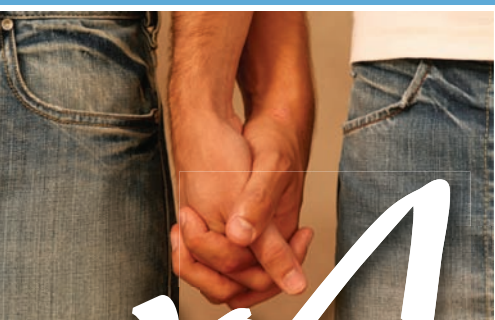


A Call to Action



¡Adelante!

*Strengthening the Response to
HIV/AIDS and Viral Hepatitis
in Latino Communities*



A person is shown from the chest down, sitting and playing a djembe drum. They are wearing a light-colored t-shirt and blue jeans. Their right hand is raised in the air, palm facing forward, while their left hand rests on the drumhead. The drum is made of wood with a light-colored, textured skin head and a dark, braided rope around the rim. The background is dark. A semi-transparent orange rectangle with white curly braces on the left and right sides is overlaid on the person's torso, containing the word 'Adelante' and its definitions.

Adelante

adv.

Forward, onward, ahead

interj.

Expression of order or incitement to do a task

¡Adelante!

Strengthening the Response to HIV/AIDS and Viral Hepatitis in Latino Communities¹

Introduction

In 2003, the National Alliance of State and Territorial AIDS Directors (NASTAD) released a policy document entitled *Addressing HIV/AIDS: Latino Perspectives and Policy Recommendations*. The intent of the document was to increase synergy between the federal, state, and local public health systems in order to halt the devastating impact of HIV/AIDS in Latino communities. Since the release of this document, state and local health departments have responded by allocating additional funding, designing and implementing innovative programming, and dedicating staff and other resources to confront the burgeoning HIV/AIDS epidemic in Latino communities. In addition to implementing new HIV prevention and care programs, many state and local health departments have implemented multidisciplinary approaches to integrating HIV and viral hepatitis programs despite limited resources, relying on partnerships with multiple public health agencies and community organizations. Together, we have begun to build the capacity and infrastructure needed to effectively address these diseases in our communities.

Unfortunately, these and other efforts have not proven entirely successful in decreasing national rates of new HIV infections in Latino communities. Public health officials must thoroughly examine and understand the landscape of the HIV and viral hepatitis epidemics in Latino communities, strategically collaborate with key stakeholders and organizations, and demand a national commitment and response to guarantee that goals are established and next steps are implemented.

NASTAD is releasing this *Call to Action* to heighten awareness of the current state of HIV/AIDS and viral hepatitis in Latino communities and to urge stakeholders to scale-up their efforts to address these epidemics. **The time to act is now! ¡ADELANTE!**

Embracing the Dimensions of Latino Communities

Latinos represent the largest and youngest minority group in the U.S., totaling 45.5 million individuals in 2007, or 15.1 percent of the total population.² Between 2000 and 2006, Latinos accounted for one-half of the nation's population growth, increasing by 24 percent or at a rate four times that of the overall population (six percent).³ According to the U.S. Census Bureau, the Latino population is projected to triple from 47 million to 133 million between 2008 and 2050.⁴ With that projection, one in three U.S. residents will be Latino in 2050, a doubling from 15 percent to 30 percent.⁴ In 2007, five states accounted for nearly 31 million Latino individuals (67 percent) of the total Latino population in the U.S. (see Figure 1).

Between 2006 and 2007, Texas had the largest numerical increase of its Latino population (308,000),

Figure 1. Top Five States by Latino Population Size: 2007

Rank	State	Population Size
1	California	13.2 million
2	Texas	8.6 million
3	Florida	3.8 million
4	New York	3.2 million
5	Illinois	1.9 million

Source: U.S. Census Bureau, *Population Estimates July 1, 2007*

followed by California (268,000) and Florida (131,000).² At forty-four percent, New Mexico has the highest proportion of Latinos of any U.S. state, with California and Texas (36 percent each) next in line.² Sixteen states have a population of at least 500,000 Latino residents:² Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Massachusetts, Nevada, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Texas, and Virginia.

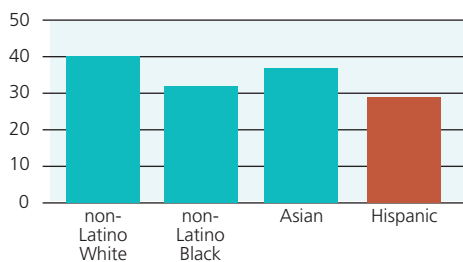
Additionally, certain regions in the U.S. have recently seen an increase in the movement of Latinos into cities and states which, historically, have not had a sizeable Latino presence (see Figure 2).

Figure 2. Top Five States by Latino Growth Rate: 2000 to 2006

Rank	State	Growth Rate
1	Arkansas	60.9
2	Georgia	59.4
3	South Carolina	57.4
4	Tennessee	55.5
5	North Carolina	54.9

Source: U.S. Census Bureau, *Population Estimates July 1, 2000 to July 1, 2006*

Chart 1. Median Age by Race and Ethnicity: 2007



Source: U.S. Census Bureau, *Population Estimates July 1, 2007*

In 2007, the Latino population had a median age of 27.6 years, compared with the population as a whole at 36.6 years (see Chart 1). What is more telling, approximately 34 percent of the Latino population was younger than 18, compared with 25 percent of the total population.²

While a majority of Latinos share Spanish as a common language, to exclusively look at Latinos as a homogeneous group based solely on language fails to acknowledge the rich ethnic diversity of Latino communities and results in an assumption that all Latinos will seek similar health and wellness approaches. Latinos represent a variety of races, countries of origin, as well as political and religious beliefs. Some are foreign born while others have had families living in the U.S. for several generations. Among many others, they are Cuban, Dominican, Mexican, Ecuadorian, Colombian, Argentine, Venezuelan, Brazilian, and Puerto Rican. Many identify first as a nationality, and second as part of a larger Latino community.

Despite cultural and behavioral differences, Latinos share common factors that may place them at increased risk for HIV and viral hepatitis, including: discrimination, stigma, homophobia, socioeconomic hardship, abuse/violence, poverty,

rigid gender roles and expectations, high rates of migration, isolation from family and country of origin, cultural beliefs, and marginalization.

Recognizing the cultural nuances of heritage, country of origin and regional differences within the U.S. is paramount to effectively address the HIV and viral hepatitis epidemics among Latinos. As the largest and fastest growing ethnic minority group in the U.S., addressing the impact of HIV and viral hepatitis in Latino communities must take on an increased importance in efforts to improve the nation's health. Changing trends and migration patterns in Latino communities create specific demands on public health services and therefore require a creative, coordinated and thoughtful scale-up of public health services. It is imperative that adequate resources are allocated and prioritized for Latinos in states with high concentrations of Latinos as well as in those showing increases in Latino populations.

Including Latino Perspectives: A Reshaping of the Discourse and Perception

Due to various political, cultural and linguistic barriers, the HIV and viral hepatitis epidemics among Latinos have often not received adequate attention in the overall response to reducing and/or eliminating new infections. While there have been recent efforts to include Latino perspectives in other documents and initiatives highlighting the HIV and viral hepatitis epidemics in minority communities, these efforts will likely not prove effective if concepts of *power and privilege* are not examined.

The concept of *power and privilege* refers to the advantage and dominance of one group over others, and commonly applies in race, gender, and sexuality issues. Many times the manifestation of *power and privilege* is institutionalized and serves to perpetuate the cycle of oppression of one or more groups of people by the dominant group.

Power and privilege create an uneven “playing field” and lead to inequities, gaps in services and a higher percentage of co-morbidities and poor health outcomes.

The impact of *power and privilege* as it relates to class, gender, race, sexual orientation, and immigration status serves to augment infection risks for members of Latino communities in the U.S. and its territories. It is critical to reprioritize and scale-up efforts and strategies to address HIV and viral hepatitis in Latino communities while acknowledging the challenges associated with *power and privilege*. Moreover, it is imperative that leaders working within medical and public health systems, as well as persons historically in positions of power, acknowledge the imbalanced structures that create these poor health outcomes and work to address these imbalances for less privileged persons.

It is the role of leadership across the large spectrum of players in Latino communities that will inevitably turn the tide of the epidemics. Latino leaders must participate in discussions regarding the HIV and viral hepatitis epidemics and guarantee that a new generation of vibrant voices are cultivated and

Seguir Adelante
- To continue or persevere

empowered. This *Call to Action* underscores the urgency for local and state health departments and key stakeholders to reshape discussions, perceptions and respond appropriately to the HIV and viral hepatitis epidemics in Latino communities.

Shared Realities among Diverse Latino Communities

Over the past 25 years of the HIV epidemic, many of the efforts to address HIV/AIDS have been driven by a deficit model, which focuses on problems in communities rather than examining their resiliency. Focusing solely on barriers and gaps within communities can unknowingly contribute to stigma, reinforce high-risk behaviors and neglect the presence and power of protective behaviors for prevailing over adversity that many communities employ. To that end, while acknowledging that risk occurs within a variety of contexts and situations, this *Call to Action* intends to also showcase the omnipresent resiliency elements found within Latino communities.

Despite cultural and behavioral differences, Latinos share common factors that may place them at increased risk for HIV and viral hepatitis. However, some of these common factors may also influence resiliency of Latinos in the U.S. and thus impact their overall health and well-being.

Acculturation

Acculturation is the extent to which an individual has adapted to a new culture. The process of acculturation is a complex synthesis that requires negotiating one's relationship with his/her culture of origin and the new host culture. With respect to Latino communities in the U.S., there

are many variables that influence acculturation: length of time in the U.S., whether the individual speaks English, having family members in the U.S. prior to arrival, and educational attainment.

Researchers have found high levels of acculturation to be both protective of as well as influencing risk. Some protective factors that have been noted with acculturation include: overall healthier behaviors, increased comfort levels with communicating safer sex desires, a greater knowledge of health issues, and a greater likelihood of seeking care and treatment.⁵

However, Latinos often find themselves coping with high levels of stress associated with acculturation, including: uncertainty about the new culture, fear about how to adapt to the new culture, concerns about learning a new language and losing one's language of origin, and managing the dominant values of the new culture. Due to enhanced stress levels, Latinos often resort to engaging in behaviors that increase the risk of HIV and viral hepatitis acquisition, including an increased number of sex partners, greater incidence of unprotected sex, and higher likelihood of substance use.

Machismo

It is often noted in Latino cultures that there is a widespread sense of an exaggerated masculinity among men, otherwise known as *machismo*. The role of the male is characterized in

terms of virility and sexual prowess, independence and physical strength, courage, aggression, domination, and invulnerability. As a result, *machismo* has been found to lead heterosexual and gay/men who have sex with men (MSM) Latino men to engage in risky sexual behaviors.⁶

It is also believed, however, that *machismo* may have positive implications for HIV prevention and treatment, including the notion of strength and protection of the family. While normally considered negative, HIV and viral hepatitis prevention materials may have the potential to redefine characteristics of *machismo* by emphasizing the positive notions of strength and protection of family.⁷

Importance of "Family"

The family has long been viewed across all Latino cultures as the most influential factor in the lives of Latinos, as well as central to their health and well-being. It is family unity that is often a key element in the successful adaptation and advancement of Latinos living in the U.S. Individualism is less valued than *familismo* – the strong identification and attachment to nuclear and extended family. Thus, the needs of the family often supersede those of the individual.

Reports and studies have noted that the concept of familismo in Latino communities includes a perceived obligation to provide material and





emotional support to the members of the extended family, reliance on relatives for help and support, and the perception of relatives as behavioral and attitudinal referents.¹¹ These dimensions remain fairly

strong among Latinos across generations and regardless of the length of time living in the U.S.¹²

In reverse, familial and greater societal rejection that some Latinos experience due to sexual orientation or gender identity can have negative implications for the mental and physical well-being of Latinos who identify as gay or transgender. For this reason, prevention messages and strategies must be appropriately tailored to meet the needs of Latinos who identify as gay or transgender.

Research has found that when parents and adolescents are comfortable communicating, adolescents have an increased tendency to reject high-risk behaviors.^{13,14} The potential role of parents in reinforcing healthy sexual behavior represents a critical and often missing link in U.S.-based prevention strategies that emphasize

Llevar Adelante

- To make an issue, project or initiative work well

individual behavior as the key to HIV and viral hepatitis prevention messages and strategies.

Religion and Culture

Research suggests that one effective way to prevent the spread of HIV and viral hepatitis among Latinos may be found in the contours of religion and culture. These two factors often heighten the role of stigma and fear in the effective implementation of prevention interventions. Latino cultural and social practices tend to discourage open communication regarding issues of sexuality and also contribute to risky behaviors.

HIV/AIDS in Puerto Rico: Current Epidemic Shaped by Historical Context

Borinquen (Puerto Rico), as referred to by the Tainos (indigenous population of Puerto Rico), has endured a long history of colonization since being claimed by the Spanish crown in 1508. As Puerto Ricans were establishing autonomy from Spain, Spain and the U.S. began active military conflict as part of the Spanish-American War of 1898. The U.S. military arrived on Puerto Rico's southern shores as part of that conflict and, at the conclusion of hostilities; Puerto Rico was ceded to the U.S. with signature of the Treaty of Paris of 1898. This treaty allowed the island to remain under U.S. military administration. Puerto Ricans were granted U.S. citizenship under the Jones Act in 1917, but it was not until 1952 that Commonwealth status was negotiated and granted to Puerto Rico.

Since that time, the island's complex historical relationship with the U.S. and the dynamics of power and privilege caused by this relationship¹⁵ have resulted in multitude of social, health and economic disparities for Puerto Ricans living on the island, as well as in the U.S. Issues related to the historical underpinnings of colonialism have also had an impact on the Commonwealth's ability to respond to social and health issues impacting Puerto Ricans.

Under Commonwealth status, residents of Puerto Rico enjoy fiscal autonomy and are not subject to U.S. income taxes. However, residents of Puerto Rico pay certain U.S. federal taxes (e.g., import/export, federal commodity, and

social security taxes) and the island has become one of the most important and easily accessible consumer markets for U.S. corporations. Though residents are not required to pay federal income tax they do pay federal payroll taxes (Social Security and Medicare) as well as Puerto Rico income taxes. Accordingly, Puerto Ricans who work and contribute are eligible for U.S. Social Security benefits upon retirement.

Puerto Ricans are not eligible for Supplemental Security Income (SSI) and the Commonwealth is subject to an arbitrary limit on federal participation in its Medicaid program (the Medicaid cap), receiving approximately 20 percent of the Medicaid funding it has been allocated in statute. In addition, while Medicare providers pay fully into the system, they receive only partial reimbursements for services rendered to beneficiaries in Puerto Rico.

In 2003, the size of the Puerto Rican diaspora living in the United States exceeded that of the island for the first time. The development of an air-bridge – routine transnational migratory movement between many cities in Latin America, the Caribbean and the U.S. – has been tied to the weakening of the island's economy. This weakening is a result of the island's unique relationship with the U.S. as well as other factors, including changes in U.S. tourism spending since September 11, 2001, outsourcing and relocation of manufacturing to Asia, and the slowdown of the U.S. economy.^{16,17} While the Puerto Rican air-bridges of the past landed in the northeastern region of the U.S., at present, when Puerto Ricans are electing to move, they are now more often moving to Florida and other areas in the southeastern U.S.¹⁸

Religion is believed to play a key role in the smooth transition into mainstream U.S. society and often serves as a form of community development and social support. Incorporating religious and cultural messages into HIV and viral hepatitis prevention and intervention efforts is critical in order to mount effective responses.

However, there are several barriers that impede strong partnerships with Latino faith-based communities, including: overall ignorance on transmission of HIV and viral hepatitis by faith leaders, lack of educational materials available specifically targeting religious institutions and translated into Spanish, and an automatic perception by some faith leaders that HIV/AIDS is solely correlated with homosexuality, promiscuity, substance abuse or other factors believed by some to be immoral.

Socio-Economics

While poverty rates remained statistically unchanged between 2006 and 2007 for non-Latino whites (8.2 percent), non-Latino blacks (24.5 percent) and Asians (10.2 percent), the poverty rate among Latinos increased from 20.6 percent to 21.5 percent.⁸ Problems associated with poverty among Latino communities include: persistence of unemployment, a lack of formal education, inadequate health insurance, and limited access to quality health care.

- In 2007, 32.1 percent of the Latino population was uninsured, much higher than non-Latino whites (10.4 percent), non-Latino blacks (19.5 percent), and Asians (16.8 percent).⁸
- Among Latinos aged 25 years and older, 60 percent earned a

high school diploma, compared with 86.1 percent of non-Latino whites.⁹

- Only 13 percent of Latinos 25 and older reported having a bachelor's degree or higher in 2007, compared to Asians (52 percent), non-Hispanic whites (32 percent), and blacks (19 percent).⁹

All these factors likely increase the risk for HIV transmission and acquisition. Studies have also found that Latinos face a labor market in which they have fewer jobs, lower wages, fewer career opportunities, lower rate of health insurance coverage and lower quality of coverage, and declining pension coverage relative to their non-Latino counterparts.¹⁰

As in any region of the U.S. with a highly mobile population, the legal freedom to migrate presents a challenge for the coordination and continuity of HIV/AIDS care and prevention services. In this context, recent migratory patterns of Puerto Rico underscore the need for both prevention and surveillance activities, as well as even greater emphasis on a need for both regional cooperation and collaboration between individual HIV/AIDS programs.

Puerto Rico has been hard hit by the HIV/AIDS epidemic. Ranked second among the 38 areas with confidential name-based HIV infection reporting, Puerto Rico had an estimated 17,221 people living with HIV/AIDS at the end of 2006.¹⁹ According to the Puerto Rico HIV/AIDS Surveillance Program, injection drug use is the primary mode of exposure in Puerto Rico, representing over 49 percent of cumulative AIDS cases reported as of September 2008. Additionally, heterosexual and MSM transmission made up 25 percent and 17 percent of all reported AIDS cases, respectively, as of September 2008. Heterosexual transmission, however, increased to 35 percent of all reported AIDS cases from 2001-2006.

In Puerto Rico, prevention services would benefit greatly from additional funding. Like other jurisdictions with stark contrast between urban and rural environments, care services are largely concentrated in the island's metropolitan areas, particularly the largest eligible metropolitan area (EMA) of San Juan. Consequently, Puerto Ricans living in the interior and rural parts of the island must often travel long distances to access services, exacerbating the challenges to coordinating care services and facilitating adherence to treatment.

Studies have demonstrated the inherent link between HIV risk and aspects of poverty. The following demographics are based on the American Community Survey and the Puerto Rico Community Survey conducted in 2006.^{20,21}

Among all 50 states and the District of Columbia:

- Puerto Rico has the largest average family size (three) and the lowest average family income (\$20,425);
- At 66 percent, Puerto Rico has the lowest percentage of the population 25 and older with a high school diploma or more;
- At 56 percent, Puerto Rico has the highest percentage of children under 18 years of age living below the poverty level in the past year;
- At 45 percent, Puerto Rico has the highest percentage of the population reported to be living below the poverty level in the last year; and Puerto Rico has the lowest employment ratio at 47 percent.

Facing the HIV/AIDS and Viral Hepatitis Epidemics in Latino Communities

Latinos in the U.S. and Puerto Rico continue to be disproportionately affected by the HIV epidemic, accounting for a greater proportion of AIDS cases than their representation in the U.S. population. They have the second highest AIDS case rate in the nation by race/ethnicity.²² In 2006, Latinos represented approximately 14 percent of the total U.S. population but accounted for 19 percent of new AIDS diagnoses and 19 percent of all people living with AIDS in the 50 states the District of Columbia and Puerto Rico.²² Estimated AIDS prevalence among Latinos increased by 27 percent between 2002 and 2006, compared to a 19 percent increase among non-Latino whites.²² In 2005, the rate of HIV/AIDS cases among the Latino population was more than three times greater than non-Latino whites.²³

The stigmatization of HIV/AIDS in Latino communities often impacts self-esteem and self-efficacy of members of specific at-risk groups (e.g., gay men and other MSM, transgender individuals and people who inject drugs). As a result, stigma negativity interferes with HIV and viral hepatitis testing, counseling and treatment. Among Latinos who tested HIV positive in 2005, 42 percent were tested for HIV late in their illness compared with 38 percent of non-Latino blacks and 35 percent of non-Latino whites.²³ Studies have shown that individuals that learn they are HIV positive modify their behavior to reduce the risk of HIV transmission.²⁴ Moreover, early knowledge of HIV status has demonstrated to be an important factor for linkage to medical care and services that help reduce morbidity and mortality and

improve quality of life.²⁴ However, deaths among Latinos with AIDS remained stable between 2002 and 2006 while both non-Latino blacks and non-Latino whites experienced significant decreases.²²

Additionally, viral hepatitis infection is a significant concern among people who engage in high risk behaviors such as injection drug use, high risk sexual practices, or sharing of intranasal inhalant devises. Hepatitis B (HPV) and hepatitis C (HCV) rates are higher among Latinos than non-Latino whites. In 2004, chronic liver disease was the seventh leading cause of death for all Latino men and the fourth leading cause of death for Latino men aged 45-54.²⁵ Latinos are almost twice as likely to die from viral hepatitis than non-Latino whites.²⁵ Total new cases of HCV have declined since 1989, although new cases in

Sacar Adelante

- To do something that has a good development or good ending

Latinos are increasing.²⁵ One study suggests that Latinos experience more aggressive chronic hepatitis C infections and have a higher risk of developing cirrhosis.²⁶ While there is treatment for chronic hepatitis C infections, studies suggest that Latinos are less likely to benefit from these treatments.²⁶

ADELANTE with the Progress: A Call to Action

There has been increased momentum in addressing the Latino HIV epidemic in recent years. In 2003, NASTAD released *Addressing HIV: Latino Perspectives & Policy Recommendations* which provided a thorough review of the social and contextual factors that have contributed to disproportionately high HIV infection rates and AIDS diagnoses within Latino communities.

With this *Call to Action*, NASTAD reaffirms its commitment to providing a comprehensive approach to addressing health disparities among Latino communities and by integrating viral hepatitis and other sexually transmitted disease(s) (STDs) discussions into all aspects of HIV prevention, care and treatment programming efforts and recommendations.

This *Call to Action* presses upon state and local health departments, federal agencies, policymakers, non-governmental organizations, media outlets and other community entities to reassert their roles as leaders in the

Figure 3. Number of Latinos Estimated to be Living with AIDS: Top Ten States/Areas, 2006

Rank	State	Latinos Living with AIDS
1	New York	27,708
2	California	18,230
3	Puerto Rico	10,986
4	Texas	8,695
5	Florida	8,492
6	New Jersey	3,611
7	Pennsylvania	2,574
8	Illinois	2,500
9	Connecticut	2,313
10	Massachusetts	2,108

Source: Kaiser Family Foundation, www.statehealthfacts.org Data Source: CDC, Division of HIV/AIDS Prevention-Surveillance and Epidemiology, Special Data Request; March 2008.

fight against HIV and viral hepatitis in Latino communities. NASTAD challenges stakeholders with the following recommendations:

EXPAND PROGRAMMING AND SERVICES

- Examine the quality of existing resources, programs, and services targeting Latino communities. Target programs that effectively address myriad of concurrent factors impacting the HIV, STD and viral hepatitis epidemics in Latino communities, including acculturation, socioeconomic status, immigration, and beliefs and practices stemming from country of origin. New resources should be prioritized to jurisdictions with sizeable Latino communities, as well as jurisdictions with emerging Latino populations.
- Support public health coordination and collaboration with other state government agencies and bureaus, such as maternal and child health, education, mental health, substance abuse prevention and treatment, juvenile justice, violence prevention, and emergency preparedness.
- Improve access and maintenance of care to systematically address lack of health care insurance across all segments of Latino communities.
- Support the design, implementation and evaluation of evidence-based, culturally- and linguistically-appropriate interventions and programs that focus on Latinos at high-risk of HIV, STD and viral hepatitis acquisition.
- Support educational efforts targeting Latino communities via creative public information and awareness campaigns about HIV,

STD and viral hepatitis, as well as the availability and location of services locally.

- Develop and fund programs for Latino communities that confront homophobia, transphobia,²⁷ stigma, classism and racism.
- Work to improve the coordination of services for Latinos within and between states/territories and local jurisdictions.
- Ensure that coordination and continuity of care efforts are established, enhanced and maintained between the mainland U.S., Puerto Rico and along the U.S./Mexico border.

INCREASE AWARENESS AND PERCEPTIONS OF RISK

- Educate local and national stakeholders – such as: policymakers, media outlets, federal agencies and the general public – about health disparities their causes, and evidence-based strategies for addressing specific issues across Latino communities.
- Inform elected officials, particularly Latino representatives in state legislatures, of the impact of the HIV, STD and viral hepatitis epidemics among Latino communities in their local jurisdictions.
- Develop, implement and evaluate programs targeting Latino communities that are proven effective in increasing the perception of risk of contracting HIV, STD and viral hepatitis.
- Organize regional/state Latino-specific forums and key-informant interviews to better assess current facilitators and barriers to serving local Latino communities.

“Unless we begin to develop within each one of the Latino communities the leadership, we will not advance as a community because we are not really a Latino community, we are a conglomerate of separate countries and each one of them has to identify their leaders and each one has to advocate so one day, we could become one.”

- NASTAD, “Addressing HIV/AIDS: Latino Perspectives and Policy Recommendations

STRENGTHEN AND ESTABLISH PARTNERSHIPS

- Build and strengthen partnerships with key national, regional and local stakeholders – policymakers, community-based organizations, media outlets, faith-based organizations, research institutions, corporate and philanthropic representatives – in an effort to increase mobilization, awareness, and community-based capacity.

- Encourage and support the participation of Latinos in broad coalitions that work to address the root causes of health and educational disparities.
- Strengthen partnerships across racial and ethnic minority communities, including African American, Native American, Asian American, Pacific Islander and Native Hawaiian communities.
- Establish and enhance collaborations among local, state, and national organizations that represent and advocate on behalf of communities of different sexual orientations, gender identities, and age groups (especially MSM, transgender women, adolescents and young adults).

FOSTER LEADERSHIP AND ORGANIZATIONAL CAPACITY

- Acknowledge and seek out the contributions and counsel of Latino leaders regarding critical public health issues and decisions affecting Latino communities.
- Develop Latino leadership and expertise within the federal, state and local public health systems.
- Provide capacity-building assistance to support and strengthen Latino community-based organizations nationwide, especially those that serve high risk Latino communities.
- Increase health department capacity to address cultural and linguistic competency by actively recruiting, retaining and developing Latino staff.
- Develop and support coalitions and advocacy initiatives that work to enhance leadership within Latino communities. These efforts can include state advocacy networks made up of specific Latino populations or comprehensive public health and wellness coalitions.
- Enhance opportunities for professional development of current Latino health department and CBO staff members and provide outlets for promotions to senior level positions.
- Ensure representation of Latinos, particularly those at highest risk, in advisory boards, community planning groups and coalitions and in the planning, implementation and evaluation of programs targeting Latino communities.

ENHANCE RESEARCH AND DATA COLLECTION EFFORTS

- Develop and support strategic partnerships with researchers, colleges and universities, and other institutions conducting biomedical and behavioral research targeting Latino communities.
- Strengthen quality data collection and reporting efforts for populations at highest risk in Latino communities with a focus on describing risk behaviors, gender identities, country of origin and social and family networks.
- Increase funding for research that focuses on the impact of nuanced cultural aspects of Latino communities, including acculturation, religion, immigration, and national and transnational migration experiences.
- Identify opportunities and resources for Latino participation in HIV and viral hepatitis vaccine and other prevention trials and ethically-sound treatment research.

A Need for Focused and Tailored Responses

This *Call to Action* highlights the continued impact of HIV/AIDS and viral hepatitis on Latino communities and demonstrates the need to assemble tailored responses that acknowledge the rich diversity residing within Latino communities, including unique socio-economic and cultural realities. Recognizing these realities, NASTAD chose to highlight segments of the Latino population in this *Call to Action* in an effort to address the needs of Latinos at highest risk for, and impacted most by HIV and viral hepatitis. Populations identified include:

- **Latino Gay Men and Other Latino Men who have Sex with Men (MSM)**
- **Transgender Latinas and Latinos**
- **Heterosexual Latinas and Latinos**
- **Latino Youth**
- **Incarcerated Latinos**
- **Latinos who Inject Drugs**
- **Latino Immigrants**

Strategies for confronting the HIV and viral hepatitis epidemics among Latino communities must account for the unique prevention and care and treatment needs of these populations. And while not all individuals in the aforementioned groups are at risk, it is the intersection of complex factors that place many individuals in these groups at greater risk for disease acquisition, including viral hepatitis and other STDs. Thus this *Call to Action* seeks to provide a clear understanding of the complex factors that contribute to increased rates of HIV and viral hepatitis in Latino communities and aims to stimulate targeted and tailored efforts that respond to these critical challenges.

Salir Adelante

- To overcome difficulties or obstacles of a situation



Latino Gay Men and Other Latino Men who have Sex with Men (MSM)

Since the onset of the HIV/AIDS epidemic among all racial and ethnic groups, gay men and other MSM have been the most impacted population. Gay men and other MSM also represent a population for which HAV and HBV vaccination is recommended. These realities are no different for Latino gay men and other Latino MSM.

Addressing the prevention and care and treatment needs of Latino gay men and other Latino MSM in the U.S. and its territories must take into account complex social, cultural, historical, and political factors. Latino gay men and other Latino MSM often migrate to the U.S. to enjoy lives free from strict and oppressive gender-based realities of many Latin American and Caribbean countries. In doing so, they leave behind family and friends for life in a new country and often are faced with a lack of social and support networks. This sense of loneliness and isolation may lead some Latino gay men and other Latino MSM to engage in behaviors that place them at higher risk of HIV, STD, and viral hepatitis infection.

Latino gay men and other Latino MSM constitute one of the most vulnerable groups in the U.S. at risk for HIV infection, showing some of the highest rates of HIV and unprotected anal intercourse.²⁸ Latino gay men and other Latino MSM represent over half of all AIDS cases among Latino males in the U.S. CDC also reports that 14 percent of young, mostly gay-identified Latinos have HIV (double that of non-Latino whites). While there is limited data illustrating the STD and viral hepatitis epidemics among Latino gay men and other Latino MSM, it is reasonable to believe they, like gay men and other MSM generally, are also disproportionately impacted by these diseases.

Unique Challenges

- There are few HIV prevention interventions and strategies that are specifically designed to meet the needs of Latino gay men and other Latino MSM.
- Many Latino gay men and other Latino MSM rely on alcohol and other drugs to cope with the stresses of poverty, homophobia, and racism.⁶
- There are a myriad of contextual barriers that prevent Latino gay men and other Latino MSM from full participation in the larger gay community. This may lead to increased levels of anxiety, depression, substance use, and overall helplessness, including personal shame, financial hardship, family rejection, stigma, and disparities in access to health care and prevention education.
- Internalized homophobia among Latino gay men and other Latino MSM often contributes to risky sexual behavior.

Recommendations

- Ensure ease of access to HIV/AIDS prevention and care and treatment services; screening, testing and treatment for STD; vaccination for HAV and HBV; and testing, primary medical care, and treatment for HCV for Latino gay men and other Latino MSM.
- Increase funding to develop and support effective behavioral, structural, and biomedical interventions for Latino gay men and other Latino MSM, including strategies that employ the use of technology like the Internet.
- Ensure that HIV/AIDS, STD, and viral hepatitis prevention and care and treatment services for Latino gay men and other Latino MSM are “sex positive” and encompass a holistic approach to physical, mental, and spiritual health and wellness. Messages should address issues related to sex, love, relationship dynamics, dating, intimacy, and sexual health.
- Develop programming that encourages Latino gay men and other Latino MSM to communicate with their partners about pleasure and desire, HIV status, rules of engagement surrounding condom use and safety with each other, sexual histories, and sex that might happen outside of their primary partnerships.
- Encourage partnerships between health departments and commercial sex venues (sex clubs, bathhouses, circuit parties), as well as Internet service providers, to address the HIV/AIDS, STD, and viral hepatitis epidemics among Latino gay men and other Latino MSM.
- Advocate for the removal of local, state, and federal policies that restrict the civil rights of gay men and other men who have sex with men, like statutes that prohibit gay marriage and/or civil unions.

Transgender Latinas and Latinos

Transgender people in the U.S. endure discrimination, transphobia and violence which severely impact their access to education, employment, housing, and health care.^{29,30} Currently, there is no federal anti-discrimination law that includes gender identity and gender expression that protects transgender people with regard to equal access to housing, employment, education and public accommodations. In addition, many transgender Latinas and Latinos are marginalized in poor inner-city areas where there is a high prevalence of sex work and drug use which represent ways of coping with stigma, isolation, poverty and a lack of health care while sex work and drug use expose transgender people to HIV and viral hepatitis, sharing equipment to inject hormones and silicone also put them at risk for disease acquisition.

There is still very little data on the prevalence of HIV among transgender populations. In the few studies that have been conducted, HIV rates have been found to be consistently high among transgender women, notably among Latinas and African-Americans. Rates of HIV among transgender women have

been reported in the ranges of 14 percent to 68 percent, depending on which subgroup of transgender women were sampled.^{32,33} A recent meta-analysis of studies conducted across the U.S. found that 28 percent of transgender women tested positive for HIV.³³ It is alarming to note that the overall rate of HIV infection among transgender women exceeded the 25 percent prevalence of HIV infection among MSM in five U.S. cities.³⁴ Furthermore, elevated rates among African American and Latinas suggest that the dual stigma of being transgender and a person of color may exacerbate HIV risk.³⁵ The considerable discrepancy between self-reported HIV infections (12 percent) and actual test results (28 percent) may be due to transgender women not being aware of their serostatus.

Additionally, due to discomfort among health professionals to ask questions about gender identity, transgender people are either completely missed and not accurately counted in federal and statewide surveillance methods, or miscounted as MSM. In addition, many of the current public health systems in place do not allow for the reporting of transgender people as clients and patients.

This lack of provider competency has resulted in many transgender people avoiding health care services for preventive and treatment needs, reluctance to test for HIV due to fear of a positive diagnosis and/or stigma around HIV, and distrust of service providers due to past negative experiences. Likewise, for those living with HIV, lack of competency among health care providers may result in lower levels adherence to HIV medication.^{38,39}

Very little research has been conducted on the distinct HIV/AIDS and viral hepatitis risks and prevention needs of transgender men, despite anecdotal evidence that some transgender men

are at high risk for disease acquisition. Transgender men, like other men, claim a variety of sexual orientations and have sex with various types of sexual partners. The few research studies that have reported HIV prevalence rates among transgender men either have not specified the gender of their sample's sexual partners or have predominately included men that identify as heterosexual (transgender men that primarily have sex with women). The few studies that report HIV rates among samples of transmen have reported 2 – 3 percent prevalence.^{40,41,42}

As a result, there has not been much emphasis on further exploration of HIV risk behaviors among transgender men.

Unique Challenges

- Practitioners often lack the knowledge, comfort, and skills to provide care to transgender individuals due to lack of training and transphobia
- Transgender individuals are often denied access to social support, housing, employment, healthcare, education and other resources due to discrimination.
- Transgender individuals often report lower self-efficacy and self esteem, higher rates of depression, lower adherence to HIV medication, and higher rates of drug use and risky behaviors, and are more likely to be victims of violence. This is often due to social isolation, stigma, lack of family and social support, discrimination by health providers, and transphobia.^{36,37}

Recommendations

- Expand current data collection mechanisms to include information on transgender Latinas and Latinos so that their needs are fully identified and addressed (e.g., it is important to ask a person's present gender and the sex they were assigned at birth).

A transgender person is someone who has a different sex, gender identity, and/or gender expression than the one assigned to them at birth, regardless of their sexual orientation.^{29,31}

Transgender Latinas (Male to Female): People born male who identify as female

Transgender Latinos (Female to Male): People born female who identify as male

- Ensure that HIV, STD and viral hepatitis prevention messages and care and treatment services are appropriate and targeted in a manner that is sensitive to the needs, concerns and fears of transgender people.
- Ensure safe places for those identifying as transgender to disclose and explore their gender identity.
- Ensure that clinics, shelters and drug treatment centers have non-discriminatory policies to protect the rights of transgender clients.
- Develop, fund and implement sexual and health resource trainings that are inclusive of the uniqueness of transgender individuals and that address HIV, STDs, and viral hepatitis in transgender communities. Trainings should be led by transgender health educators and focus on health issues, as well as viral hepatitis prevention needs, hormone therapy, and the social determinants of transgender health.
- Develop sexual health literature and support the implementation of training programs that are relevant to transgender lives, bodies and sexualities.
- Ensure that accessible, relevant, and non-discriminatory health care and social services for transgender individuals are widely available, including sensitive and knowledgeable primary care that includes hormone therapy and gender confirming surgeries.
- Guarantee the production and distribution of transgender-specific safer injection and safer sex resources (e.g., injection equipment at needle exchange sites that is relevant to the needs of transgender communities).

Heterosexual Latinas and Latinos

Latinos were the only minority group to demonstrate a doubling of new HIV infections between 2001 and 2006 – five to 11 percent for males and 23 to 51 percent for females.^{43,23} While heterosexual transmission for all other racial and ethnic groups either remained the same or decreased from 2004 to 2006, Latinas experienced an increase from 48 percent to 67 percent.²³

Data show that high risk heterosexual contact was the second most common method of HIV transmission for Latino males living with HIV/AIDS (19 percent); and was the primary method of transmission for Latinas living with HIV/AIDS (79 percent).⁴⁴ For Latinas, high-risk heterosexual contact⁴⁵ was the leading cause of transmission for those living with AIDS in 2006.¹⁹

Unique Challenges

- Strict gender notions such as *Marianismo* that defines the role of the “ideal” woman modeled after the Virgin Mary – with chastity, virginity, subordination, moral superiority, obedience, and spirituality as key virtues – often dictates that “good” women should be ignorant about sex and passive in sexual interactions.
- There is a lack of interventions geared towards heterosexual Latinas.
- Latinos in the U.S. are shown to be the least likely of all racial and ethnic groups to use condoms and engage in other safe-sex practices that prevent HIV and STD transmission.
- Some Latinas and their partners may feel that a discussion about condoms is analogous to an accusation of infidelity.
- Decreased perception of risk and alcohol and other drug use facilitate behaviors that can lead to HIV and viral hepatitis



transmission among both Latino men and women.

- Factors such as domestic abuse and violence, the lack of female-controlled prevention methods, and the imbalance of power in relationships place Latinas at increased risk for disease transmission.

Recommendations

- Develop and support programming that explores the lives and experiences of Latina women and that considers the structural and interpersonal influences that both empower and constrain Latinas' self-expression and sense of self.
- Develop programs that address Latinas' personal and professional potential to serve as leaders in their families and communities
- Develop programming that encourages bidirectional communication between heterosexual couples regarding HIV and viral hepatitis status, rules of engagement surrounding condom use and safety with each other, sexual histories, and sex that happens outside of their primary partnerships.
- Fund programming focused on strengthening Latino families.
- Advocate for increased support for female-controlled disease prevention methods including microbicides.



Latino Youth

Unsafe sexual practices, early onset of sexual debut, and the use of alcohol and other drugs place Latino youth at increased risk for HIV, STD, and viral hepatitis infection.⁴⁶ While data specific to Latino youth are limited, studies indicate that one in four young women in the U.S. across racial and ethnic groups is infected with an STD,⁴⁷ which increases the risk for being infected with HIV. Additionally, while the U.S. recommends HBV vaccination for all children, children born outside the U.S. may not have received vaccination in their country of origin.

CDC's National Youth Risk Behavior Survey (YRBS) monitors behaviors every two years among representative samples of ninth through twelfth grade students in public and private schools throughout the U.S. According to the 2007 YRBS, Latino students were reported to be more likely than non-Latino whites or non-Latino black students to have never been taught about HIV/AIDS (15 percent vs. nine percent for whites and 10 percent for blacks).⁴⁶ In addition, 21 percent of Latino students report drinking alcohol or using drugs prior to having sex.⁴⁶

Latino youth aged 13-19 accounted for 19 percent of AIDS cases among U.S. teens in 2006.⁴⁸ From 2003 to

2006, male-to-male sexual contact is the leading mode of transmission for HIV/AIDS cases among adolescent males – 81 percent among 13-19 year old males and 78 percent among 20-24 year old males.⁴⁸ In addition, one study showed that HIV infected youth between the ages of 12-20 have higher rates of HIV/ HBV co-infection (19 percent).⁴⁹

Unique Challenges

- Although nearly 20 percent of AIDS cases among youth occur among Latinos, only 13 percent access HIV testing services.⁴⁶
- Thirty-seven percent of Latino teens aged 14-18 in the U.S. are sexually active. Of the estimated 757,000 pregnancies among women aged 15-19 years, Latinos account for 83 percent of teen births.^{46,50}
- Nearly 40 percent of uninsured children in the U.S. are Latino.
- Many Latino children live in low-income families (61 percent) which can impair access to affordable health services and contribute to widening health and social disparities.
- Latino students are less likely than their non-Latino peers to complete high school, and high school dropout rates are the highest among recent Latino immigrants.
- Studies have found that Latino youth experience proportionately more anxiety-related behaviors, delinquency, and depression than do non-Latino white youth.^{51,52}
- Latinos are more likely than non-Latino white students to attend large public high schools that have a greater concentration of low-income students, less funding, higher student-to-teacher ratios, greater turnover of teachers, and less qualified and less experienced teachers.⁴⁶
- Latino students are more likely than non-Latino white and non-Latino black students to use cocaine, Ecstasy, illegal-injection drugs, heroin, alcohol, steroids, and methamphetamines.⁴⁶
- Widely used abstinence-only-until-marriage curricula

addressing same-sex behavior within the context of promiscuity and disease which creates a homophobic, stigmatizing, and hostile learning environment that negatively contributes to low self-esteem and enhances vulnerability to engaging in risky behaviors.

Recommendations

- Establish coordination between local, state, and federal agencies to prioritize and streamline efforts and services targeting high-risk Latino youth, including young Latino gay men and other Latino MSM, young Latinas, Latino youth in juvenile justice facilities or alternative schools, dropout students, and runaway and homeless Latino youth.
- Promote collaboration between state public health and education agencies to better incorporate accurate public health education into schools.
- Encourage and seek out the participation of school boards, Latino parents, and Latino youth on HIV community planning groups and local viral hepatitis and STD coalitions.
- Increase opportunities for youth to advise public health leaders at all levels (e.g., summits, key informant interviews) regarding appropriate HIV, STD, and viral hepatitis messaging and mechanisms to reach Latino youth.
- Encourage comprehensive sexual education programs (in lieu of abstinence-only-until-marriage models) in schools by highlighting efficacy data.
- Encourage collaboration between school nurses and public health nurses to provide comprehensive HIV, STD, and viral hepatitis prevention and care and treatment services to Latino youth.
- Implement multifaceted approaches that encourage communication among parents and their children and increase awareness of contraceptive and disease prevention strategies among young Latinos. Promote the use of new strategies that employ the use of technology to reach youth.

Incarcerated Latinos

Latinos are overrepresented at every level of the U.S. criminal justice system – from arrests and detention to incarceration and parole. In 2005, Latinos made up 20 percent of the state and federal prison population, a rise of 43 percent since 1990.^{53,54} As a result of this trend, one of every six Latinos and one out of every 45 Latinas born today can expect to go to prison in his or her lifetime.

Latinos are also incarcerated at nearly double (1.8 times) the rate of their white counterparts.⁵⁵ To better understand the patterns of incarceration nationwide, it is important to take into account regional differences, (i.e., areas where Latino populations may have a stronger presence), and to have a clear understanding of the various systems of incarceration. When addressing issues of incarceration among Latinos, social determinants such as poverty, lack of access to education, English language acquisition, and degree of acculturation, must be considered. These factors can indirectly contribute to the behaviors that lead to the transmission of HIV and viral hepatitis.

It is widely known that incarcerated populations have higher rates of HIV and viral hepatitis, with HIV prevalence among prisoners estimated at more than three times that of the general population. According to several reports, all U.S. state correctional facilities have inmates who are living with HIV infection, and it is estimated that up to 25 percent of the people living with HIV in the U.S. spend time in a correctional facility. In addition, an estimated 33 percent of persons with hepatitis C virus (HCV) infection pass through U.S. correctional facilities.^{56,57}

A dialogue around sexual behaviors, injection drug use, substance use/abuse, and mental illness of inmates is essential to curtailing the HIV/AIDS and viral hepatitis epidemics in correctional settings. Prison officials need to scale up efforts to prevent disease transmission, improve diagnosis and treatment in prisons, expand programs for reducing high-risk behavior after release, and ensure individuals living with HIV/AIDS and viral hepatitis are linked to care and treatment services after release.

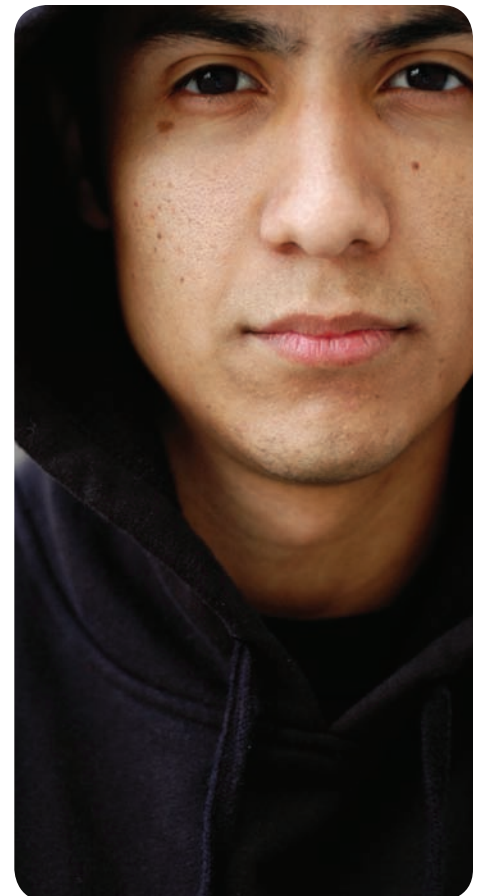
Unique Challenges

- Language barriers create challenges for families with limited-English proficiency in communicating with justice system personnel.
- Language barriers can have a profound effect on decisions made during arrest through sentencing, resulting in the increased likelihood of possible unnecessary conviction and incarceration of individuals.
- Within the U.S. juvenile justice system, Latino youth are significantly overrepresented and subject to harsher treatment than their white counterparts.⁵⁸

Recommendations

- Establish appropriate linkages to ensure a seamless transition for Latino ex-offenders back into the community and into services that are culturally and linguistically appropriate and that respond to their needs as well as the needs of their families.
- Foster partnerships with community-based providers to develop a network of prevention, care and treatment and support services for reintegrating Latino ex-offenders.

- Seek opportunities for joint initiatives between health departments, corrections systems, and community based organizations to provide interventions and services that respond to the specific needs of incarcerated Latino populations, including, but not limited to, education, screening, testing and treatment for HIV/AIDS and viral hepatitis.
- Develop and implement successful models of community re-entry, particularly for those already infected with HIV and viral hepatitis, in order to support health and self caring behavior, including short-term intensive reintegration case management and family strengthening/reunification programs (particularly for Latinas with children).



Latinos who Inject Drugs

Latino communities in the U.S. are disproportionately affected by injecting drug use (IDU)-associated HIV/AIDS. In particular, Latino males become HIV infected through IDU more often than males in any other communities in the U.S. In 2006, 23 percent of Latino males living with HIV/AIDS became infected through injecting drugs with HIV contaminated needles, compared to 22 percent of non-Latino black males and 9 percent of non-Latino white males.²⁰ IDU was the primary mode of transmission for 28 percent of HIV-positive Latinas that same year which was an increase from 25 percent the previous year.^{22,29} Twenty-six percent of AIDS cases in Latino adults and adolescents are attributable to injection drug use.²²

The sharing of injection equipment (needles, syringes, cookers, water and cotton) to inject or split drugs puts Latinos who inject drugs at risk for HIV and viral hepatitis infection. The sharing of equipment usually occurs because individuals lack access to new or clean needles and syringes. This lack of access may be driven by economics, legislation and/or programmatic policies. In some cases, equipment sharing is uninterrupted because of a lack of targeted and appropriate information for Latinos about the risk of HIV and hepatitis C.

In addition, unprotected sexual activity with HIV-positive partners who are infected with HIV is also a high risk factor for Latinos who inject drugs, especially Latino gay IDUs who also have sex with men, Latina IDUs who trade sex for money and Latinas with IDU partners. It is estimated that 19 percent of AIDS cases among Latino adults and adolescents are attributed to heterosexual sex with a partner who uses injection drugs.⁵⁰

Unique Challenges

- Latino IDUs report embarrassment at being seen by others as a reason they don't access needles at street-based needle exchange and syringe access programs.⁵⁹
- Latinos are incarcerated for drug offenses at a rate higher than their presence in the population as a whole.⁶⁰ For all offenses, Latinos are incarcerated at two times the rate of whites.⁶¹
- Stigma around IDU is prevalent and hinders service delivery, as well as creates a barrier for people who inject drugs to seek out services.

Recommendations

- Support lifting the federal ban on funding for syringe exchange as well as state and local policies that prohibit, hinder or limit the provision and availability of clean needles and syringes, buprenorphine and naloxone.
- Create needle and syringe access programs that meet the needs of Latino communities who inject drugs, including holistic programs that offer syringe exchange as one component of a multi-service center.

- Integrate viral hepatitis prevention (including hepatitis A and B vaccination), STD screening, testing and treatment, and overdose prevention into programs targeting Latino IDUs.
- Develop drug treatment services based on the needs of Latino IDUs which take into account level of acculturation, country of origin, culture and language.
- Ensure ease of access to HIV/AIDS prevention and care and treatment services; screening, testing and treatment for STDs; vaccination for HAV and HBV; and testing, primary medical care and treatment for HCV for Latino IDU, including persons who continue to use drugs.

Latino Immigrants

Carrying the brunt of the negative rhetoric around the immigration debate, Latino immigrants are constantly fighting to defend and retain their identity and often are stigmatized, overlooked, discarded, and undercounted. As a result, immigration looms large as an important issue that must be considered in HIV and viral hepatitis prevention strategies targeting Latino communities. Immigrant Latinos



are less likely than other racial and ethnic groups to have health insurance and often cannot afford time missed from work to access healthcare.⁶²

Factors related to migration and immigration such as men living away from home for extended periods of time, disrupted family ties, and increased numbers of sexual partners heighten the risk for HIV and viral hepatitis transmission among immigrant Latinos.⁶³ In the U.S., these factors exist within policy contexts that at times systematically exploit and disempower Latino laborers, particularly those not born in the U.S. Social and economic dynamics specific to border regions and migrant camps, such as the sex trade industry and sex tourism, can also contribute to behaviors that can lead to disease transmission.

Routine transnational movement between some U.S. cities and cities of origin in Mexico, Central and South America, and the Caribbean (“air-bridges”) create challenges to the coordination of HIV/AIDS and viral hepatitis care and treatment as well as important opportunities for the prevention of disease transmission.⁶⁴ In addition, disease prevention and care and treatment efforts must acknowledge the transitory nature of migrant laborers that reside yearlong in the continental U.S. Due to the high mobility required for agricultural and seasonal work and their lack of residential status, immigrant Latinos often have little access to consistent and adequate medical care.

Unique Challenges

- There has been a rise in anti-immigrant sentiments and policies at various national, state, and local levels.
- There is an absence of federal immigration reform legislation.

- Newly arrived Latino immigrants are often forced to deal with isolation from family and country of origin, marginalization, and xenophobia.
- Latino immigrants often suffer from a very low socioeconomic status and experience poverty, low education levels, racism, and classism.
- In areas of increasing Latino populations, there is a weak or fragmented community-based capacity to serve Latino immigrants.

Recommendations

- Develop and support HIV/AIDS, STDs, and viral hepatitis prevention and care and treatment efforts that acknowledge and address the transitory nature of Latino migrant laborers.
- Ensure ease of access to HIV/AIDS prevention and care and treatment services; screening, testing and treatment for STD; vaccination for HAV and HBV; and testing, primary medical care and treatment for HCV for immigrant Latinos, including those who are undocumented.
- Develop and implement adequate and culturally relevant interventions addressing immigrant Latinos, including audio visual materials that reflect cultural norms and varying literacy levels.
- Engage and support Latin-American consulates to deliver public health and HIV, STD, and viral hepatitis prevention messages to Latino communities, as well as foster relationships with non-governmental organizations working to address HIV/AIDS, STD, and viral hepatitis in Latin American countries.
- Create, fund, and sustain services tailored to monolingual Spanish speaking and migrant/immigrant

Immigration is “on the verge of becoming one of the largest civil rights issues of our generation.”

– Janet Murguía, President on the National Council of La Raza, the largest Hispanic civil rights organization in the United States

Latinos without regard to citizenship status.

- Support local communities in addressing the impact of negative and restrictive state and local policies targeting immigrants.
- Maximize equal access to safety-net public health services for immigrants.

A Call to Action

NASTAD’s Latino Advisory Committee and Executive Committee contend that there is a need to scale-up the nation’s efforts to fight the HIV/AIDS and viral hepatitis epidemics in Latino communities with deliberate speed and efficacy. This *Call to Action* serves as a reminder that our collective work in reducing the incidence of HIV/AIDS and viral hepatitis requires a redoubled and sustained effort. NASTAD urges its members, national organizations, federal partners, and key community-based organizations and leaders to adopt the action steps in this *Call to Action*, and work together to effectively and proactively tackle this public health crisis. **The time to act is now! ¡ADELANTE!**

ENDNOTES

- 1 Latino is used as an umbrella term in this Call to Action and accounts for both men and women - both U.S. and foreign born - who come or descend from a specific geographical area where the Spanish and Portuguese legacy is dominant but not exclusive. It embraces the influences over the past 500 years from Europe, Africa, Asia and the Middle East, along with all the various indigenous cultures.
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Call to Action Development

This *Call to Action* was developed by members of NASTAD’s Latino Advisory Committee (LAC) with input from NASTAD staff. The LAC brings the voices of state and local health departments together in an advisory role to discuss and address issues related to providing HIV/AIDS prevention and care and treatment services within Latino communities. The committee bridges programmatic concerns with current policy challenges and provides guidance to NASTAD in examining and developing initiatives that provide comprehensive prevention and care services for Latino communities that are both culturally and linguistically appropriate, regardless of immigration or citizenship status.

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NASTAD strengthens state and territory-based leadership, expertise, and advocacy, and brings them to bear in reducing the incidence of HIV infection and on providing care and support to all who live with HIV/AIDS. Our vision is a world free of HIV/AIDS.

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