



**SHAPING
THE NEW
RESPONSE:**

**HIV/AIDS
& LATINOS**

IN

**THE
DEEP
SOUTH**

GEORGIA



GEORGIA

Table 6: **Demographic and Epidemiological Facts:**

| | |
|----------------------------------------|-----------------|
| Estimated 2007 state population (ACS): | 9,545,000 |
| Estimated 2007 Latino population (ACS) | 729,000 (7.64%) |
| Reported HIV/AIDS cases 6/30/08 | 47,315 |

Table 7: **Georgia reported overall and Latino HIV diagnoses, 2005-2007**

| Year | HIV incidence | Latino HIV diag. | Lat. % of total |
|------|---------------|------------------|-----------------|
| 2005 | 1,251 | 51 | 4.08% |
| 2006 | 1,376 | 69 | 5.01% |
| 2007 | 1,338 | 62 | 4.63% |

Note: Numbers are based on data reported as of June 2008 and are not adjusted for reporting delays.
Source: Georgia HIV/AIDS Reporting System, 2008, Georgia Division of Public Health

Table 8: **Adult and Adolescent Annual AIDS Case Rate per 100,000 Population, by Race/Ethnicity, Reported in 2006, Georgia***

| Caucasian | African-American | Latino |
|-----------|------------------|--------|
| 6.1 | 55.1 | 17.7 |

Source: Kaiser Family Foundation, www.statehealthfacts.org
(* Unlike epidemiological reports from six other states covered in this report, Georgia's rates of those living with HIV/AIDS was not reported by the Centers for Disease Control and Prevention.



DEMOGRAPHICS AND IMMIGRATION

Georgia has the largest of the new Latino communities in the South, numbering some three quarters of a million people, over 7 percent of the state population. The largest Hispanic concentration is in the greater Atlanta area including exurban counties. The 1996 Olympic Games stimulated an early burst of Latino immigration as contractors sought cheap, short-term labor to maximize profits. Poultry processing plants, which have grown rapidly, are another large employer of immigrant labor throughout the state despite the ongoing crackdown on the undocumented. Statewide, Hispanic children make up nearly 10 percent of enrollment in grades K through 12.¹⁷

There are pockets of very high concentrations of Latino residents elsewhere. Latinos now comprise about 25 percent of the population in the city of Gainesville in Hall County 40 miles northeast of Atlanta. Half of the city of Dalton in northwest Georgia is now Latino; they dominate the workforce in the huge carpet manufacturing industry there. Some Dalton public schools now are

80 percent Hispanic, and over half the 2400 births that occurred in the county hospital in 2006 were to Hispanic mothers.¹⁸

Many Latino newcomers have low educational attainment: a study of over 2,000 poultry plant workers found that less than 1 percent had finished high school.¹⁹

The anti-immigrant backlash in Georgia is among the most severe in the U.S. A new law, known as '526,' took effect in July 2007 and bars non-residents from most social services while requiring police and employers to report undocumented workers. Another measure attempted to prohibit the children of unauthorized residents from school enrollment, despite long-standing Supreme Court rulings against this type of restriction. According to an advocate, the measures signaled a 'real change in the atmosphere.'²⁰ Medical personnel fear that both HIV and tuberculosis could experience an upsurge as immigrants avoid health departments around the state.

Like other areas of the South, Georgia's Latino immigrants tend to be poorly educated men of rural origin who are the first in their families to make the journey. A church service director commented that the men 'come from very oppressed situations and suddenly find themselves with money in their pockets but very isolated and lonely.'²¹

17. Georgia Department of Education <http://app.doe.k12.ga.us/>

18. América Gruner, Northwest Georgia Health Partnership, personal communication, December 2006.

19. Veronica Stowe, North Georgia AIDS Alliance, personal communication, December 2006.

20. Teodoro Maus, Georgia Latino Alliance for Human Rights (GLAHR), personal communication, December 2006.

21. Pilar Castañeda, Iglesia Espíritu Santo, Sandy Springs, personal communication, December 2006.



One particularly notorious episode relevant to HIV/AIDS work occurred in 2006 when a staff member at Atlanta's Grady Memorial Hospital reported a woman to the police for presenting a false Social Security number. The woman was arrested and faced deportation, and the story spread rapidly throughout the Latino community, further intensifying the fear of seeking health services and damaging outreach efforts.²²

HIV/AIDS

Latinos now comprise between 4 and 5 percent of the roughly 1300 new cases of AIDS reported in the state annually. Because Georgia only established mandatory HIV reporting in 2004, previous statistics are based on AIDS cases only.

Overall, HIV/AIDS in Georgia mirrors the U.S. epidemic: concentration among African-Americans (over 75 percent of all new AIDS diagnoses), especially through homosexual transmission, with women the fastest-growing sector in percentage terms. 'High-risk' Latinos are considered a 'special population' for epidemiological purposes in the state's Comprehensive HIV Prevention Plan 2008 although not one of the six 'priority populations.'²³

GOVERNMENT

Government response to HIV/AIDS in the state and especially in the Atlanta metropolitan area is affected by the decentralized administrative model in public health in which county boards of health are responsible for their areas and sometimes direct providers of services. The Atlanta metropolitan area is divided into five counties (Fulton, DeKalb, Cobb, Gwinnett and Clayton), which operate with considerable autonomy.

Mid-level county officials in charge of HIV and/or STD programs in Fulton and DeKalb counties are sensitive to the specific problems facing Latino residents, including awareness of gaps in services and the desire to improve them. Gwinnett County assigns full responsibility for HIV/AIDS to a local nonprofit. However, department employees often feel they do not have strong support from their superiors, an environment aggravated by the 2007 state legislative action.

22. Greg Bautista, AID Gwinnett, personal communication, December 2006.

23. Georgia Prevention Community Planning Group, Comprehensive HIV Prevention Plan 2008 accessed Nov. 7, 2008 at <http://health.state.ga.us/pdfs/epi/hivstd/HIV%20Comprehensive%20Plan%202008%20.pdf>



CURRENT SERVICES

AID Atlanta is one of three ASOs that target Latinos in the Atlanta metropolitan area along with AID Gwinnett and Mercy Mobile Health Care. All provide at least some clinical services. Positive Impact is also available for bilingual mental health services although it suffered funding cutbacks in 2006.

AID Atlanta is the largest ASO in the city and serves about 350 active clients, 40 of whom (11%) are Latinos. It employs a bilingual outreach worker. An administrator said the case management system is inadequate for undocumented clients who face ‘many gaps in the continuum’ because of the need to prove legal residence for access to many services.

DeKalb County runs its own Ryan White clinic, combining federal funding and some private donations. Approximately 20 of its 800 clients were Latinos in late 2006 or under 3 percent.²⁴ A Latino case manager was hired in 2006.

Fulton County’s health department is located directly across the street from Grady Memorial Hospital, which is the main hospital for the uninsured in downtown Atlanta. The legal situation has complicated their efforts: for example, since some agencies providing Ryan White

services now require proof of legal residency, the county may refer people to private charities instead.

An agency in Hall County northeast of Atlanta has been active in reaching Latino residents, who constitute a quarter of the area’s population. A large testing initiative at a local chicken plant found widespread ignorance about HIV among young people of all races and ethnicities, suggesting a decline in basic AIDS education.²⁵ Only 0.1 percent of the tests done were positive for HIV.

Latino service organizations including health providers tend to shy away from HIV. The Latin American Association serves legal residents in the Atlanta area and sometimes cooperates with HIV testing efforts. Meanwhile, HIV-positive Latinos remain reluctant to take a visible role and are anxious to keep their diagnoses a secret even from immediate family members.²⁶ Only one HIV-positive Latino in the state, a Puerto Rican professional, has gone public about his status to date.

Gwinnett County has the largest number of Latino residents in the state, and AID Gwinnett carries a caseload of 300 of whom 20 to 25 percent are Latinos. Transportation is available for locations within the county, and a nurse practitioner runs a monthly satellite clinic as an alternative.

24. Jackie Clemons, DeKalb County Health Department, personal communication, December 2006.

25. Angel Randolph, North Georgia AIDS Alliance, personal communication, December 2006.

26. Greg Bautista, AIDS Gwinnett, personal communication, December 2004.



Outreach to the large but unorganized gay Latino community in Atlanta is sporadic.

The Northwest Georgia Health Partnership affiliated with the Dalton hospital runs a weekly clinic at a local detention center. A Latino doctor reported many cases of herpes and prostatitis, possibly related to incomplete treatment of STDs in the men's home countries; he found that HIV cases detected frequently included a co-diagnosis of tuberculosis or toxoplasmosis.

A Spanish-speaking HIV-positive group sponsored by Positive Impact gathers biweekly at a local agency, the only such group known to exist in the seven-state region. At a private group interview, participants emphasized their complete ignorance about HIV prior to receiving the diagnosis. They also reported that services continue to place new obstacles in their way, such as insistence on Social Security numbers or a driver's license knowing that the undocumented will not file a complaint.

Networking among nonprofit groups occurs through the Community Planning Group meetings although many smaller nonprofits do not attend. County HIV program employees concurred that HIV-related issues are discussed horizontally but without sufficient guidance from a central authority. The Mexican consulate's health liaison officer in Atlanta hosts a monthly meeting to discuss a range of health issues and regularly sponsors health-related events.

STRATEGIES

Georgia's Office of Minority Health began a program known as "TAKE" (Take Action, Keep Educated) to eliminate health disparities among Georgia's minority populations and to help minority community-based organizations develop HIV/AIDS programs. One outcome of this initiative was the formation in 2008 of a Community of Practice (CoP) to address the special issues related to HIV/AIDS among Latinos in Georgia. TAKE created working groups in a number of areas including: service delivery, data collection, appropriate messaging, culturally appropriate school-based HIV/AIDS education; community participation; and advocacy.

OCTOBER 2008 FORUM

TAKE and the Commission convened a Forum on HIV/AIDS and Latinos in Georgia in October 2008 in Atlanta to address HIV/AIDS prevention and care issues for Georgia's large Latino population. The working groups previously established will convert the recommendations that emerged from that meeting into proposals for action.