

Addressing HIV/AIDS in Latino Communities: Community Challenges and Initiatives

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La Clinica del Pueblo



La Clinica del Pueblo

- Serves uninsured Latino immigrants in DC area with free, comprehensive health care
- Majority of clients are Central American immigrants with history of war and trauma, rural origin, limited access to health care
- Founded in 1983, La Clinica is of the few private, non-profit Latino community-based comprehensive health services clinic in the Washington area



La Clinica's HIV Department

- First client in 1985; funded locally with Ryan White since 1993 for direct services, directly-funded by CDC since 1999 for prevention
- Services include primary medical care, case management, mental health and substance abuse services, nutritional counseling, support groups, interpreter services, outreach, group interventions for vulnerable populations, C+T, special initiatives
- Target population broad and inclusive: heterosexual, GBT, churches, families



HIV/AIDS in our Community

- Late Diagnosis and Entry to Care
- Unequal Access to Quality Care
- Hostile Climate towards Immigrants
- Increasing Number of New Infections



Barriers Related to Data

- Lack of accurate data on number of Latinos living with HIV and AIDS
- Lack of accurate information on size of the population
- Lack of data about country of origin
- Stigma of AIDS, homosexuality related to identification of risk category
- Lack of behavioral studies related to risk behavior of Central American communities
- Little research on appropriate models of care and effective interventions



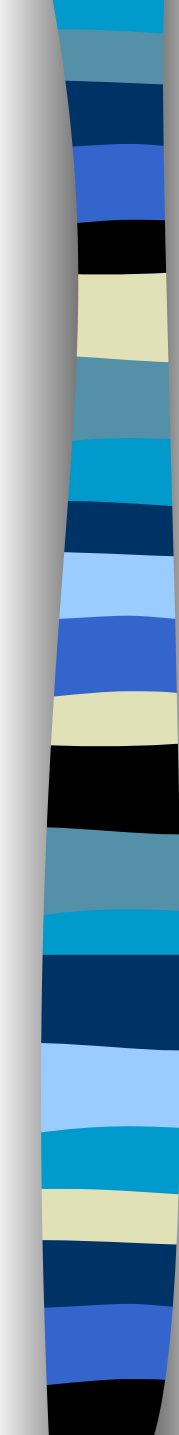
Sociocultural Barriers to Prevention, Early Detection, and Adherence

- Lack of access to health care in country of origin
- Significant differences in health systems (formal and informal) between country of origin and US
- Linguistic isolation
- Low levels of literacy in Spanish



Sociocultural Barriers to Prevention, Early Detection, and Adherence

- Lack of health insurance, ineligibility for federal health programs like Medicaid, Medicare
- Low socioeconomic status places prevention and treatment low on hierarchy of needs
- Lack of linguistically and culturally appropriate, geographically accessible services



Sociocultural Barriers to Prevention, Early Detection, and Adherence

- Immigration issues
- Lack of family/support structures
- Health beliefs and attitudes related to HIV and AIDS
- Taboos around sexuality
- Stigma of HIV/AIDS within community



La Clinica's Model of Care: Direct Services

- Bilingual/Bicultural
- Services on-site/co located
- Interdisciplinary
- Supplementary services woven into visits
- Flexible, Extra Time
- Warmth
 - 80% of clients have undetectable or decreasing viral loads



La Clinica's Model of Care: Prevention and Early Detection

- Use of “promotores de salud” or health promoters
- Utilizes and builds on existing resources within community to provide culturally appropriate interventions designed by peers
- Allows for broader reach of organization
- Development of leadership among community members



La Clinica's Model of Care: Prevention and Early Detection

- 3000 Latina heterosexual men and women reached in 2001 with individual interventions (KAB information)
- Support groups, arts program, and educational materials developed in areas of unmet need for gay, bisexual, and transgender Latinos
- Community “sentinel” system for new areas of risk



La Clinica's Model of Care: Prevention and Early Detection

- Free, walk-in services
- On and offsite testing
- Community counselors
- Counseling and testing in churches, homes, parks-- "Domingo Saludables"
- Phone card incentives



Lessons Learned: Prevention, Early Detection, and Care

- Need to take services to population
- HIV prevention as access point to many services
- Effective prevention, early detection, and care for Latin@s require additional time, building of “family”
- Importance of trusted CBOs and individuals in provision of services



Challenges of New Policy Directions: Faith-Based Initiatives

- La Clinica surveys with 230 members of 8 Catholic and Evangelical Latino churches:
 - 44% did not believe Latinos living with HIV were supported in Latino churches
 - 79% had never discussed HIV with pastor or priest; 61% never discussed at their own clinic
 - 44% believed being “being faithful” protects from HIV, but 65% never tested for HIV



Challenges of New Policy Directions: Advancing HIV Prevention

- Voluntary, routine medical testing in the context of millions of uninsured Latin@s
- Focus on “prevention for positives” at expense of larger at-risk population
- Undercount of Latinos in data, lack of information on risk factors affects will affect funding adversely



Recommendations

- **Support data collection and research on Latin@s and HIV**
 - country of origin, language needs
 - epidemiology
 - behavioral research
 - culturally-appropriate models of care
- **Specific funding streams for prevention, research, and care programs for Latin@s that address community as well as individual factors**



Recommendations

- **Capacity-building for Latino CBOs, particularly in clinical services and infrastructure development**
- **Capacity-building and training around HIV/AIDS issues in Latino churches, traditional clinic settings**
- **Ongoing emphasis on access to care, linguistic and culturally-competent services for Latin@s**



Recommendations

- **“Family” approach- with inclusive and broad definition of family**
- **Inclusion and parity for all Latin@s in existing care programs (RW, ADAP)**
- **Address stigma as barrier to care and prevention**
- **Vigilance and advocacy around human rights of Latino immigrants living with HIV**