Mobilizing Latinos in California

Many states are experiencing severe budget shortfalls. This has particular impact on HIV/AIDS – prevention, supportive services, housing and treatment are all facing cuts. California remains one of the largest economies in the world, yet the state acknowledges the limited funds to combat HIV/AIDS in its current funding portfolio. The news is particularly grim when factoring the sheer size of the epidemic: San Francisco, Los Angeles, Orange County, San Diego and Alameda counties have some of the highest HIV sero-prevalence rates in the country. These counties also have sizable Latino populations.

Latino representation among AIDS cases is higher in California than in the United States. Latinos comprise 22.6% of AIDS cases diagnosed in California through 2005, compared to 15.8% nationwide. This difference has increased in recent years. Among cases diagnosed in 2005, the Latino composition in California was 36.3% compared to 18.5% nationally.

There have been many previous efforts to organize Latinos in the state about HIV/AIDS, resulting in impressive documents, funding shifts and programmatic growth. Yet few of these plans have been successfully implemented. In the face of the statewide deficits, there is even less support to see them to fruition.

California Latino HIV/AIDS Agenda Summit. On February 28 & March 1, 2011, the Latino Commission on AIDS Hands United/Manos Unidas team helped to facilitate a dynamic meeting of advocates, activists, service providers and academics to discuss the future of mobilizing Latinos in California in the face of the economic crisis, the changing political climates and the implementation of federal policy. While opinions and experiences differed widely, all agreed that there needs to be a focused strategy to reaching Latinos with culturally appropriate and affordable HIV treatment, supportive and prevention services.

The group first reviewed previous plans and discussed barriers to implementation. Then, each region of the state was looked at separately for its unique characteristics and concerns, especially for Latinos. Over and over, participants cited the lack of organizational infrastructure, culturally appropriate services, the mobility of the communities, and the stigma of homophobia and HIV as integral concerns. The implementation of federal legislation—including the National HIV/AIDS Strategy, Affordable Care Act and the Enhanced Comprehensive HIV Prevention Plans (also known as the “12 Cities Project”) - was discussed at length in roundtables where participants could ask questions and air their concerns.

The group committed to future actions, including a report card about implementation of the National HIV/AIDS Strategy for California health departments, recruiting participants from across more the state, and another session in Southern California later in the year.

One of the lessons in HIV is that we are stronger when we come together. Community mobilization is an integral part of creating change. In the epidemic, we continue to build bridges across communities in order to get the best in treatment, prevention and supportive services for the most vulnerable amongst us.

Dr. Marsha Martin and Angel Fabian, two of the key organizers of the statewide meeting, held in Oakland at the California Endowment.

UPCOMING EVENTS

April—September 2011- NC, SC, LA—Dennis deLeon Sustainable Leadership Institute

April 8, 2011- New Orleans, LA—Annual HIV Update Conference for Clinicians

April 20—22, 2011- Chicago, IL—Safety Counts Training of Facilitators

May 10, 2011- New York, NY—Cielo Latino

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One hundred and ten people attended the First Lesbian, Gay, Bisexual, Transgender, & Transsexual (LGBTT) Health Summit of Puerto Rico: Collaborative Approaches to Public Health Awareness on March 2, 2011 in San Juan, Puerto Rico. The Health Summit served three purposes: to enhance networking between participants, service providers and activists; to disseminate information on how to deliver LGBTT culturally competent services in health care centers, government institutions and community based organizations; and to focus the island’s attention on the particular health issues of LGBTT. This Summit is particularly important in light of the recent outbreak of violence against LGBTT individuals on the island. It served as safe space, and promoted a participatory discussion for the inclusion of the local LGBTT community health needs in Puerto Rico. The six concurrent workshop sessions and two plenary sessions gave participants the opportunity to gain and share important information in regards to LGBTT in Puerto Rico. Experts and community members shared relevant and updated information on LGBTT wellness issues on the island, as well as strategies and best practices on how to apply this information to public health efforts.

Throughout the summit the LGBTT community and guest speakers described the barriers for access to care for the LGBTT in Puerto Rico, particularly how discrimination and homophobia impacted service quality. Research suggests that LGBTT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBTT persons has been associated with high rates of psychiatric disorders, substance abuse and suicide. Experiences of violence and victimization are frequent for LGBTT individuals, and have long-lasting effects on the individual and the community. Social support from families and community can also be limited.

Collaborative Approaches to Public Health Awareness

The Summit, a community-driven event, had participants from universities, community based organizations, LGBTT programs and support groups, and the Puerto Rico Department of Health, including Margaret Wolfe, Assistant Secretary for Family Health, and Janet Parra from the Department of Justice. This unique partnership between academics, community leaders, local groups, health department and national organizations crafted a unique participatory vision of community mobilization in health. The event received media coverage in a local newspaper (in Spanish) and has spurred the interest of developing collaborative actions to respond to the health needs of the LGBTT.

During the planning process, the steering committee identified the following objectives as the core areas for promoting LGBTT health equity and community responsiveness in Puerto Rico:

1) Contribute to bringing awareness about issues, realities and perspectives related to LGBTT wellness in Puerto Rico.
2) Create a space to explore how stereotypes, violence, discourses of hate and other local cultural norms affect the access to health services by the LGBTT community.
3) Raise consciousness about inclusion and cultural belonging in order to effectively meet the needs of the LGBTT community in the public health system.
4) Identify opportunities and information sharing mechanisms that help support healthy behavior in the LGBTT community in Puerto Rico.
5) Create a network of individuals and organizations interested in LGBTT wellness issues in Puerto Rico, to follow up and sustain the inclusion process and objectives identified in this summit.

Dr. Scout Director of the Network for LGBT Health Equity, Juan Carlos Vega, Janet Parra representative of the Puerto Rico Attorney General Office, Lissette Rodriguez and John Hellman Latino Commission on AIDS
Focus on Evidence-Based Interventions: Developing Success Stories

Leandro Rodriguez

SAFETY COUNTS

Safety Counts is part of the Centers for Disease Control & Prevention (CDC) Diffusion of Effective Behavioral Interventions (DEBI) initiative. It is a group-level intervention that has been proven to support active drug-using participants in their risk-reduction goals. One of the strategies used in Safety Counts is the use of risk reduction success stories. These testimonials are gathered from real people regarding their experiences in modifying and reducing their HIV and hepatitis C risk behaviors.

Safety Counts requires four stories; two around drug use and two regarding safer sex practices. These stories are used as discussion points in two group sessions. Having real life testimonials from the target population reinforces the intervention’s theoretical background by creating a peer support system. The stories can be presented in different formats (i.e., video, written or oral).

The first step in creating success stories for Safety Counts consists of recruiting 6 to 10 participants that have been successful in risk reduction.

The second step consists of interviewing these individuals for their stories. The interviewer should get as much information as possible from the participants and then edit the materials down to the appropriate length or time. Written stories can be approximately 1 page and a video success story should not be more that 20-30 minutes. Videos are particularly powerful because the risk reduction goals can be more fully fleshed out.

The third step is editing the stories to reflect the five learning moments of the success stories.

1) The goal that the participant had
2) What motivated them to change/modify their behavior
3) What barriers they encountered
4) Strategies that they used to overcome those barriers
5) Who was their support system through the process

As organizations prepare to implement Safety Counts, they should develop consent forms for participants to sign which authorize the organization to use their stories. Once the stories are complete, a best practice will be to pilot them to a small group of participants to ensure that the stories are clear and all five points come across.

If you have any questions about developing theses or any other success stories, feel free to reach out to us, as Hands United/Manos Unidas can support you in this process with the expertise of our two in house Safety Counts Master Trainers.

Contact us at CBAdivision@latinoaids.org or 212-675-3288, or visit us at www.latinoaids.org/programs/cba for more information on our free services.

Tobacco Prevention Summit

Yanira Arias

The Puerto Rico Department of Health in collaboration with the Puerto Rico Tobacco Free Coalition held its annual tobacco prevention summit in San Juan Puerto Rico on March 3rd and 4th, 2011. The event gathers health professionals, department of health representatives, CDC officers, and community based organizations to discuss strategies to help decrease the number of tobacco users on the island, as well to share best practices on successful interventions for Latino smokers.

For the second time Mi Casa Sana program of the Latino Commission on AIDS was invited to present. This year Mi Casa Sana facilitated a presentation on the harmful effects of tobacco use and second hand smoke among people living with HIV/AIDS. The topics covered during the discussion included epidemiological data on people living with HIV/AIDS in Puerto Rico and other Latino communities in the US, communities at risk for HIV in Puerto Rico and in the US, tobacco use among Latino communities, the health effects of smoking for people living with HIV/AIDS (PLWHA), how health care service providers can incorporate motivation messages to help quit smoking, and why working in collaboration with other organizations and coalitions can help decrease tobacco use and exposure to second hand smoke, particularly among high risk communities.

The Latino Commission on AIDS also encouraged the development of new research on the impact of tobacco and second hand smoke among people living with HIV/AIDS on the island. The Latino Commission on AIDS was represented by Yanira Arias, Director of Community Organizing under the Latinos in the Deep South Program.
I had the great fortune to visit Cuba as a US delegate of the American Public Health Association. I was struck by the beauty of the island, the warmth of the people and by the high sense of pride and adoration of heroes. Where everywhere you turned you ran into an homage to Che, Jose and Camilo. Yes, all on a first name basis. There were signs that exclaimed: revolution is modesty, disinterest, altruism, solidarity and heroism [Revolucion es modestia, disinteres, altruismo, solidaridad y heroismo]. I got a chance to visit the National School of Public Health, The Finlay Vaccine Institute, The International School of Medicine, Policlinicas (community health centers), while also attending cultural events (i.e. UNICEF sponsored play performed by children). During the visit to National Center for the Prevention of HIV and STDs (which opened in 1998) these values were also present. There was great pride in the low incidence and prevalence rate (astonishingly low for the Caribbean), yet some disinterest in actual numbers. Below are some observations of the health care system as it pertains to HIV. Please note that the observations do not constitute an endorsement of any political view.

- The value of solidarity is quite evident in the realm of HIV prevention. In Cuba they use two tactics mainly structural level interventions (i.e. social marketing) and community level (peer led, popular opinion leader) interventions. Support networks exist—again facilitated peer to peer. Here in the United States we have not engaged as much in structural level interventions. Although with the advent of the National AIDS Strategy we may move more in that direction. We could thusly look at their campaigns to see what may be appropriate here with some of our Latino populations.

- In terms of the social marketing campaigns they used the tactic of appealing to their collectivist values (or in their case solidarity) and sense of national pride. For example, one tag line was “todos nos protegemos” we all protect ourselves. Another campaign’s tag line was “seguros y audaces como los campeones, si lo usas ganas” [safe and bold like the champions, if you use it you win]—with multicolor condoms in the shape of Olympic rings playing up national pride.

- With that said, HIV appears to be still stigmatized in Cuba. Interestingly, pride was manifested at the Prevention Center, while I was at other public health venues, there was barely a mention of the low HIV incidence and prevalence rates. There was much more focus on the low childhood mortality rates and focus on the 13 Cuban produced vaccines. They also envelope HIV within other social marketing campaigns in an attempt to lessen “social marketing burnout”. Campaigns focus mainly on condom use which does not necessarily prevent against HPV. They view HPV as extremely complex to tackle structurally because of its asymptomatic nature.

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The Deep South HIV/AIDS Treatment and Research in the Hispanic Community Summit

Yanira Arias

In an effort to meet the needs for HIV education in the Hispanic community, the Latino Commission on AIDS (the Commission), in collaboration with the Office of AIDS Research (OAR) of the National Institutes of Health (NIH) hosted The Deep South HIV/AIDS Treatment and Research in the Hispanic Community Summit, on February 28th and March 1st 2011 in Memphis, Tennessee. This summit was an information exchange meeting for treatment educators and service providers. This important public health forum provided HIV healthcare professionals from across the Deep South (Alabama, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee) with training on new HIV/AIDS treatments and proven strategies for HIV education, as well as facilitated and strengthened a network of Hispanic-serving healthcare professionals in the HIV/AIDS field. The two-and-a-half day summit was designed for a wide range of individuals affected by or supporting those with HIV/AIDS, including: health educators, case managers, volunteers, service providers, peer educators, and people living with HIV/AIDS. The goal of the Deep South HIV/AIDS Treatment and Research Summit was to provide information and materials for each of the program participants to use the knowledge from the meeting to reach Hispanics impacted by or living with HIV/AIDS.

Representatives of 7 Southern States who attended the two days and a half summit acquire the skills and tools needed to integrate HIV/AIDS treatment information into their existing services.

The Deep South HIV/AIDS Treatment and Research Summit was a platform for intensive skills building and an information exchange meeting during which time summit participants acquired the skills and tools needed to integrate and disseminate HIV/AIDS treatment information into and throughout their existing services. The summit also allowed for an exchange of best practices and strengthened a regional network of Hispanic-serving providers. New biomedical interventions were discussed, and despite the knowledge of successful HIV prevention strategies – condom use, reduction in the number of sexual partners, and diagnosis and treatment of sexually transmitted infections, there was little local discussion of biomedical approaches (and their potential impact and concerns). Without a preventive HIV vaccine, microbicides offer an alternative to condoms as the most feasible method for primary prevention of HIV. This workshop presented the importance of microbicides research and the latest findings.

Erika Morillo, Team Leader of Healthy Communities Now of the Latino Commission on AIDS, shares about our community mobilization models with representatives from South Carolina.

From left to right: Erika Morillo, Laura Cahue- Community Advocate Volunteer Lowcountry AIDS Services Arecamiento Hispano, Julia Sachs- Outreach/ Hispanic Health Initiative College of Nursing Medical University of South Carolina and Mark Gray- HIV Prevention and Initiatives Coordinator Lowcountry AIDS Services

During the summit, participants were provided with information on various topics, including but not limited to:

- Social-cultural aspects of HIV/AIDS
- Fundamentals of hepatitis
- Medication adherence
- Vaccines and microbicides
- Treatment challenges specific to women
- Treatment concerns, including side effects that may be more prevalent in the Hispanic community
- Looking at populations and the impact of HIV Treatment
- Application of information
- Town Hall: Review of the National AIDS Strategy (How the successful implementation of the National AIDS Strategy requires the engagement and commitment of various sectors of the community.)

Opening Plenary: Hispanic Barriers to HIV Treatment

From left to right: Angela Hernandez- Epidemiologist, Centers for Disease Control and Prevention; Jacob A. Gayle, Ph.D.- Consultant, Director of Caribbean Programs Office of AIDS Research Office of the Director National Institutes of Health U.S. Department of Health and Human Services Social & Scientific Systems, Inc.; Carlos Maldonado- Director, Bridge to Health, Latino Commission on AIDS; Angela Williams- Community Development Coordinator, St. Jude Children’s Research Hospital

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HIV in Cuba, cont.

- Many of the social marketing campaigns target the general public. However, one campaign stated “homosexualidad no es el peligro” —Homosexuality is not the danger which shows an attempt by the government to engage in efforts to destigmatize homosexuality which can be an interesting comparison to the current debates around new social marketing campaigns by the New York City Department of health that many argue stigmatizes gay men and other campaigns out in Los Angeles that stated “HIV is a gay disease.”

- Dr. Jorge Pérez, who at one point directed the “sanatoriums”, argued: Cuba’s low incidence rate is due to the fact they acted early and treated AIDS as a public health emergency from the outset. Cuba in essence, was one of first countries to take AIDS seriously as a problem, and provide a comprehensive response combining both prevention & care.

- Patients were brought to sanatoriums to train the family & in order to have multidimensional care teams
- Blood banks emptied out and started anew. Just 20 hemophiliac cases thus far.
- Cubans who had visited Africa were tested, as were pregnant women (which now on a state by state basis in the United States we do automatically as well).
- Positive women given drugs to prevent transmission, babies delivered by caesarian section. Only 36 perinatal transmission cases.
- The first few years they tested 3.5 million. In the US, major initiatives now focus on testing.

Deep South Treatment Summit cont.

In addition participants engaged in a conversation on how structural-level interventions may directly alter the physical environments in which people live, work, play, or take risks to help reduce HIV transmission. Rather than attempting to change individual behaviors, structural interventions aim to change environments. We opened discussion with participants on how structural-level interventions can be used to promote community involvement in HIV/AIDS research and treatment.

Dr. Miriam Y. Vega, Ph.D.
Vice President, Latino Commission on AIDS, presents on social marketing strategies

The Commission looks forward to further discussions regarding the importance of treatment, access to care and research for Latinos living with HIV/AIDS in the South as improved community health outcomes are achieved when both appropriate trainings (containing up-to-date information) are provided and collaborative efforts to improve access to care are undertaken amongst community-based, treatment specialists and health care providers.