Across the state it was reported that programs working with adolescents often fail to consider the immigration status of Latino youth and issues associated with adapting to life in a new country. Community consultation participants expressed that many Latino youth confront stigma and racism, especially when they speak English with an accent or have an undocumented immigration status.

Young Latinas may have different needs than their male counterparts, but community consultation data from across the state showed that gender stereotypes and differences may vary depending upon where Latino youth have been raised. Those who have come of age in the United States may have different conceptions of sexuality, relationships between men and women and sexual orientation than youth who have spent most of their lives living in other countries. Community consultations

noted that Latinas typically use condoms for vaginal sex but may have unprotected anal sex, thus showing that pregnancy, not HIV, is their main concern when engaging in sex.

Community consultations throughout the state noted that the needs of Latino youth vary greatly depending upon the New York State County in which they live. Most HIV/AIDS prevention and treatment services are concentrated in New York City; thus, Latino youth living in more rural or suburban areas of New York are not being reached. Additionally, youth who are homeless or otherwise disenfranchised may not be reached by HIV prevention programs and may be at high risk for sex work, regardless of the region in which they live. Participants reported that undocumented youth are also at high risk for engaging in sex work and substance abuse, given that they may not have access to education or work opportunities.

Community consultation participants in every region visited weighed both the positive and negative aspects of peer education as a viable HIV prevention and treatment approach. Participants noted that Latino youth working as peer educators may have better success at reaching other adolescents by making them feel less alone and by creating a safe space within the community. Not only would young Latino peer educators be better equipped than adults to disseminate prevention messages and to link their peers to services, but they would also have the chance to build leadership skills and increase their opportunities for higher education. Although community consultation participants agreed upon a number of positive aspects of peer educator interventions, they also cautioned that organizations often fail to evaluate and monitor the efficacy of these interventions. Young peer educators also need to be linked to other programs once they finish their service in order to provide them with continued mentoring and training. Moreover, community consultation attendees agreed that young peer educators would need to be provided with sufficient training in confidentiality and other intervention standards, as well as with adequate supervision and support. While peer education could be a valuable experience for youth delivering and receiving the intervention, such programs are often under funded.

Service providers, advocates and individuals living with HIV/AIDS agreed that there should be increased measures to provide HIV testing services in areas that youth frequent. There is also a need for staff trained to work with young people, especially Latino youth who may not speak English or who are undocumented immigrants. Latino youth are also in need of increased supportive services, such as support groups for both HIV positive and HIV negative youth or for victims of sexual abuse and other traumatic experiences. The young Latinos who participated in the community consultations emphasized the need for comprehensive sex education provided in both English and Spanish. It became very clear as research was conducted across the state that sex education varied greatly from school to school and from city to city. Young people interviewed emphasized that comprehensive sex education needs to also address LGBT issues, especially since so many more young people are experimenting with sexual fluidity.

"More and more young people are experimenting with being bi [bisexual] and sometimes hooking up with people a lot older and more experienced." ~ New York City young community consultation participant

Community consultation participants across New York offered recommendations for service providers, policy makers and those who may potentially fund HIV/AIDS initiatives. First, they suggested that innovative prevention messages be designed such that they teach Latino youth about the realities of living with HIV/AIDS and so they are welcoming, rather than condescending, to youth. For example, participants noted that most messages convey that "we are here 'for you', not 'with you'", thus distancing youth from the purpose of the message. HIV prevention techniques should also address the fact that HIV/AIDS maintenance is a lot of work and involves altering one's lifestyle and taking on multiple daily responsibilities. The disease is still highly stigmatized and medications can have negative side effects, which may not be accurately conveyed in current media portrayals of HIV positive people.

"All the ads in magazines and bus shelters show people with HIV/AIDS climbing mountains and looking great. But where are the ads that show people getting sick from the medication side effects or being rejected by family members or feeling alone because they can't tell anyone." ~Rochester community consultation participant

"Young people have heard that HIV is manageable, but I would not wish this on anyone." ~New York City community consultation participant living with HIV

Community consultation participants also cautioned that prevention messages need to target all Latino youth—those who are heterosexual, gay, lesbian, bisexual, transgender, or questioning their sexuality—in such a way that is culturally sensitive and relevant to their environment. In considering cultural competency, service providers should also remember gender differences and how they may vary depending upon cultural identification.

Representatives who participated in community consultations agreed unanimously that comprehensive sex education that includes HIV/AIDS be made mandatory in all New York schools. These programs should promote self-esteem, healthy relationships and general health, and should also address substance use and its impact on sexual decision making. Programs should involve parents and consider bicultural and generational gaps when working with Latino families. Additionally, education efforts should not only focus on older teens but should also accommodate the needs of youth ages 10-15 and could start as early as elementary school with courses on puberty, hygiene and self-esteem. Participants also recommended that funding be provided to evaluate existing youth focused programs, specifically programs that have involved peer educators. Community consultations also recommended that reaching young people via the Internet or via mobile technology may be a viable prevention strategy for Latino youth, specifically social networking sites such as Mi Gente, Myspace and Facebook.

In every region of New York participants expressed that Latino youth need to be encouraged to speak more openly about sexuality, safer sex, and HIV testing. They stressed that the dialogue must be intergenerational and culturally relevant. The high importance of family in Latino communities should be used to encourage healthy behaviors and dialogue.

Finally, participants asked that prevention strategies turn to families as well as school systems in preventing the spread of HIV. Families have a profound affect on an individual's values, which shape decisions about sexual behavior and health. Effective communication between parents and children has been shown to influence teens' sexual behavior. Encouraging discussions about sex, drugs, and STIs within families has the potential to promote safer sex practices among Latinos. Overall, New York needs a multifaceted approach to HIV prevention for Latino youth and young adults which includes individual, peer, family, school, church, and community programs.

Priority One:

New York State needs to mandate comprehensive sex education (K-12) that is not solely abstinence based in all public schools to ensure that Latino youth are also provided with education about self-esteem, decision making skills, HIV/STI 101, pregnancy prevention, safer sex and sexual behaviors, sexual orientation and gender identity.

Priority Two:

New York State needs to develop and support (long-term) home grown HIV prevention programs that build upon the protective factors of Latino cultural values such as *familismo*. Ideally, Latino parents would be included in these programs.

Priority Three:

New York State needs to fund community based organizations to provide online interventions that target Latino youth and young people of color with HIV prevention education, sexual health information and linkages to services and ensure that those agencies have the proper policies, protocols and training in place before going online.

Priority Four:

New York State needs to ensure that organizations funded to work with Latino youth and young adults consider levels of acculturation when designing HIV prevention programs.

INCARCERATED LATINOS

Overview and Literature Review - A February 2009 Pew Hispanic Center study documented that Latinos now make up 40% of the estimated 200,000 prisoners in federal penitentiaries, triple their share of the total U.S. adult population and disproportionate to their representation in state and local jails (19% and 16% respectively). Nearly half of the Latinos in federal prisons are immigrants, with 81% sentenced for entering or residing in the nation without authorization.

The U.S. is now incarcerating tens of thousands of immigrants without criminal records or fugitive status, but they are languishing there because of a policy shift by Immigration and Customs Enforcement (ICE), which is increasingly targeting immigrants. ICE was created to protect national security and uphold public safety by targeting criminal networks and terrorist organizations that seek to exploit vulnerabilities in the U.S. immigration system, but there is no evidence that the vast majority of immigrant prisoners have any intention of doing harm to the United States.

Another counterproductive policy is Operation Streamline, which began in January 2008, with agents arresting and charging every person caught trying to cross the U.S. and Mexico border. Prior to the new policy, most Mexican nationals caught at the border were fingerprinted and returned to Mexico without criminal charges but in the first month of the program, the number of criminal immigration cases filed by U.S. prosecutors nearly doubled, accounting for the majority of new Justice Department prosecutions nationwide. In February 2009, about 7,250 out of 13,500 new prosecutions were immigration cases – which outnumbered all white-collar, civil rights, environmental and other criminal cases combined.

Immigration officials also began mandatory jail sentences for immigrants using false working documents, which is a standard practice in the underground labor market. Immigrants are now being prosecuted under the Identity Theft Penalty Enhancement Act of 2004, which was intended to break up organized theft rings. According to a Syracuse University study, criminal prosecutions for immigration violations overall have ballooned as the federal government goes after undocumented migrant workers. The total of 11,454 immigration prosecutions in September 2008 alone represented an increase of more than 700% from September 2001.

In the United States, HIV prevalence among prison inmates is 8-10 times greater than among the general population.[221] At the end of 2008 nationally, 1.5% of incarcerated males and 1.9% of incarcerated females were HIV positive or had an AIDS diagnoses.[222] While Latinos comprise only 15% of the United States population[223], Latino men and women account for 19% of the federal and state prison population.[224] New York State has the highest national rates of inmates living with HIV/AIDS: 4,000 New York prisoners are HIV positive, comprising 20% of HIV positive prisoners in the nation. Among women inmates in New York, HIV rates are 80 times greater than the general population; however, between 2007 and 2008, New York State had the greatest decline in HIV/AIDS cases (with a decrease of 450 cases). [225] More than 12% of women and 6% of men in New York's prisons are HIV positive. Additionally, about 16% of women and 11% of men entering prison in 2007 had Hepatitis C, as compared to the general public HIV rate of 0.15% and 1.6% for hepatitis C. More than 100,000 people are admitted to local jails and about 27,000 to state prisons in New York each year. Nearly 60,000 people are incarcerated in New York's prisons, 4.5% of whom are women. About 30% of women and 20% of men in New York's prisons are serving time for drug offenses. Almost 52% of New York's prison population is African American, more than 25% are Latino, and just over 21% are white.[226]

While the majority of HIV positive prisoners acquire the virus before they enter the prison system,[227] once incarcerated, they face continued health risks in addition to lack of harm reduction services to protect them from becoming infected with HIV. The high rates of diseases such as Hepatitis B, Hepatitis C and other STIs among imprisioned people place them at higher risk for contracting HIV.[228] [229] Since condoms are not readily provided in prisons,[230] [231] [232] [233] STIs can be easily transmitted from one inmate to another. Less than one percent of the United States' inmates have access to condoms while in prison; however, that percentage includes some of the largest prisons in the country.[234] While most U.S. prisons do not supply condoms, rates of sexual abuse are high. The Prison Rape Elimination Act of 2003 revealed that approximately 13 percent of U.S. inmates had been sexually abused while incarcerated.[235]

The 2009 passage of the New York State Department of Health HIV/Hepatitis C Oversight Bill (S.3842/A.903) is an important step towards reducing HIV rates among New York State prisoners. This bill, signed into law on September 17, 2009 by New York State Governor David Paterson, permits the Department of Health to annually assess health care for HIV and Hepatitis C in state and local prisons, to make changes to prison health care systems, and to publicly publish the reports on assessment findings. Although this bill is a positive development for incarcerated Latinos, in addition to the rest of New York's prison population, New York continues to have the greatest amount of HIV positive prisoners in general and the largest number of HIV positive women prisoners nationally. [236] Additionally, there is a dearth of HIV prevention programs that specifically serve the multifaceted needs of Latinos being released from prison and those that exist do not consider Latino cultural values such as the importance of the family.[237]

Community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** noted that the passage of the HIV/Hepatitis C Oversight Bill would allow service providers increased access to providing HIV prevention services for incarcerated individuals. They also discussed the need for distribution of condoms in prison as a vital harm reduction strategy.

COMMUNITY CONSULTATION FINDINGS

Community consultations which included representatives from service agencies from across New York State highlighted multiple areas of intervention and treatment for incarcerated Latinos living with or potentially at risk for HIV/AIDS. Many community consultation participants discussed the need to work more closely with those living in prison and to develop more comprehensive discharge planning services for Latinos exiting prisons. Community consultation participants unanimously agreed that condoms need to be made more readily available in prisons, that lawmakers, service providers and prison staff need to recognize that sex and rape happen in prisons, and that HIV prevention and treatment programs need to more sensitive to the needs of Latino prisoners.

"The work on the outside trying to fight HIV on the inside is hard when you don't know what is going on behind bars. We need more information about what is happening inside the prisons. We want the state to let us work more closely with those in prison. Sex is not the only thing that incarcerated individuals are doing to get HIV." ~ Hudson Valley community consultation participant

Community consultation participants noted that a lack of condoms in prisons or the confiscation of condoms is a barrier to HIV prevention for incarcerated individuals. Where condoms are available to inmates, they are not always distributed and inmates must request them. According to community consultation participants representing all areas of New York State, sex work is another risk factor for prison inmates. In sexual encounters where money is exchanged, negotiation of condom use may be more difficult. While transgender women prisoners at Rikers Island have a special section, they must meet criteria before being sent there and some may be denied access. Some trans women in prisons are engaging in unprotected sex with men. Gang violence and associated rape and sexual activity in prisons are additional HIV risk factors that community consultation participants identified. Latino inmates who do not speak English may have specific challenges in negotiating safe sex or requesting condoms when they are not distributed within prisons. Participants familiar with prisons and detention centers discussed the fact that Latino prisoners face exclusion and racism that make it more challenging for them to access HIV prevention and treatment. Additionally, prison staff may not be bilingual or culturally competent.

"New York can no longer turn a blind eye to what is happening in prisons. We need condom distribution, and we need it in all of the prisons." ~ Albany community consultation participant

Latino prison inmates not only face obstacles to HIV prevention, but they also have unique needs regarding HIV care, both in and out of prison. First, community consultation participants spoke about the fact that many Latinos lack medical insurance and use emergency rooms as their primary source of health care. This may be especially true for Latinos returning to their communities following incarceration. Given that they inconsistently attend the same emergency room due to transitional housing conditions, continuity of care becomes difficult. Community consultations also discussed language and cultural barriers to accessing health care. According to participants throughout New York, many Latinos only access health care when they are symptomatic. They may also use home remedies such as herbal medicine or seek consultation from non-western medicinal healers such as *Curanderos* or *Santeros*. Of huge concern to most participants was the inconsistent discharge planning that inmates receive and how it varies from facility to facility. Most felt that due to lack of continuity and language barriers most Latinos released from prison receive little information about where to seek services once they've returned to their communities.

Those interviewed during community consultations in New York City contended that there is no concrete discharge plan for prisoners. Many inmates leave prison and move back to New York City without any knowledge of where to continue receiving HIV treatment; therefore, they go for long periods of time without receiving medication, which can unfavorably impact health outcomes. Additionally, community consultation participants agreed that stigma is an impediment to reaching men and women who are leaving prison and since services and education are not often provided in Spanish, Latinos exiting prisons frequently do not receive appropriate information about HIV prevention and treatment.

Not only do Latinos often leave the criminal justice system without knowledge of HIV services, but community consultation participants also noted an urgent need to connect former Latino inmates to housing and legal services. They may be unaware of their entitlements to subsidized housing or may be undocumented immigrants without social security numbers and have even fewer options available to them. Community consultation participants in New York City shared that they have had difficulty placing clients in Section 8 housing and NYC Housing when someone has a criminal record.

"You hear from others that if you have an AIDS diagnosis, then you get better housing. So why should I take my meds?" ~New York City community consultation participant living with HIV

Community consultation participants that work with incarcerated women had more specific concerns for Latinas not only because their clients have higher rates of positivity but also because upon release most of the women will return to homes where they are expected to be the primary parent or provider. In addition to lacking proper ID and medical insurance to obtain HIV medications, Latina inmates must also consider issues of childcare while they are in prison and reunification with children upon release. Moreover, Latina women may leave prison and return to a violent relationship, which places them at greater risk for HIV. Domestic violence services should be tailored to their needs and should offer services in both English and Spanish. Latinas may also have difficulty finding a job when they leave prison and specific services that offer culturally competent job training and support.

Statewide, community consultation participants recommended a number of actions in order to confront issues of HIV/AIDS for Latino inmates and those returning from prison to their communities. First, they suggested developing more concrete discharge planning to include resources for inmates such as shelters, food pantries and services. Participants also suggested connecting women prisoners to domestic violence services when necessary and also expediting the process of connecting inmates to appropriate health care when they leave prison and they suggested that funding should come from the State in order to support programs that ease the transition from prisons to the community. Keeping people healthier would reduce the long-run costs for New York State by lowering emergency room visits and preventing hospitalizations.

Community consultation participants also recommended that health care professionals partner with *curanderos* and *santeros* in order to bridge the divide between western medicine and traditional healers. Participants suggested that accountability systems be created to decrease racism against Latino prisoners. Finally, participants advocated for other supportive services, such as literacy and ESL classes, that could help connect Latino inmates to the community once they have left the criminal justice system.

Priority One:

New York State needs to implement condom distribution programs across all state prisons and jails and ensure that prisoners with unopened condoms are not treated as if they are holding contraband.

Priority Two:

New York State needs to provide sufficient funding to carry out the prison health care assessments outlined in the HIV/Hepatitis C Oversight Bill (S.3842/A.903).

Priority Three:

New York State needs to increase the number of services available to women upon release from prison. Many of these women return to their homes and pick up duties as the primary care provider for their families and children and need access to programs that will help them provide for their families.

Priority Four:

New York State needs to ensure that more HIV prevention programs have access to prison populations, especially programs that offer services to inmates being released from prison and returning to their communities.

LATINO IMMIGRANTS

Overview and Literature Review - According to the U.S. Census Bureau between 2000 and 2006, Latinos contributed to 50% of the country's population expansion. [238] The 2000 Census shows that immigrants from Latin American countries comprised 51.7% of those born outside of the United States.[239] As of 2006, there were slightly more than 3,000,000 Latinos living in New York State. The previous year, just over 40% of all New York City households were comprised of Latinos born outside of the United States.[240] Since many Latino immigrants come to the United States without the intention of staying permanently, they are frequently apart from their families for long periods of time and experience social isolation and stress as a result.[241] When they return to their families, they may not know if they are HIV positive and could potentially transmit the infection to their partners. The "air bridge", the term frequently used to describe migration back and forth between the United States and Latin American countries and territories such as Mexico, the Dominican Republic and Puerto Rico, can be a route for the transmission of both people and sexually transmitted diseases like HIV.[242]

Little has changed in the last two decades in terms of the factors that influence HIV vulnerability for Latino immigrants. They continue to confront severe inequalities, discrimination and racism that may account for multiple psycho-social risk factors for HIV.[243] Moreover, Latino immigrants may have limited knowledge regarding condom use and HIV transmission dynamics. Some cultural values, such as *machismo*[244] [245] [246] [247] and taboos surrounding communication about sex,[248] [249] can also play a role in HIV vulnerability. Latino immigrants may also encounter depression, limited access to health care, language barriers, social isolation and poverty. An undocumented immigration status can leave Latino immigrants with no legal protection. All of these factors combined make Latino immigrants vulnerable to contracting HIV and AIDS.[250] [251]

Traditional beliefs about masculinity and *machismo* play an integral role in HIV transmission and prevention for many Latino immigrants, both as positive and negative factors. *Machismo* may contribute to HIV prevention given that it emphasizes men's obligation to their families and their commitment to personal responsibility; conversely, it may also allow for greater acceptance of gender inequalities between men and women and tolerance of men's sexual interactions outside of their primary relationships.[252] [253] Cultural norms such as lack of communication about sexual behaviors and HIV risk factors may also increase HIV vulnerability for Latino immigrants. Since open discussions of sex and its risks may be considered taboo in many traditional Latino cultures, Latino immigrants may not be aware of their partners' HIV status or of how to protect themselves against acquiring the virus.[254] [255]

Latino immigrants may suffer from feelings of social isolation and loneliness that contribute to greater HIV risk. Being separated from one's culture of origin and traditional support systems has been correlated with amplified levels of risk behavior.[256] [257] In a study that examined HIV risk factors for Mexican migrant men, loneliness was related to increased risky sexual behavior. When migrant men were disconnected from their families and social supports, they became apathetic about protecting their health and suffered from mental health problems such as depression. A loss of social support can also contribute to increased alcohol use, a factor influencing sexual risk taking, as men seek social connections in bars and dance clubs. Many migrant men cross the border into the United States alone and enter into working environments that foster social seclusion. While migrant men often encounter isolation and loneliness, one study found that they were able to form connections to their community and obtain information about other supportive services by attending church; [258] however, LGBT Latinos often are not welcome or accepted by many faith communities.

While the men in the study of Mexican migrants learned of social services through church involvement, Latino immigrants frequently lack access to health care or appropriate information about how to obtain it; thus, many lack knowledge of how to prevent HIV or where to get tested. One study shows that Latino immigrants may perceive condoms as a contraception method without viewing them as being protective against HIV and other STIs. Latino immigrants may also be wary of condoms due to religious beliefs and certain aspects of masculinity. [259] [260] In one focus group study, Latino immigrants discussed the fact that they did not typically seek out health services until they were severely ill, which may be due to work responsibilities and the need to make money to support one's family. Latino immigrants in the focus group study also held misconceptions about what types of services they could access, sometimes believing that all services came with a large fee. Studies show that undocumented immigrants may refrain from accessing health care services, even those that might not inquire about immigration status, for fear of government repercussions and involvement. [261]

Beliefs about *machismo* may also influence whether or not Latino immigrants obtain health services, given that it may cause men to feel shameful about seeking help, especially help associated with finances, such as qualifying for no fee or sliding fee. In one study, Latino immigrants identified multiple barriers to health care, such as lack of health care providers who spoke Spanish, anxieties about being deported or that family members and employers could learn of their HIV status, financial barriers to obtaining health care and lack of time to attend appointments. Without access to health care or knowledge about available health services, Latino immigrants are frequently late testers for HIV and may progress more rapidly to AIDS as a result.[262]

Although Latino immigrants face multiple obstacles to accessing and obtaining HIV health care and prevention, family support systems have been identified as critical in providing information for Latino immigrants. Employing elements of the cultural value of *familismo*, which promotes family respect and interconnectedness, could be a method for transmitting information about condom use and HIV prevention to Latino immigrants.[263] In community consultations conducted by the Commission toward the development of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action***, agencies discussed the dearth of HIV prevention programs designed specifically for Latino Immigrants and that it is essential for health care professionals to be better trained to assess the needs and understand the cultural traditions of Latino immigrants.

COMMUNITY CONSULTATION FINDINGS

There was general consensus among community consultation participants across New York that when discussing the needs of Latino immigrants in relation to HIV/AIDS prevention, treatment and supportive care, it is vital to remember the heterogeneity of immigrant Latino communities. Immigrants may be documented or undocumented, may have recently arrived in the United States, or may have been living in the country for decades. Immigrants who live in New York have sometimes been residing in other states and others may be adapting to life in New York City after having relocated from a less urban area or country. Each of these factors impacts Latino immigrants' most urgent needs, such as whether or not they are aware of their rights, their knowledge of available services, their level of English proficiency, and their ability to regularly travel to their countries of origin. Regardless of Latino immigrants' backgrounds and levels of adaptation to life in the United States, community consultation participants agreed that HIV/AIDS services in New York need to be more culturally sensitive and designed specifically to serve Latino immigrants. Community consultations also contended that Latino immigrants face many challenges in the United States that make them more vulnerable to HIV/AIDS.

In discussing the most critical needs of New York's Latino immigrants in regards to HIV/AIDS prevention, community consultation participants noted that interventions such as DEBIs (Diffusion of Effective Behavioral Interventions project) have been adapted rather than created exclusively for Latino immigrants. Many HIV interventions focus on individual behavior change but fail to consider the role of the family and the community in HIV/AIDS prevention. For Latino immigrants coming from cultures that value collective communities and families, HIV/AIDS programs that only consider the individual are not culturally appropriate. Interventions also may not consider dynamics between men and women and the fact that Latina immigrant women may not have the power to negotiate condom use or may confront violent reactions from their male partners if they attempt to do so. Additionally, HIV/AIDS interventions that target gay-identified MSM overlook the needs of Latino immigrant MSM who come from cultures that value *machismo* and who may not identify as gay or bisexual.

In every region, community consultation participants also identified language and literacy levels as potential barriers to Latino immigrants receiving HIV/AIDS prevention messages. While some immigrants may not be able to read or write, others find materials to be too simplistic. Another challenge in delivering HIV prevention messages to Latino immigrants in New York State is the fact that many agencies are only open during regular business hours when most immigrants are working and some offices are in hard-to-access locations. Those surveyed through community consultations also asserted that funding cuts are reducing the number of programs like outreach activities that target groups who are more difficult to reach, such as undocumented immigrants.

Latino immigrants may also have difficulty accessing HIV/AIDS testing and treatment due in large part to a lack of awareness and education. Community consultation participants agreed unanimously that Latino immigrants lack information about HIV testing technologies, such as rapid tests, finger pricks and oral swabs, and often have inconsistent relationships with providers that lead to decreased understanding about treatment options. Undocumented immigrants are frequently unaware of their rights to health care and available services and fear deportation if they obtain an HIV test and are found to be positive. They also worry that an HIV positive status could affect their immigration status even if they are documented. Even though the U.S. travel and immigration ban on HIV positive individuals, which had been law for 20 years, has been lifted, news of that change has not made it to the masses. The lifting of the HIV travel and immigration ban means that individuals wishing to enter the U.S. as a visitor are now permitted to do so without being forced to disclose their HIV status. The repeal of the ban also means that lawful permanent residents applying for citizenship are no long required to be tested for HIV.

Those interviewed during community consultations also noted that Latino immigrants fear isolation from friends, family and community should they test positive for HIV. The stigma associated with HIV/AIDS often forces those who are positive to keep their status secret, presenting an overwhelming psychological burden for many Latino immigrants. In addition to

stigma, community consultation participants suggested that the written consent form required for HIV testing is a barrier for Latino immigrants obtaining an HIV test. Those in attendance agreed that routine HIV testing which required an oral consent would make testing easier and more accessible for Latino immigrants; however, they cautioned that their clients should be made fully aware of what kind of test they agreed to take. Their concerns were largely based on the stigma of the disease and from having witnessed clients being abandoned by their families due to their HIV status.

Based upon current gaps in HIV/AIDS prevention, testing and treatment services for Latino immigrants, community consultation participants in Albany and New York City recommended that the CDC obtain more realistic epidemiological HIV/AIDS surveillance data on Latino immigrants and approve DEBIs that are designed specifically for Latinos. They suggested that service providers disseminate more information on immigrant civil rights and access to testing, treatment and care for both documented and undocumented immigrants. There is also a need to consider issues of homophobia and sexual fluidity within Latino communities and how this will impact Latino immigrants' willingness to participant in HIV/AIDS interventions.

Participants across New York advocated for statewide HIV education campaigns that would include diverse prevention messages appropriate for multiple Latino cultures that are relevant for people with various levels of literacy and education. In New York City, Buffalo and Newburg, participants advocated for partnerships between social service agencies, media and faith-based organizations to combat homophobia and stigma in the Latino immigrant community. Lastly, in every region in new York in subtle and/or direct statements, participants emphasized that HIV/AIDS was not a top priority for Latino immigrants and recommended that anyone wanting to reach this target population should include HIV testing amongst myriad other services including but not limited to food pantries, clothing banks, child care, ESL courses, medical services, legal and immigration counseling and job skills training. One-stop shopping which includes HIV testing and substance abuse counseling has worked well with other populations and could also work well with Latino immigrants.

"The difficulty in providing HIV prevention education to the immigrant community is that their needs are so huge and yet so basic, that it's hard… how do you promote condom use to someone who is undocumented, can't find work, has a family to feed and is constantly looking over their shoulder?" ~ Rochester community consultation participant

Priority One:

New York State needs to work with community based organizations, faith-based communities and TV and print media to design and promote an HIV prevention and anti stigma campaign that is relevant to the needs and cultural values (such as *machismo* and *familismo*) of Spanish speaking monolingual Latino immigrants.

Priority Two:

New York State community based organizations and social service agencies need to support the development of community services and programs targeting Latino immigrants and addressing isolation and community building as well as substance abuse and HIV prevention.

Priority Three:

New York State needs to increase outreach and education to Latino immigrant communities to raise awareness about health care services available to immigrants regardless of their immigration status, financial means or the language spoken. HIV testing and other mobile services should be taken on the road to farms, day labor sites and laundry mats and agencies should consider expanding their hours of operation to be more inclusive of Latino immigrants.

Priority Four:

New York State community-based organizations should consider working closely with non-traditional partners to develop one-stop shopping for clinical and social services that would include HIV testing and treatment.

LATINOS OVER 50

Overview and Literature Review - In general, empirical research is minimal in the area of HIV/AIDS and older adults.[264] [265] The Older Americans Act (OAA) of 1965 allows for provision of various social service programs implemented through a national network of providers;[266] however it does not specifically address the HIV/AIDS-related need of older adults and needs to be revised. It is important to note that HIV rates are rising amongst older adults in the United States as antiretroviral therapy has given people with HIV longer life spans and as more people over the age of 50 are being diagnosed with the virus. A 2005 CDC report from 33 states with long-term, confidential name-based HIV reporting shows that adults over the age of 50 represent 15% of HIV incidence rates and 24% of individuals living with the virus, which is a dramatic increase since the 17% rate reported in 2001. Older adults also represent a large number of individuals living with and dying from AIDS: in 2005, adults aged 50 or older comprised 19% of AIDS diagnoses, 29% of individuals living with full-blown AIDS, and 35% of individuals who had died of AIDS.[267]

Minority populations such as African Americans and Latinos are disproportionately representative of adults aged 50 or older who are living with HIV/AIDS, yet few research studies have explored their needs and vulnerability to the virus. Approximately 17% of HIV positive Latino individuals living in the United States were diagnosed after reaching age 50.[268] In 2005, HIV rates for African Americans age 50 and older were 12 times greater than white adults in the same category and 5 times greater for Latino adults age 50 and older. [269] In New York City, about one third of Latino men living with HIV and AIDS are over the age of 50 (out of a sample of 22,903) and Latinas in the same category also comprise approximately one third of all Latina women living with HIV and AIDS (out of 9,727 women).[270]

Older Latina women are a group with one of the most rapidly increasing AIDS rates: 5.5 % of HIV positive Latina women are categorized as older adults. Latinas account for approximately 20% of all females over the age of 50 who are diagnosed with HIV, which is a smaller proportion than white and African American women in the same category; however, it is likely that many HIV and AIDS cases for older Latinos are never identified. Older adults may present with symptoms that are wrongly diagnosed and are never offered an HIV test as a result of providers' incorrect assumptions that people over the age of 50 are not at risk for HIV.[271]

42% of older Latina women who are HIV positive are unaware of how they became infected with the virus given that their partners may not have been open about sexual encounters outside of their relationship.[272] Older Latino men who have sex with men may be reluctant to disclose same-sex sexual behaviors to their female partners or to seek out HIV preventative services or treatment. For many older Latinos with more traditional values, HIV/AIDS may be viewed as a virus connected to being gay and is still highly stigmatized;[273] thus, they may believe that they are not at risk for HIV and may continue to engage in unprotected sex with partners of the opposite sex.

Older Latino adults confront particular obstacles in HIV prevention and treatment. Stigma and homophobia, traditional cultural values, poverty leading to faster disease progression and general poor health, increased levels of sexual activity that go unrecognized by medical professionals, lack of access to adequate health care, low employment rates, and the dynamics of social support systems and care giving obligations are some of the factors contributing to HIV risk for older Latino individuals. Despite multiple aspects that make older Latinos vulnerable to HIV, empirical research is lacking and HIV prevention messages are not reaching this population.[274] [275] [276]

Stigma attached to the HIV virus, as well as lack of communication about sexual behavior, may inhibit older Latino adults from discussing safer sex practices with their partners.[277] *Simpatia*, "a cultural script that mandates politeness, respect, and harmonious interpersonal relations",[278] along with respect for the family and for its elder members, may deter older Latinos from frankly conversing about sex and sexuality.[279] Such discussion may be viewed as insulting to older Latinos, who may also worry that revealing a positive HIV status could bring disgrace and embarrassment to their family. [280]

Another mitigating factor in HIV vulnerability is having a low income: as compared to their counterparts in all other ethnic groups in the United States, Latinos older than 65 show the greatest levels of poverty.[281] Elderly Latinos in the United States are more likely than older white adults to have lower levels of education and higher rates of unemployment. For Latinos over the age of 50, poverty and low socioeconomic status have been connected to stress and illness that can cause HIV to progress more rapidly to AIDS. [282] [283] [284] One study showed that while older HIV positive people of color were initially in better health than older HIV positive white people, they seemed to develop AIDS more rapidly.[285]

Older Latino adults may be sexually active but may not be aware of sexual risks or the need to be tested for HIV. Older adults in the United States are increasingly targeted by advertising of penile erection and sexual stamina drugs that are progressively marketed to both men and women.[286] Despite the fact that HIV/AIDS rates are increasing amongst older adults in the United States, their doctors may not be encouraging them to get tested for HIV. Given that older women no longer have to worry about becoming pregnant, they may elect not to use a condom even when they are engaging in high-risk sexual behavior. Studies have shown that older adults may not comprehend how HIV is transmitted or how to protect themselves against it.[287] [288] [289] [290]

In addition to failing to recommend HIV testing, health care professionals often neglect to ask their older patients about risky sexual behavior.[291] Older Latinos may face specific barriers to HIV prevention and treatment within the health care system. Given the scarcity of bilingual health care professionals, older Latinos may be forced to seek translation assistance from children and other family members. If their HIV status is revealed while these family members are translating for them, they may feel embarrassed or worried about being stigmatized. Additionally, they may lack the knowledge about what health services are available and about how to access them, especially if they are undocumented. Some older Latinos may

seek care from a traditional healer (*Curandera* or *Santera*) until their health has worsened and they are in urgent need of western medicine. Given the other health problems that older adults often face, HIV/AIDS-related symptoms may often be diagnosed as another age-related illness and thus go untreated.[292]

Not only are older Latinos directly affected by HIV/AIDS, but they may also be saddled with family responsibilities when HIV/AIDS affects their relatives. Given the collective nature of Latino families, older Latinos, especially women, may be responsible for the care of family members who are sick with AIDS or children whose parents have died of the virus. Studies show that older African American and Latino adults may be influenced more harshly by the disturbance of social support networks than elderly whites, who may turn to institutional support systems when affected by HIV/AIDS.[293]

In spite of myriad vulnerabilities to HIV that older Latinos in the U.S. must confront, empirical studies of this population are severely lacking.[294] [295] [296] While some professionals have been formulating prevention messages to reach older adults of color, such as Latinos and Latinas, these endeavors have not been thoroughly researched.[297] Clearly, HIV surveillance and prevention programs must be developed and researched in order to serve older Latinos and Latinas in the United States.

During community consultations conducted by the Commission toward the development of ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action***, participants noted that adequate outreach has not been conducted amongst older Latino adults and strategies for how to effectively connect with this population must be developed. Community consultation participants also mentioned that older Latinos need support in developing a greater understanding of the reality of HIV risk, which may not be conveyed successfully by younger outreach workers.

COMMUNITY CONSULTATION FINDINGS

Perhaps due to the fact that there is little empirical data on Latinos over 50 living with HIV/AIDS, participants across New York often had more questions than answers during the community consultations and benefited greatly from networking and sharing resources with other providers at the meetings.

Participants working with Latinos over 50 asked for Spanish language HIV prevention and anti stigma campaigns. They stated that there were very few resources developed specifically for Latinos over 50 and many of the resources skirted the issues of sex and drug use. Those interviewed asked that education with the target population be conducted across the state and that campaigns should incorporate messages on issues such as homophobia, sexuality, and mental health care and provide links to services that cater to older adults.

Participants across the state felt that reaching older Latinas through faith-based organizations would be the best use of time and resources but were unsure of how to reach older Latino men regardless of sexual orientation. Social networks were discussed as the best traditional means for reaching men and women over 50, but because of the stigma associated with HIV/AIDS, many felt that this was not an option. When challenged, participants turned their attention to Latinas as a means of reaching men. Church bingo, slots, community centers and senior citizen centers were mentioned as great locations or events to reach older Latinos.

Because of the lack of data in the area of HIV/AIDS and older adults, community consultation participants wanted increased public health and mental health research to be conducted with Latinos over 50 to better understand and address the particular needs of the population. They also noted that efforts should be made to enroll more men and women in that age bracket in clinical trials.

Many of the participants including those living with HIV/AIDS wanted to see doctors and clinicians better trained to work with HIV positive older populations. In Albany, Suffolk County and New York City, service providers stated that many of

their over 50 clients were never offered an HIV test until right before they were diagnosed with AIDS. In every region of the state, providers spoke about their clients aging and living with HIV and the challenges faced often being related to heart disease, cancer, or other illnesses instead of HIV/AIDS. While providers wondered if these illnesses could be inter-related or have an impact on the health care of older adults living with HIV, they had very few answers and admitted to needing additional training on the subject.

Across the state, service providers asked for additional training on how to work effectively with Latinos over 50 and admitted that it was difficult for younger people to speak about sexual risk taking with older populations. Across the state, participants advocated for peer educators as the most viable option for broaching challenging topics with older populations.

"I work with Latinos in assisted living homes and we see it once a month – like clockwork. The week that social security checks arrive in the mail, the girls show up to work the older men." ~ Long Island community consultation participant

Participants in New York City more than in other regions expressed concern about how HIV and the stigma associated with the disease was negatively impacting Latinos over 50. Many felt that older men in particular have less access to support systems where they can openly speak about being HIV positive. They also expressed concern for gay Latinos over 50—many participants noted that gay, older Latinos had grown older without any social outlets other than gay bars and now felt too old to partake in those environments which tend to be directed at younger men.

Priority One:

New York State needs to educate its health care professionals about HIV risks for older adults. Capacity building organizations should consider applying for demonstration funding to train those who provide services to older adults with HIV. Technical assistance should address co-morbidity issues as well as training on how to address challenging issues like sexuality and substance abuse.

Priority Two:

New York State community based organizations needs to increase outreach efforts to older Latino adults in order to encourage them to seek HIV testing and treatment if needed as well as education to decrease stigma surrounding the virus.

Priority Three:

New York State needs to develop HIV prevention strategies and campaigns that address sexual risk behavior in older Latino adults and that educate them about condom use and routine HIV testing.

Priority Four:

New York State needs to support the amending of the Older Americans Act, which allows for the delivery of comprehensive social services for older adults, to explicitly include services, outreach, training, and research on issues of concern to older HIV positive adults and to prohibit discrimination in services on the basis of sexual orientation and/or HIV status.

LATINA FAMILIES AND CHIILDREN

Overview and Literature Review - While mother-to-child HIV transmission can still occur during childbirth, rates have dramatically decreased from 25% at the beginning of the HIV epidemic to 2% in 2007. AIDS rates for children have also considerably diminished from 855 cases reported in 1992 to 57 cases in 2005. [298] The CDC reported in 2007 that U.S. Latino children less than 13 years old represented 14% of AIDS cases whereas white children accounted for 12% and African American children for 73% (n=78).[299] According to the New York City Department of Health and Mental Hygiene in 2007, 26% of New York City male children under the age of 13 living with HIV/AIDS were Latino, while only 5.2% of these children were white. The disparities were even greater for New York City girls: 33.8% of female children living with HIV/AIDS in 2007 were Latina while only 3.7% were white.[300]

Regardless of their HIV status, children in families affected by HIV face a number of risk factors due to maternal depression, stress, family upheaval and lack of support from adult caregivers. Depression for HIV positive mothers is more likely to arise when families lack unity and structure; furthermore, chronic illness can produce distress for the whole family.[301] One study revealed that HIV positive mothers with depression were limited in their ability to maintain their household, thus leaving their children with increased obligations and responsibility. Oftentimes, HIV positive women may be raising children on their own and may not have another parent or adult there to assist them with managing their HIV care and family and home responsibilities. HIV negative children of positive mothers may also develop mental health problems later in life due to a chaotic family environment.[302]

According to one research study, HIV positive Latina mothers and other mothers of color tended to be sicker than their white counterparts;[303] in another study, HIV positive mothers of color progressed more rapidly to AIDS than white mothers. Moreover, HIV positive Latina mothers and their children were found to be more vulnerable to depression and anxiety. [304] Children of Latina mothers who are less acculturated to dominant U.S. ideologies seem to be particularly vulnerable to negative mental health outcomes,[305] especially when their mothers were born outside of the U.S. Foreign-born women may be at higher risk for depression and anxiety due to the stress of raising children in a new culture.[306] Additionally, Latina mothers who are HIV positive and who were born in another country may not have adequate social support for themselves or their children, leaving them isolated and more likely to have poor mental health.[307]

In addition to the stress of raising children, mothers who are HIV positive are also dealing with the strain of managing a chronic, stigmatized illness.[308] HIV positive mothers might also suffer from other mental health problems in addition to depression and lack of social support from family and friends. Research shows that social support from family is vital to positive psychosocial outcomes for HIV positive women.[309] In a study that surveyed HIV positive women living in an urban area of the Midwest, while the women cited friends as providing more daily support, they perceived family support, even when it was from a distance and not concrete, to be more directly related to favorable mental health (in terms of anxiety, stress, depression and isolation).[310]

Another stressor for families affected by HIV is parental disclosure of their health condition and its effect on their children. Studies have shown that a mother's disclosure of a positive HIV status may contribute to her children having decreased self-worth, social problems and feelings of negativity.[311] Conversely, some research reveals that while disclosure may provoke anxiety for many women, it can initiate family support.[312] Although it is especially challenging to disclose a positive HIV status to children, disclosure is essential for helping parents develop a successful HIV treatment plan.[313] [314] Women typically disclose to female family members, particularly mothers and sisters, who live nearby, with whom they have positive relationships, and whom they visit on a regular basis.[315] Latina families who have been separated by immigration may not have the luxury of the support networks usually accessed when facing HIV/AIDS stress. Moreover, research finds that women who encounter discrimination are less apt to disclose their HIV status;[316] therefore, for Latina families who encounter high levels of stigma and racism in American society, HIV status disclosure becomes particularly difficult.

Clinicians who work with Latina families should appropriately counsel parents about how to effectively communicate with their children about their HIV status by considering their child's developmental capacity and the family's situation. Mental health professionals working with HIV positive Latina mothers and families should also be aware of the cultural values of their clients and should assist them in locating supportive networks within their communities.[317] Community consultations indicated a need for more outreach to Latina families who lack connections to health and social services. Participants also advocated for more culturally appropriate services, especially for non-English speaking Latina families.

COMMUNITY CONSULTATION FINDINGS

Community consultation participants from across New York State comprised of HIV/AIDS professionals, peer educators and Latinos living with HIV/AIDS discussed multiple obstacles to serving Latina families and children affected by the virus. As with other segments of Latino communities in New York, families and children also confront stigma, homophobia and racism that prevent them from being able to access services related to HIV/AIDS. In order for Latina families and children to access HIV prevention, testing, care and support, community consultation participants agreed that outreach and culturally sensitive programming efforts must be increased. Without recognition of their specific needs, New York's Latina families and children will continue to find HIV/AIDS services inaccessible and insufficient.

In conversing about the most critical needs of Latina families and children regarding HIV prevention, community consultation participants identified homophobia and gender identity as two key mitigating factors. Latino men who have primary relationships with women may also be engaging in high-risk sexual activities with men or in transactional sex, but homophobia and a strong identification with a masculine image deter them from openly discussing their behaviors. Such silence and sexual risk taking can make many Latina families and children vulnerable to HIV. Those involved in community consultations reported a lack of outreach activities to Latina families, in spite of their vulnerabilities to HIV. Moreover, there is a deficiency of HIV prevention materials written in Spanish, thus creating further barriers for Latina families who do not speak English.

Community consultation attendees also identified language barriers and insufficient outreach activities as obstacles that prevent Latina families from accessing HIV testing. Additionally, many Latina families have inconsistent insurance coverage, if any. According to community consultation participants, this is particularly the case among female-headed households where children may be insured but parents are not. Latina families also frequently lack accessible transportation and

therefore cannot reach HIV testing sites. Community consultation participants agreed that lack of transportation and insurance are also factors that inhibit Latina families and children from obtaining HIV care. Without linkages to services, Latina families and children often obtain HIV testing and treatment in the later stages of the virus, thus leaving them with poor health outcomes. This is especially true for the parents who are less likely to routinely see a doctor or clinician.

In addition to inadequate health insurance coverage and transportation difficulties, financial issues like unemployment also hinder Latina families and children seeking out supportive services for HIV. Community consultation participants observed that existing support services in New York State unsatisfactorily meet the needs of Latina families and children. According to those who attended community consultations, faith-based organizations are torn between offering some supportive health services, but often prohibited from discussions of condoms or other methods of birth control. Since many Latina families utilize church as a main source of social support, they may not be receiving information about HIV prevention, treatment and care. Community consultation attendees suggested that parenting courses and ESL classes could be important approaches for informing Latina families about HIV/AIDS.

"Our clients' main resource for spiritual and familial support is the church, but we can't seem to get our foot in the door."
~ Rochester community consultation participant

Considering the most urgent needs of Latina families and children in regards to HIV/AIDS, community consultation participants across the state had several recommendations to improve services and outreach. First, participants proposed that religious leaders and church communities become more involved in and committed to HIV/AIDS prevention and treatment. In addition to commitments from faith-based leaders, community consultation participants also advocated for more participation from Latino communities as a whole. Community consultation participants suggested that communities need to mobilize to increase visibility and inform people of their health and labor rights. New York's Latino organizations that serve people affected by HIV/AIDS should also form stronger partnerships to strategize about how to reach Latina families. Organizations that are not Latino should also work to better serve Latino families by increasing cultural sensitivity and offering services in Spanish. Those who attended community consultations also identified schools as important resources for reaching Latina families and children: school-based HIV/AIDS education for parents and children could be offered to more adequately inform Latino communities. Finally, community consultation participants recommended that more funding be provided in order to finance outreach efforts to reach Latina families and children.

Priority One:

New York State needs to increase mental health service availability for Latina families affected by HIV/AIDS. Services should be offered for both HIV positive parents as well as their HIV-negative children.

Priority Two:

New York State needs to develop additional supportive services for immigrant Latina families to assuage social isolation resulting from immigration status and living with a stigmatizing virus. Support services need to include legal aid services for those low-income Latinos interested in advance directives, health proxies, living wills and/or wills.

Priority Three:

New York State needs to educate its health care professionals on Latino cultural values and how to educate clients about issues related to HIV status disclosure. Capacity building organizations should consider providing cultural competency training to bridge the gap between providers and Latina families.

Priority Four:

New York State needs community-based organizations to develop and maintain strong relationships with faith-based communities. Capacity building organizations should consider providing training to prevent diseases and to improve the health status of Latinos by providing support to faith institutions in areas of program design, implementation and evaluation which strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities.

POST COMMUNITY CONSULTATION SURVEY SUMMARY

The following is a summary of the post community consultation surveys conducted as part of the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** process. In total, 234 surveys were completed, 220 of them in English and 14 in Spanish. Respondents represented a broad range of public health organizations involved in HIV/AIDS services from around New York State, including hospitals, community-based organizations, HIV care networks, advocates, and capacity building assistance providers.

I. CHARACTERISTICS OF SURVEY RESPONDENTS

Of the respondents to the survey, 193 indicated that they work for the organization they represented at the community consultation, and 29 indicated that they are affiliated with the organizations as volunteers. Respondents had a broad range of roles within their respective organizations, including Director of Programs, Bilingual Substance Abuse Therapist, Community Outreach Liaison, Project Coordinator, Executive Director, Case Manager, and Board President.

Participants were asked to indicate their race. The results are presented in Chart 1 and Chart 2 below. Many respondents to the survey did not indicate their race, and Chart 2 includes the information on the missing responses.

Chart 1. Race reported by survey respondents.

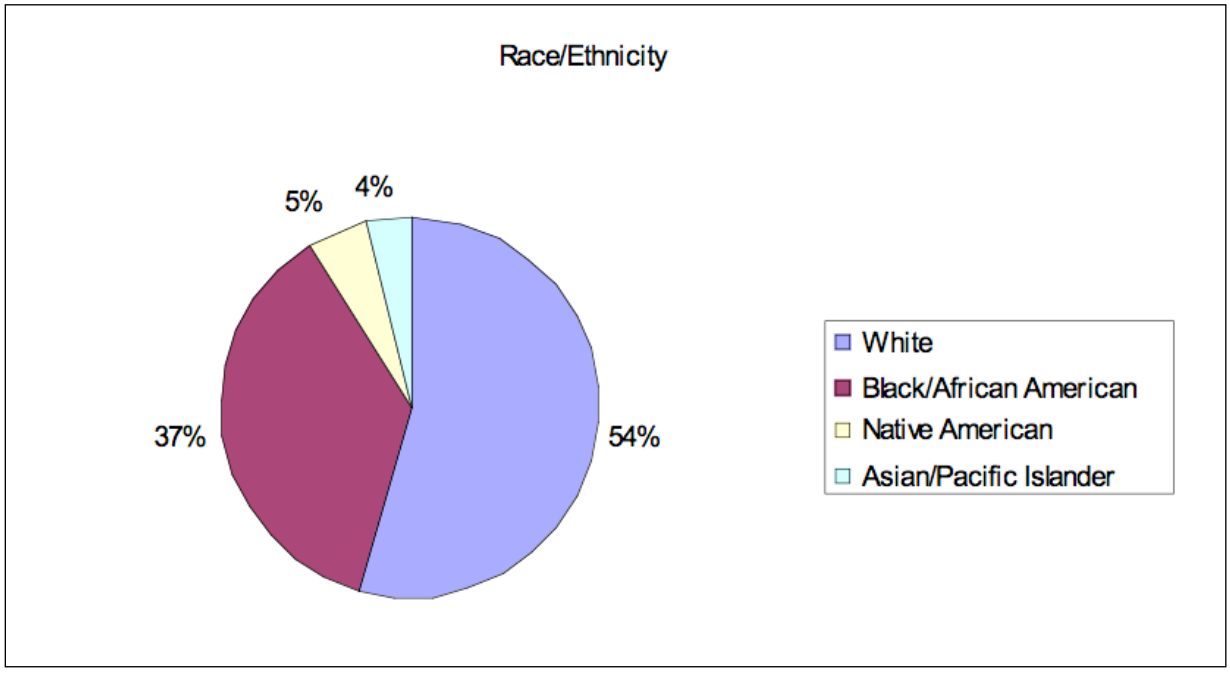
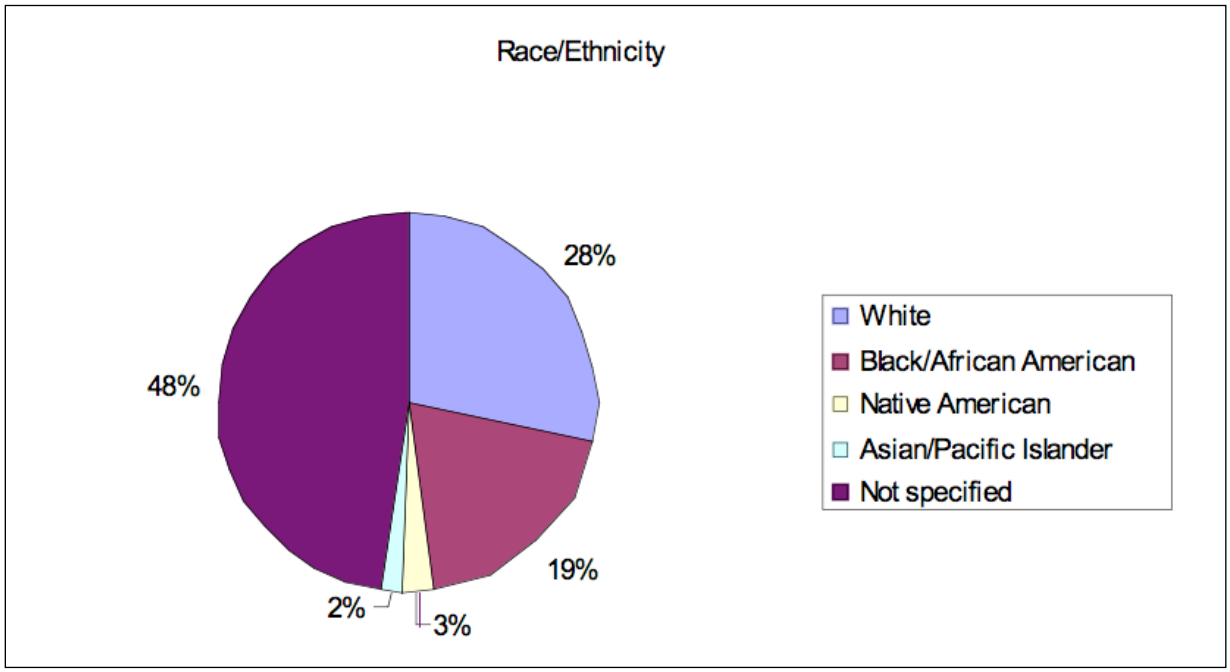
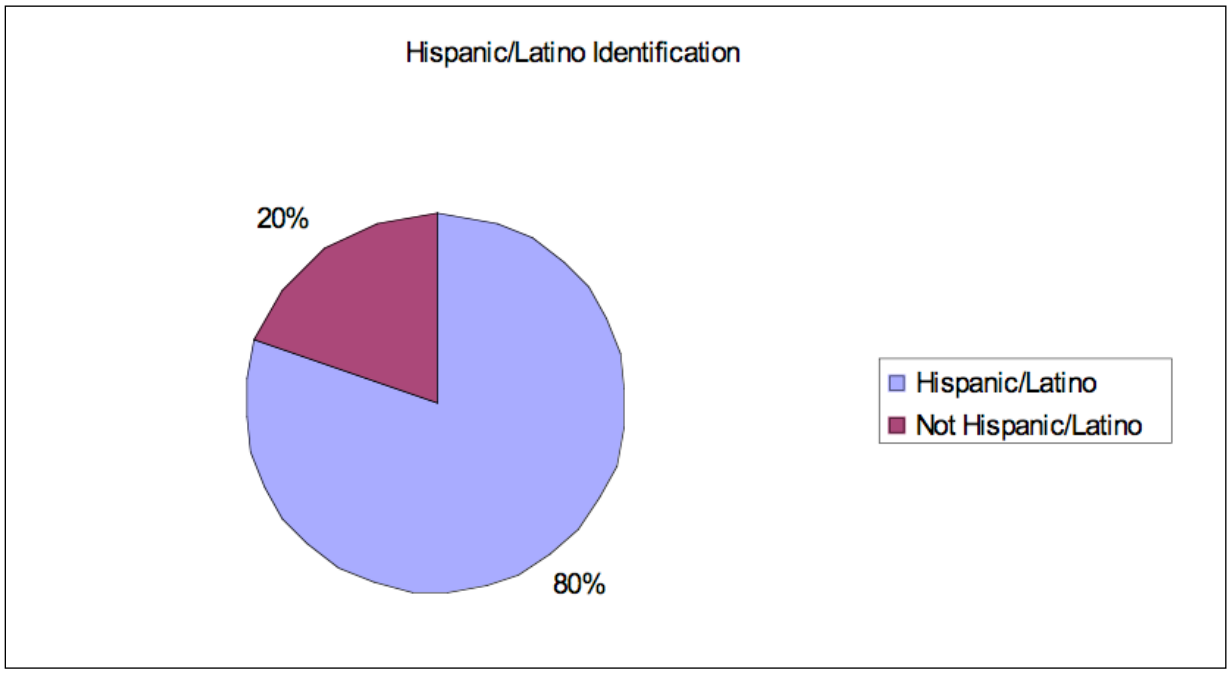


Chart 2. Reported race, including missing responses.



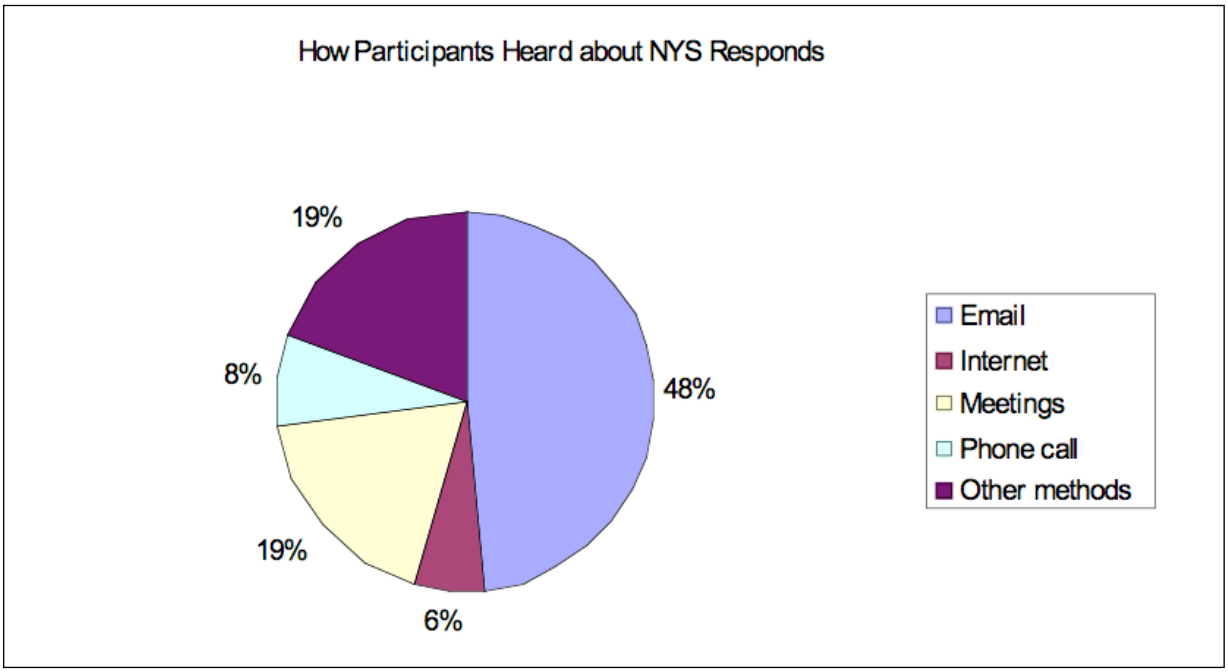
Next, respondents were asked whether they identify as Hispanic/Latino. Most did respond to this question, and the breakdown of responses can be found in Chart 3 below.

Chart 3. Identification as Hispanic/Latino.



Respondents were asked to report how they found out about the ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** process. Responses are summarized in Chart 4 below. Email was the most common method of finding out about the forum. Participants also learned of it through announcements at other meetings and other methods, the most frequent of which was through colleagues/word of mouth.

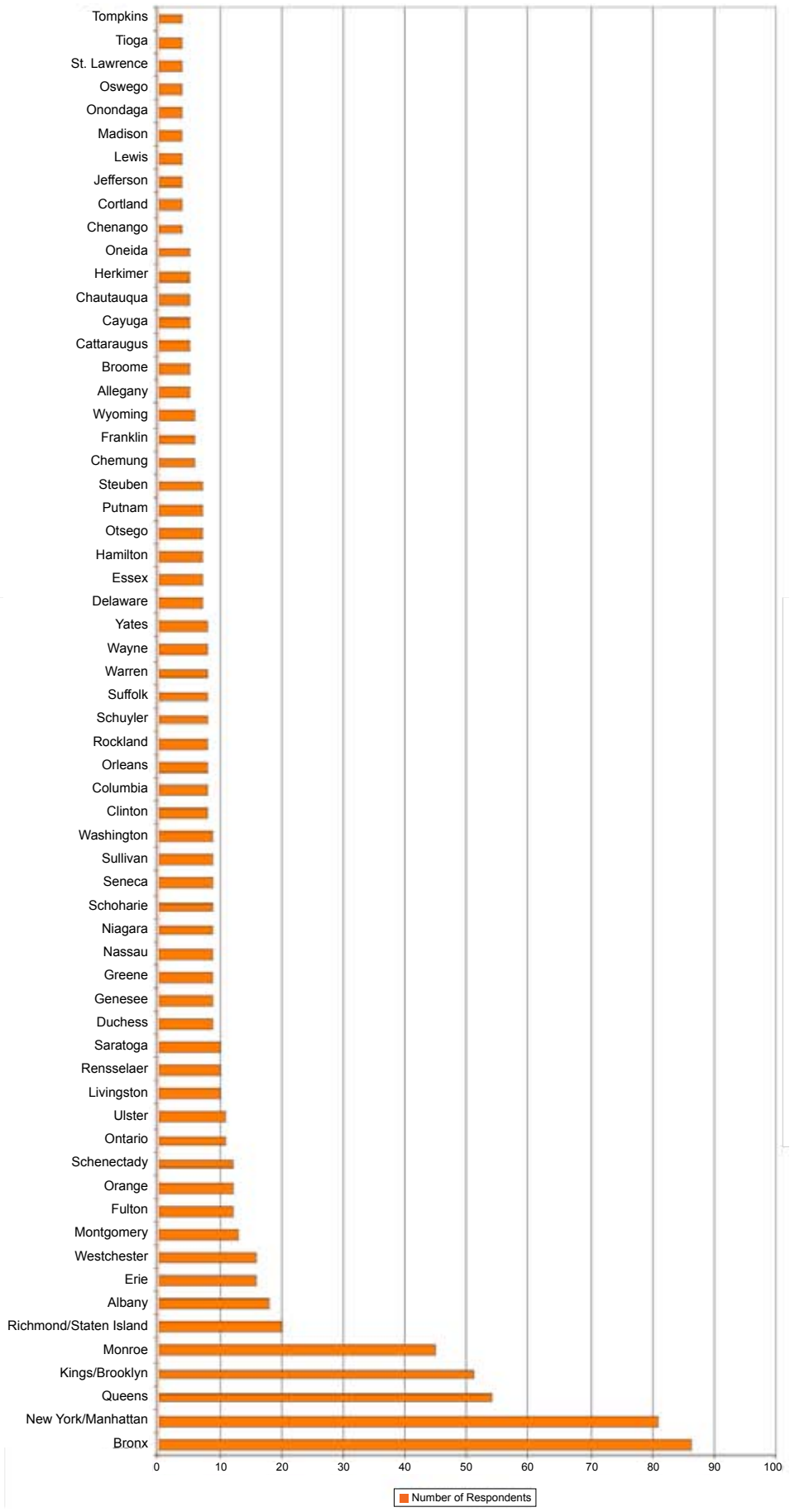
Chart 4. Method of finding out about NYS Responds.



II. SERVICE PROVISION INFORMATION

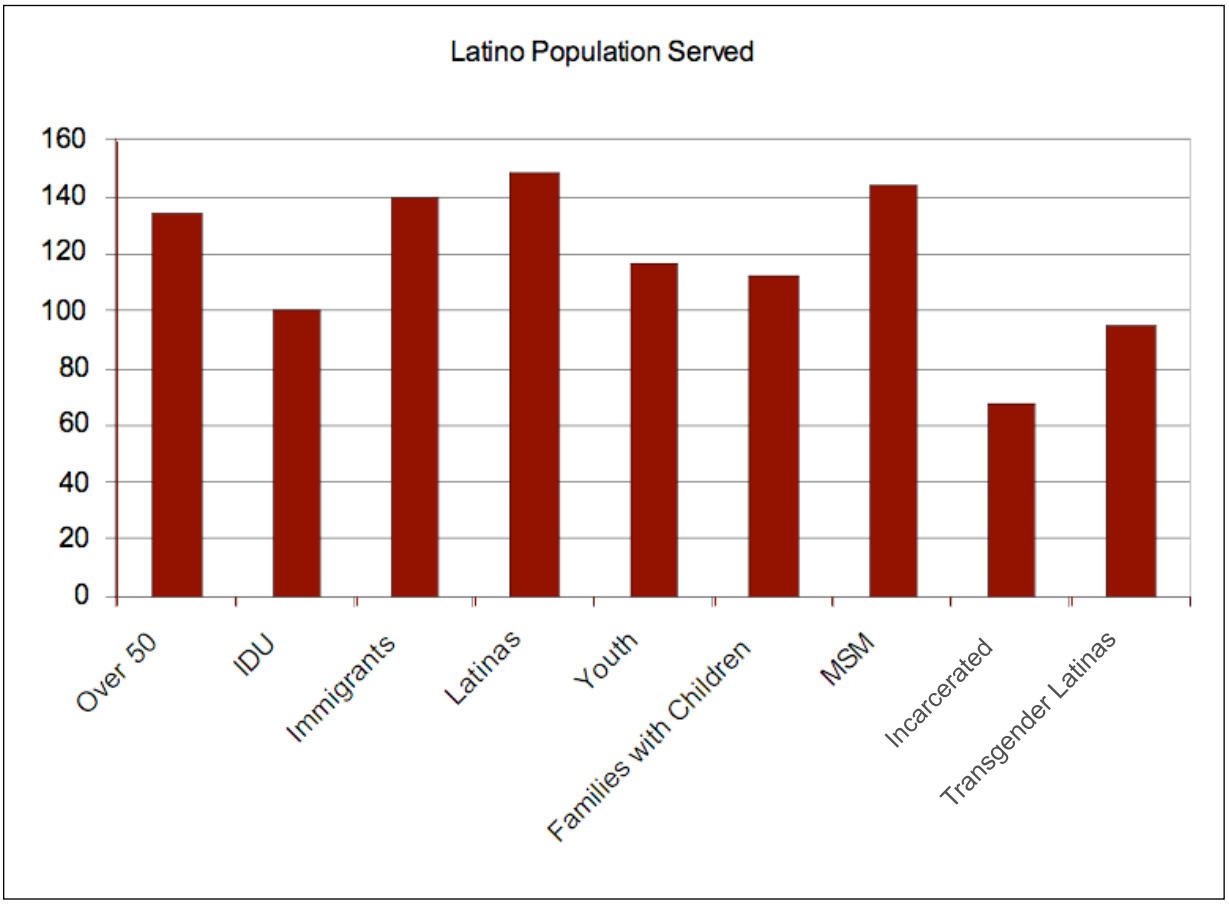
Information was collected about the counties in which ***New York State Responds to the Latino HIV/AIDS Crisis and Plans for Action*** community consultation participants provide services, volunteer, or are engaged in advocacy. The highest number, (86 respondents) provide services in the Bronx, followed by the other four NYC boroughs. Most notable is the large number of counties represented by the forum participants, indicating that voices were heard from around the state. See Table 1 on the following page for a full listing of the counties and the number of respondents providing services there.

Table 1. County of service provision



Next, respondents were asked about the Latino target populations served by their organizations. It is clear that respondents' organizations serve many different sub-groups within the Latino population, with many organizations focusing services on several target groups. Most commonly, respondents reported serving Latinas and MSM. See Chart 5 below for the number of respondents whose organizations serve each target population.

Chart 5. Latino target populations.



III. VIEWS OF COMMUNITY ISSUES AND MEETING THE NEEDS.

Participants were asked whether the specific HIV/AIDS needs of Latinos they serve are met: 133 respondents indicated 'No', 27 indicated 'Yes', and 52 were 'Not sure.' To follow up, respondents were given the chance to elaborate on how the HIV/AIDS needs of Latinos are not being met. Some of the common responses included:

- Lack of bilingual service availability. Services are rarely culturally competent and do not address stigma.
- Services are not designed specifically for Latinos.
- Many services are not being utilized by undocumented immigrants because of fear of arrest. Many in this population, particularly in rural areas, are isolated from the service provision system.
- In some areas, services – particularly testing – are scarce. There is a need for more outreach workers and counselors. And, there should be more service providers of Latino origin.
- There is a need for more education, particularly culturally relevant messages geared toward specific sub-populations such as Latinos over 50.

The next set of questions dealt with the availability of resources for organizations to provide effective HIV/AIDS services to Latinos. In an open-ended question, respondents were asked to think about how services could be improved. The responses echoed the needs expressed in the previous section. Chief among the concerns was funding, as organizations have been impacted by the recent funding cuts. Increased funding was cited as a way to improve many aspects of service provision.

Some of the commonly noted issues included:

- Funding – programs are suffering and sometimes being eliminated because of funding cuts. The funding issue was mentioned by many respondents in relation to running programs, extending clinic hours, evaluation, outreach, and hiring more staff, particularly sorely needed bilingual staff.
- Need for comprehensive support services: housing, nutrition, emotional support, ESL classes, legal services, domestic violence, recreational, transportation, mental health. All of these would add to the positive impact of existing interventions.
- Cultural competency and bilingual ability to reach a larger proportion of the community.
- Targeted interventions for youth: early start on health education.
- Flexibility, particularly in terms of sites/locations with the aim of bringing services out to the community. Related to that, places should be created where people know they can go without fear (of immigration authorities, police).

Participants were also surveyed about their opinions of HIV/AIDS support services. First, they were asked whether support services are available to the Latinos they serve: 109 responded affirmatively, 42 responded 'no', and 46 were 'not sure'. In a follow-up question, the survey asked whether the support services are effective: 67 responded 'yes', 18 said 'no', and 50 were 'not sure'. A high number – 99 respondents – did not answer this question. And, participants were asked to comment on how the support services could be improved. Responses to this question again echoed some of the issues brought up in earlier open-ended commentary. Interestingly, here many respondents were concerned with access to the services as much as availability of the services. The following are a few of the commonly cited suggestions:

- Services exist, but they are hard for clients to access. The services are under-utilized because of stigma, immigration issues, and hours of availability. For undocumented immigrants, the issue is often eligibility – they are barred from access to some services, particularly legal assistance. Overall, there is a need for more widespread information about the existence of support services: many do not know they are available.
- To improve access to services, there is a need to provide childcare and transportation assistance. And, again, respondents mentioned a need for more Spanish language service provision, particularly therapists.
- In some areas of the state, there are very limited supportive services.
- Many mentioned the need for expansion of housing and legal assistance services.
- And, of course, the need to increase funding for support services was a widespread concern.

Problems in the community.

Respondents were presented with sixteen problems in the community and asked to rate each in terms of how serious they think it is in their communities. Respondents identified poverty, HIV and drug and alcohol abuse as three issues that they see as 'Most' serious, on a 1-5 scale. Results for all the issues are found below, in Table 2, which shows the number and percentage of respondents indicating that each is a 'Most' serious problem.

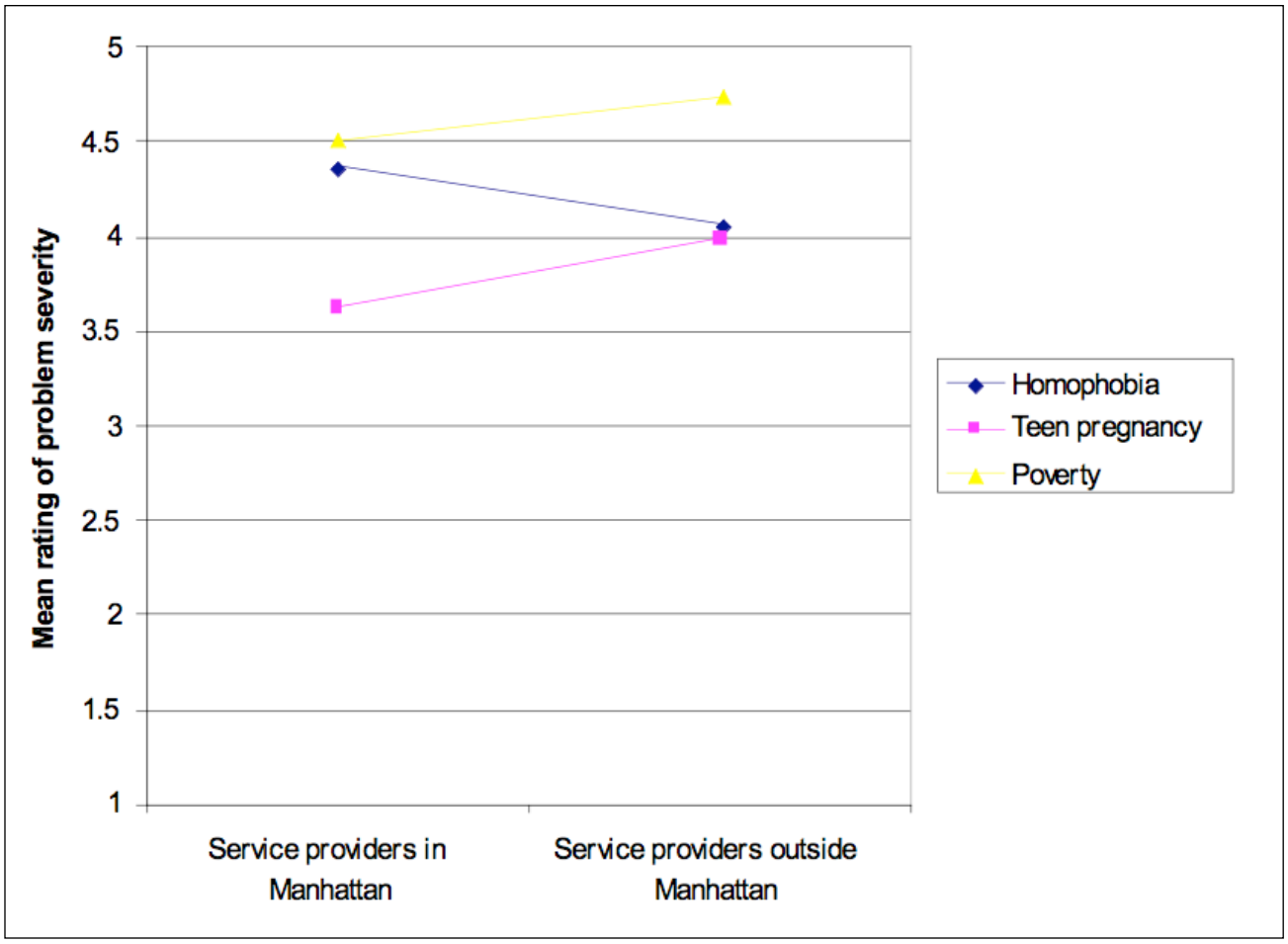
Table 2. Problems identified as Most serious.

Problem in the Community	Number responding 'Most' serious	Mean rating. Most serious = 5, Least = 1
Poverty	150	4.6
HIV	139	4.6
Drug and alcohol abuse	115	4.3
STIs	114	4.4
Lack of health insurance	107	4.3
Inadequate housing	106	4.3
Violence/crime	101	4.2
Homophobia	95	4.1
Immigration	93	4.1
Racism	91	4.1
Lack of health services	82	4.1
Teen pregnancy	80	3.8
Sexual abuse	64	3.9
Spousal/partner abuse	64	3.9
Cancer	59	3.6
Child abuse	52	3.7

Next, we conducted statistical analyses to gain further insights into participants' ratings of the severity of issues in the community. First, we performed a One-way ANOVA to examine whether these ratings were significantly different among respondents whose organizations provide services in New York County (Manhattan) than other respondents.

We found that service providers in Manhattan are more likely to consider homophobia a serious problem than those not providing services there, $F(174)= 4.12$, $p< .05$. Service providers working in Manhattan were somewhat less likely to consider teen pregnancy a serious problem, $F(177)= 3.18$, $p= .08$. Additionally, they were somewhat less likely to rate poverty as a serious problem than their colleagues outside of Manhattan, $F (180)= 3.57$, $p= .06$. It is possible that the Manhattan service providers are less exposed to issues of teen pregnancy and poverty, while they are more exposed to homophobia. The differences in exposure may be due to their organizations' service focus being somewhat different than that of providers elsewhere. Chart 6 below summarizes these differences. We did not observe differences between these groups across the other ratings.

Chart 6. Differences in ratings of problem severity.



We also performed One-way ANOVA analysis to compare service providers whose organizations provide services to particular populations. To capture a cross-section of the service provision spectrum, we compared organizations that provide services to Latino youth with those that do not, and we also compared organizations that provide services to Latino IDUs with those that do not.

We observed that respondents from organizations providing services targeted toward Latino youth rated immigration issues significantly lower in severity than those whose organizations that do not have those services, $F(186)= 6.99$, $p< .01$. And, respondents from organizations providing services targeted toward Latino IDUs rated poverty as a significantly more severe problem than those whose organizations do not have those services, $F(188)= 4.97$, $p< .05$. These differences should be explored in further studies.

GLOSSARY OF TERMS

Curanderos (Curanderas for females) are often respected members of the community, being highly religious and spiritual. Literally translated as "healer" from Spanish, curanderos often use herbs and other natural remedies along with prayer to cure illnesses. There are different types of curanderos / curanderas. "Yerberos" are primarily herbalists. "Hueseros and Sobaderos" are bone/muscle therapists who emphasize physical ailments. "Parteras" are midwives.

Day laborers refers to blue collar workers usually most familiar with construction, landscaping, home repairs or cleaning. Day laborers tend to gather at high-traffic spots such as busy intersections and home improvement stores during early morning hours looking for pick-up work such as painting, laying bricks or landscaping. Contractors and homeowners drive by, describe the jobs and negotiate pay on the spot. Unregulated and frowned upon in most communities, day laborers (many of whom are undocumented) are easily exploited and often have no legal recourse.

Familismo refers to the sense of family in the Latino community which is so strong that academics have coined a term for it, but for Latinos, family includes the village, the community at large.

Gender Identity is a person's inner sense of identification as a man or woman (or as a girl or boy). People who are transgender experience an inner gender identity that does not correspond to their sex assigned at birth.

Gender non-conforming people refers to individuals who do not adhere to society's rules about dress and activities for people that are based on their sex. A gender non-conforming person may choose to present as neither clearly male, nor clearly female, but rather as a gender-free individual.

Homophobia is a term for a range of negative attitudes and feelings towards homosexuality and people identified or perceived as being gay/homosexual/lesbian/bisexual. Definitions of the term refer variably to antipathy, contempt, prejudice, aversion, and irrational fear. Homophobia is observable in critical and hostile behavior such as discrimination and violence on the basis of a non-heterosexual orientation.

Machismo refers to a strong or exaggerated sense of masculinity stressing attributes such as physical courage, virility, domination and aggressiveness. Machismo also refers to an exaggerated sense or display of masculinity, emphasizing characteristics that are conventionally regarded as male, usually physical strength and courage, aggressiveness, and lack of emotional response.

Marianismo refers to female gender roles in the context of machismo ideals that are part of many Latino cultures. It celebrates women as being pure, morally strong and passive. Additionally, marianismo honors women for their ability to give birth.

Men who have Sex with Men (MSM) refers to men who engage in sexual activity with other men, regardless of how they identify themselves; many choose not to accept social identities of gay or bisexual. The term was created in the 1990s by epidemiologists in order to study the spread of disease among men who have sex with men, regardless of identity. MSM is often used in medical literature and social research to describe such men as a group for clinical study without considering issues of self-identification.

Santero (or Santera for females) refers to a practitioner of Santería, a syncretic religion of West African and Caribbean origin, which is practiced in much of the Caribbean, including Puerto Rico. It originated with the Yoruba people of Africa,

in what is known today as Nigeria. With the slave trade came the Yoruba religion which quickly developed into what is today called Santería.

Sex is the categorization of people as either male or female. Sex is assigned to infants at birth on the basis of physical characteristics such as reproductive organs, genitals and genetic make-up.

Sexual Orientation refers to a person's attraction to another individual (in the emotional, physical, romantic, and spiritual sense). Gender identity and sexual orientation are not interchangeable and transgender individuals may identify as heterosexual, lesbian, gay or bisexual. For example, a transgender woman (a biological male who identifies as a female) may be attracted to other women and thus may identify as a lesbian. Sexual orientation was recognized through self-identification in the Needs Assessment survey and, unless otherwise noted, in the other data sources as well.

Simpatia is a cultural ideal that promotes politeness, respectfulness and friendly interactions with others.

Transsexual (also Transsexual) is a term that is somewhat outdated and is rooted in language of the medical and psychological professions. In general, the term transsexual (as opposed to transgender), is not an all-encompassing term and it is an individual choice whether to identify as transgender or transsexual.

Transgender is a word commonly used to describe people who live in a gender different from the one assigned to them at birth. People often use this word to describe not only people who have changed their gender through surgery or cross-gender hormone therapy, but also people who have non-medical gender transitions or identify as transgender but do not seek to change their gender legally or medically.

Transphobia (or less commonly, transprejudice and trans-misogyny, the latter referring to transphobia directed toward trans women) refers to discrimination against transsexuality and transsexual or transgender people, based on the expression of their internal gender identity.

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