Una noche me encontré con un amigo. Supe que le pasaba algo. Aunque no me lo pudiera decir, se moría de ganas y estaba enfadado. No parecía el mismo. Le avergonzaba un poco verme, aunque me trató con respeto. Así que le dije: '¿Por qué no vamos a dar una vuelta?'. Le metí en mi coche y le puse una cinta de música [illegible]. Entonces [illegible] 'Sabes hace cuánto tiempo no escucho esta música?' Unos meses después se había ido... Y es que existe una brecha en especial con los latinos que son gay. O bien sometes tu identidad latina y adoptas la cultura homosexual blanca, o continuas siendo latino y ocultando tu homosexualidad. Creo que nunca ha existido un punto medio que no solo exprese tu 'homosexualidad' sino también tu 'condición latina'. Pero no puedes separarlas. Son igual de importantes.

A Través de Nuestros Ojos (Through Our Eyes):

Promoting Health and Social Equity to Address HIV/AIDS among Latino Gay Men

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

"Hopefully when you take this information back to the government they'll consider allowing money for capacity building in terms of the HIV; not the mode of transmission, but changing the structure of our communities, helping communities, helping schools be ready and educate the ones that are coming up [while] still taking care of the ones that are infected."

–El Paso provider

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Introduction

Responding to the "Initiative on AIDS in Hispanic Communities," the National Alliance of State and Territorial AIDS Directors (NASTAD)[1] received funding from the Office of AIDS Research (OAR) at the National Institutes of Health (NIH) for a project focused on Latino Gay Men (LGM). NASTAD conducted a nine-month qualitative study to investigate responses of health departments (HDs) and community-based organizations (CBOs) to the HIV/AIDS crisis among LGM in the U.S. The findings in this report represent key themes derived from focus group interviews with HDs, CBOs and consumers of HIV/AIDS prevention and care and treatment services in 12 jurisdictions. The objective of the study is to inform research questions on the unique and unmet HIV/AIDS needs of LGM.

Given the alarming infection rates among LGM, the report gives voice to LGM whose perspectives are often neglected in policy decision-making processes. The study represents LGM voices from diverse socio-economic backgrounds across the U.S. and gives voice to those who, as state health officials and CBOs, are responsible for providing HIV prevention and care and treatment services to LGM. Pursuant to the recommendations made in the National HIV/AIDS Strategy (NHAS) released in July 2010, data presented in this report are intended to contribute to the four primary goals of the NHAS: reducing HIV incidence; increasing access to care and health outcomes; reducing HIV-related health disparities; and achieving a more coordinated national response.

The NHAS emphasizes that "not every person or group has an equal chance of becoming infected with HIV."[2] Specifically, it notes that Latino gay and bisexual men "represent the greatest proportion of HIV cases among Latinos."[3] In 2006, Latino men who have sex with men (MSM) represented 72 percent of new infections among all Latino men and nearly 19 percent among all MSM.[4] Among all LGM and other MSM in 2006, the largest number of new infections (43 percent) occurred in the youngest age group (13–29 years). At 35 percent, LGM and other MSM aged 30-39 years were also heavily impacted with a substantial number of new HIV infections.[5] These data indicate the depth of the HIV crisis among LGM and the consequences associated with paltry efforts to prevent HIV transmission.[6]

NASTAD and the National Coalition of STD Directors (NCSD) released a *Statement of Urgency* in June 2010 expressing concern about the stronghold that HIV and STD infections continue to have on gay and bisexual men. Consistent with the goals of the NHAS, as well as NASTAD and NCSD's *Statement of Urgency*, this report seeks to generate key themes to assist and inform effective federal, state and local public health responses to HIV/STDs among LGM. Moreover, the data collected for this project will increase understanding of the facilitators, barriers and gaps in the provision of HIV prevention and care and treatment services targeting LGM for HDs, CBOs, federal partners and other relevant stakeholders.

SITUATING LATINO GAY MEN

At approximately 50 million members, Latinos[7] comprise 15 percent of the total U.S. population and represent the largest non-white ethnic group in the country.[8] Latinos are found throughout the U.S. in traditional receiving areas that have historically been populated by Latino immigrants, such as large

metropolitan cities in New York, California, Florida and along the U.S.-Mexico border. Latinos are also increasingly found in emergent areas such as the "deep South," in the Midwest and throughout the mountain regions. The Latino population as a whole is younger than the white population and has the highest fertility rate of any group.[9] The Latino community is heterogeneous not only in the mix of nationalities and ethnic groups that comprise it, but also in its geographic dispersal and multiple histories of immigration. The term "Latino," a catchall pan-ethnic category, is itself under a constant process of revision and change at popular and institutional levels. One core idea that does unite many sectors, but not all of the community, is the quest for economic and social inclusion in a society which seeks to anchor itself on promises of democratic process, economic mobility and social advancement through effort and merit.

According to the Pew Hispanic Center, many Latinos struggle against barriers that curtail economic and social advancement including higher rates of poverty and lower rates of secondary education. In terms of healthcare access, a Kaiser Family Foundation study reported that 32 percent of Latinos were uninsured, making Latinos the ethnic group with the largest pool of uninsured members in the non-elderly population.[10] These factors underscore the need for sustained, innovative and progressive policy actions to disrupt barriers to economic sustainability, access to education and comprehensive health equity among Latinos in the U.S. This must occur across society and at every level of government: state, local and federal.

STUDY METHODOLOGY

Semi-structured focus group interviews were conducted between July 2010 and October 2010 with state and local HD and CBO participants in 12 jurisdictions: Arizona, California (San Francisco and Los Angeles), Colorado, Florida, Georgia, Illinois, Massachusetts, Minnesota, New York, North Carolina, Puerto Rico and Texas. These sites were selected based on several criteria, including large and/or growing Latino populations, considerable number of new Latino AIDS cases and geographic representation across eight of ten U.S. Department of Health and Human Services (HHS) regions [See Table 1 below]. The inclusion of smaller towns and rural areas was prioritized in addition to major metropolitan cities to capture areas often overlooked in much of the HIV research focusing on LGM.

JURISDICTION	U.S. Latino Population Rank[11]	Percent change, 2000-2008[12]	U.S. Latino New AIDS Cases Rank[13]	U.S. Regions[14]
ARIZONA	5	52.0%	9	West
CALIFORNIA	1	22.9%	1	West
COLORADO	8	35.0%	12	Mountain
FLORIDA	3	43.9%	5	Southeast
GEORGIA	10	79.7%	10	Southeast
ILLINOIS	6	28.5%	8	Midwest
MASSACHUSETTS	15	29.9%	9	New England
MINNESOTA	28	86.4%	27	Midwest
NEW YORK	4	13.2%	2	Northeast
NORTH CAROLINA	11	79.8%	13	Southeast
PUERTO RICO	*	*	4	*Territory*
TEXAS	2	32.5%	3	Southwest

A total of 60 interviews were conducted with approximately 250 participants, including staff members from state and local HDs and CBOs, community leaders and LGM. A purposive sampling strategy was used which involved contacting NASTAD members (state AIDS directors) who invited key health department staff and service providers to participate in the targeted interviews. Service providers, in turn, identified local consumers to participate. Consumers were most often LGM who were clients or volunteers at service organizations. All participants were chosen based on their role and length of experience working in HIV/AIDS programs and their familiarity with, and leadership on, issues related to HIV/AIDS within the Latino community.

Interviews covered a number of key topics including: a) the local HIV epidemic; b) needs of LGM; c) sexual health and behavior; d) mobilization and community engagement; e) public policy and f) action steps. These broad topic areas were used to facilitate and guide discussions. Questions asked included:

- How would you describe the HIV epidemic among LGM in your area?
- What is the attitude toward HIV among Latinos in your community?
- Name some creative ways for addressing issues for LGM in your area.
- Are there opportunities or platforms that promote leadership development among LGM and HIV-positive men in particular?
- What are the key institutional factors that act as barriers to Latino communities accessing different HIV/AIDS interventions?
- What implications does the local and national political landscape have on your response to HIV among LGM in your local jurisdiction?

Probes were used to explore issues mentioned by participants. All interview recordings were transcribed and identifying information was omitted from transcripts to ensure the anonymity of participants.

A multi-step procedure to code and analyze the focus group interview transcripts was followed. The process was informed by Creswell's principles for qualitative data analysis.[15] First, the data were organized and prepared for analysis by reviewing the transcripts and taking notes. Second, the data were examined through comprehensive coding which involved one round of summary coding forming the basis of a codebook and a second round of analytical coding wherein the established codes were assigned to the transcript text. In total, 60 codes were identified and used to document and organize the qualitative data. Third, the data were reviewed for emergent themes. Last, themes were grouped according to the overall meaning of the data. The established themes were grouped into four broad categories presented in the current report: 1) Collaboration, 2) Capacity, 3) Culture and 4) Challenges and Constraints. It should be noted that themes were compared across the jurisdictions to better understand the key findings. Findings unique to specific states or regions are not examined in this report, but were provided to stakeholders in each jurisdiction.

STUDY LIMITATIONS

As with any research endeavor, this study on LGM is subject to several limitations. A key limitation relates to the sampling method for the recruitment of consumers. Consumers were selected by service providers and, at times, service providers participated in the consumer focus groups due to their dual role in the LGM community. In some jurisdictions, there was a large turnout of consumers, while in

others, the input of very few consumers was received. While this is a limitation, most studies on LGM focus exclusively on consumers. The inclusion of professionals in the field is a unique strength of the study in that it affords an opportunity to acquire expert knowledge that is often overlooked in other research projects focusing on LGM.

VANTAGE POINTS

The data presented in this study reflect the perspectives of three key stakeholder groups: state and local HDs, service providers and LGM, both HIV-positive and -negative. This report is organized to reflect "vantage points," which highlight the different roles each group plays in addressing the HIV/AIDS epidemic among LGM. As such, we approach our findings along with "issues for consideration" that various stakeholders can incorporate at their unique points of access in addressing the epidemic and overall social determinants of health among LGM.

Study Findings

COLLABORATION

In the National HIV/AIDS Strategy (NHAS), President Barack Obama acknowledges that a "successful implementation of the Strategy will require new levels of coordination, collaboration, and accountability."[16] This unprecedented focus from the Administration on HIV/AIDS in the U.S. reflects one of the resounding gaps identified by HDs and CBOs interviewed for this study. Despite expressing the value of collaboration, many participants cited a weak culture of collaboration. This situation was explained by referring to territoriality, limited and dwindling resources and competitive grant processes. One Chicago CBO participant noted, "It seems that the application process is not good for [fostering collaboration] because we see agencies as competitors instead of potential collaborators." Numerous HD participants noted that the request for funding proposals (RFP) process fueled a competitive culture and hindered collaboration among applicants. One Florida HD participant noted, "Do organizations collaborate with each other? And the answer is absolutely not and the system does not allow them to work together. The whole system would have to change." Both HDs and CBOs noted a great need for increased synergy and information sharing at local, state and federal levels.

In an era of economic austerity, many participants discussed merging strategies to more effectively reach their target populations. We observed one organizational integration model established by the Southern Arizona AIDS Foundation (SAAF) in Tucson, Arizona. The SAAF model emerged out of a desire to deliver comprehensive services ranging from HIV testing, housing, substance abuse and mental health services. In the Midwest, another model was discussed which included the merger of a smaller HIV/AIDS organization with a larger organization. The smaller organization gained better fiscal management while the larger organization was able to expand into HIV/AIDS work. Additionally, several HDs and CBOs shared successful examples of "nesting" and "piggybacking" activities. Those interviewed reported numerous ways in which they reached target populations via broader activities that were not HIV-specific, but presented opportunities for HIV testing and education. Many agreed that these were effective and cost-efficient strategies.

CAPACITY

The NHAS underscores that all stakeholders in HIV prevention "promote public leadership of people living with HIV."[17] Throughout our focus group interviews, research participants commented on the urgent need for more opportunities and structures for LGM, particularly those living with HIV, to develop grassroots and professional leadership skills. Participants often struggled to identify local or national Latino leaders, particularly LGM

I have three degrees but it's always, 'Oh, you're the first person to the new position that is going to be open, but you are so good doing what you are doing on the streets, we're just gonna keep you there.' So, I don't really feel that my educational background is of any importance here.

I always say to people [that] family, religion and culture can kill you or help you.

leaders. A Chicago participant noted, "The one or two leaders we have in the community cannot be our spokespeople at every table." This was perceived as a gap that limited the number of possible positive mentors for young LGM.[18]

The interviews explored the subject of LGM representation and leadership at various levels. Overall, many HDs recognized a lack of Latino representation at the senior management level within their bureaus with a particularly sparse presence of LGM. As one North Carolina HD participant noted, "I'm intensely aware of the fact that there's not one of us here who is Latino because we don't have state staff who is Latino." A parallel situation existed at larger, non Latino-led CBOs. Latinos at these organizations often perceived a "glass-ceiling effect"[19] regarding professional advancement within the agency. They described how organizations capitalized on their cultural and linguistic skill sets, but restricted them to frontline outreach and direct service positions. Participants suggested that what was initially an asset in successfully acquiring the job (i.e., race and sexual orientation) became a deficit to institutional advancement. Participants also noted they experienced road-blocks or a lack of opportunities to contribute to policy or managerial decisions. One San Francisco participant stated, "I have three degrees but it's always, 'Oh, you're the first person to the new position that is going to be open, but you are so good doing what you are doing on the streets, we're just gonna keep you there.' So, I don't really feel that my educational background is of any importance here." In contrast, staffers at Latino-led organizations noted they were often afforded more opportunities for professional advancement. Many began their tenure as volunteers or clients and over time were recruited and allowed additional opportunities for professional growth. These findings were consistent throughout our focus groups.

Focus group participants also described a lack of Latino representation on state and local community planning bodies. Several HDs voiced challenges in recruitment and retention of Latinos on these bodies. This deficiency was explained by competing priorities, extensive time commitments, burn-out and CBO staff shortages. As a Chicago-based HD participant noted, "I feel like we're always trying to recruit Latinos into the bodies. We've always had Latinos, but I think we have a sense that we've always needed more, and sometimes maintaining membership has been a struggle." One Minnesota participant stated, "Whenever you're just one person and you're trying to represent, trying to have a voice for a whole community, it's incredibly challenging and isolating." Latino service providers often lacked knowledge of these bodies and desired more information on how to become involved.

In terms of workforce development, both HDs and CBOs noted limited grant writing, evaluation and budget management skills. Moreover, participants suggested that the lack of these skills diminished the technical and organizational capacities of many CBOs, particularly Latino-serving organizations. Another area of staff development included educational attainment. A service provider participant in Raleigh, NC noted, "Latinos who are being hired by the local CBOs, some of them do not have a formal education. [Therefore] moving up would require them not just to gain [technical] skills, but would also require them to gain higher levels of education." A strong desire was expressed by participants to address these limiting factors through increased access to staff trainings in these areas. Still, despite these challenges, many Latino-led organizations acknowledged their long and successful histories of serving their communities.

CULTURE

Participants repeatedly framed culture as providing social supports to mitigate the negative effects of economic and social inequality but also as a limiting factor in certain aspects of LGM's lives. Many participants drew upon Latino cultural beliefs and practices including dignidad, personalismo and familismo[20] as anchors and guides to confront intersecting forms of exclusion. A Boston service provider summarized this notion in the following way, "I always say to people [that] family, religion and culture can kill you or help you. That's the problem. Latinos have a really strong religion and family base. That makes it a little harder, especially when you are the only male in the family or the oldest one, you have really high expectations that you need to meet in order to make your family happy." Participants also experienced aspects of cultural ideologies, such as machismo and AIDS-related stigma and discrimination, as being intrinsically linked to LGM's diminished self-concept and leadership growth and development.

Cultural Citizenship

For foreign-born LGM, negotiating dual processes of socialization in American cultural life presents unique challenges. Many of our participants noted the differences and a greater degree of freedom in pursuing sexual and romantic relationships with men in the U.S. versus their countries of origin; however, participants reported opportunities and challenges in developing new social networks with other LGM.[21] Focus group data indicate that LGM face enormous challenges in terms of navigating and maintaining their dual cultural identities within Latino communities as well as within the wider American society. As one Colorado participant explained, "There's a void out there, especially with Latino gay men. It's either you have to give up your Latino identity and embrace the white gay culture, or you just stay Latino and stay closeted. I think that middle ground never existed to express not only your 'gayness' but your 'Latinoness.' You can't separate the two. They're both equally important."

Religion

Many of the participants from the various stakeholder groups expressed the contradictory role that religious ideas and institutions play for LGM. Religion is seen as a resource to build self-esteem, affirm cultural identity and expand social support. Participants often talked about how their own religious faith provided a great resource for them as they struggled with a variety of issues such as economic marginalization, immigrant status-based discrimination, anti-gay attitudes and HIV-related stigma and discrimination. Conversely, religion is also seen as a source of homophobia, moral judgment and an institutional actor that, at times, seeks to limit the acceptance of LGM in the Latino community and society. Participants talked about religious institutions using their clout to obstruct sexual health education in schools and block attempts to allow same-sex marriages in a number of jurisdictions. Health department and CBO participants overwhelmingly voiced interest in collaborating with faith-based institutions and confronting some of the issues that are at odds with the provision of overall health and wellness of LGM.

Masculinity and Gender Ideology

A recurrent theme throughout the focus groups was the persistence of rigid gender roles that have multiple, negative effects in Latino communities. Most participants viewed these gender roles as one of the principal sources of stigma and homophobia in the Latino community. Participants often spoke of being socialized in a hyper-masculine culture where males are expected to act in

a narrowly prescribed masculine manner in order to receive approval from family, peers and community members. As one Massachusetts participant noted, "So you gotta be a man. You gotta have kids, you gotta get married and that's where the problems start." This construction of appropriate masculine behavior was reported by all focus groups as interconnected to lower self concept and increased HIV risk. Participants challenged community conventional wisdom that the insertive partner ("active" or "top") was viewed as a masculine act that made them less susceptible to HIV infection. A provider in Los Angeles noted, "It's still like you're feminine because you're a bottom. And if you're a top, you're the masculine. You're the man. Who wears the condom and whose responsibility is that? At the end, it's the bottom's responsibility that the top wears a condom. It's not the other way around. The bottom has to take care of the top." Misperceptions such as this were among several issues with which service providers in particular viewed as a barrier to prevention among LGM.

CHALLENGES AND CONSTRAINTS

Fiscal Constraints

Focus group participants expressed concern over the economic downturn and its broad, negative impact on the availability of resources for program funding, service provision and hiring and promotion of staff within HDs and CBOs. In 2009 and 2010, NASTAD conducted surveys to monitor the impact of state budget cuts on HIV and viral hepatitis programs.[22] State and local health departments noted how budget cuts negatively impacted programs at the local level. For example, in North Carolina, the HD launched a Latino initiative with the purpose of "building cultural competency across the state" but efforts were halted as a result of "a slow-down in availability of resources." HDs and CBOs unanimously reported reductions in prevention activities across the board.

Immigration

In focus group interviews, the issue of immigration was commonly identified as a significant challenge faced by LGM. A number of service providers pointed to local anti-immigrant sentiment and associated fear as barriers to testing, prevention and adherence to medical care and treatment. It was frequently reported that gay immigrants left their countries of origin due to persecution encountered as a result of their sexual orientation. However, the conditions of living as an illegal immigrant in the U.S. generated fear and isolation for many. Service provider participants echoed the impact of the national immigration debate and its negative implication on service delivery. An Arizona provider said, "There's also a lot of confusion around what can be done and what can't be done based on your immigration status. So you've got confusion on the provider side, but you've also got confusion on the client side or gay men that you might want to target for prevention services because they're afraid." Many immigrants feared leaving their homes, particularly in states such as Arizona, where enforcement was more severe.

Still, even under less harsh conditions, immigrants reported facing particular challenges in accessing healthcare, a strong apprehension toward law enforcement and lack of trust for professionals in any field where they would have to provide "papers" for fear of being reported to law enforcement and being ultimately deported. At times, outreach work was encumbered by this fear. According to a North Carolina HD participant, "the residents were too afraid that we were ICE [Immigration and Customs Enforcement]." In some jurisdictions, participants who were undocumented expressed fear of driving since recent changes in local laws prohibited obtaining legitimate drivers licenses. In a number of jurisdictions, participants talked about police harassment in public areas such as

parks and similar cruising venues where LGM congregate to meet potential sex partners. Participants also cited the prevalence of workplace discrimination for those perceived as undocumented or gay. A number of participants discussed the stress and trauma of having to manage multiple clandestine identities in socially hostile environments.

Getting tested is one thing, and finding out is one thing. But it's the ten days afterwards, and then even after, that's the part that I felt there was absolutely nothing.

Gay Rights

Research participants discussed the impact of contemporary marriage equality debates on challenging homophobia, accessing certain civil rights and social and economic benefits, affirming same-sex relationships and creating a more supportive environment for the formation of gay families. However, it was also acknowledged that the benefits of gay marriage do not universally apply to everyone. One Massachusetts HD participant noted, "I think gay marriage has been incredibly beneficial for individuals that have access to economic welfare and want to share property. I don't think that gay marriage has even made a ripple in the pool of individuals who may be gay-identified or non-gay-identified that don't have economic access. They're so busy surviving day to day that getting married to their same-sex partner is just as unattainable. It's just not a priority." The aforementioned quote expresses the dissonance experience by many LGM as they navigate the realities and priorities of their day-to-day lives.

Comprehensive Service Delivery

Consistent with the above section, HIV/AIDS is just one of several issues that impacts day-to-day lives of LGM. Meeting basic needs such as food, housing and maintaining employment take priority over tending to immediate health concerns. Moreover, language, literacy, educational advancements and immigration status were noted as practical needs for the community that overshadowed HIV prevention and care and treatment efforts. Mental health was also mentioned by participants in all stakeholder groups as a priority service need. One Los Angeles provider said: "I also feel mental health is a very important issue, maybe. But I think it's also stigmatized. So I feel like when we talk to our clients and say, 'Hey, I want to refer you to mental health,' it's like, 'Oh, I'm not crazy. What are you talking about?'" For consumers and CBOs alike, meeting these basic needs was considered a high priority.

Access to Care

Several participants reported being uninsured and lacking access to comprehensive health care services and/or difficulty navigating the healthcare system due to a lack of centralized information, language barriers or distance from healthcare facilities, particularly in rural areas. A Georgia participant said, "They're not given the tools to learn how to fish. And so it's just simply, 'Come to the clinic. We'll treat it. We'll do this. We'll do that. Here's your next appointment.' But when you're in survival mode, it isn't going to get your next six months certified for medicine or going every single month to get – pick up the medicine. And so you're more likely to fall through the cracks and dropout." One consumer in Los Angeles also mentioned a need for improving the coordination and quality of care. "Getting tested is one thing, and finding out is one thing. But it's the ten days afterwards, and then even after, that's the part that I felt there was absolutely nothing." He further noted, "And I can see why a lotta people just give – they just say, "Screw it. I don't wanna deal 'cause it's too much of a headache. It's too much of a hassle. I can't devote 10 hours to

sitting in an office hoping to get seen for 20 minutes.' That's the hardest part." These factors became severe impediments to accessing healthcare settings that were nearby, offered quality services and considered to be safe.

Stigma

Participants discussed various forms of stigma including homophobia, immigration status and HIV status. These factors were described as contributing to internalized stigma as well as stigma produced by others. A Puerto Rico HD participant observed, "Se puede decir que la homofobia y el estigma actual en Puerto Rico es muy diferente a lo de hace 15 o 20 años atrás porque era más abierto y más público porque la gente te lo tiraba: "ay no voy a comer en ese plato, no voy a beber en ese vaso, es de José que tiene Sida", etcétera; era más abierto, era más cruel. Ahora no, ahora es más sofisticado, ahora es más solapado." ["You can say that homophobia and stigma in Puerto Rico is different now than 15 or 20 years ago because then it was more open and public and people would throw jabs: 'I'm not going to eat on that plate or drink from that cup - it's Jose's who has AIDS.' It was more open, crueler. Now no, it is more sophisticated, more covered up."] A number of participants expressed concerns that their HIV-positive status would be made public simply by visiting community venues where HIV tests or care was being provided. Participants noted that limited knowledge about the facts of living with HIV/AIDS on the part of consumers when they first learn about their HIV-positive status exacerbated stigma.

Risk Factors

Many popular gay websites were mentioned as key places for meeting sexual partners in part due to the anonymity that the Internet provides. Participants expressed concern about the role of the Internet in facilitating risk. As one Los Angeles participant noted: "I just want to add that the Internet is also a barrier that we're dealing with. Like bare-backing. There are a lot of websites that promote bare-backing and also promote 'party and play.'" Participants mentioned other risk factors such as alcohol and drug use in conjunction with increasing sexual risk (e.g., party and play). Some consumer participants said they used drugs such as crystal methamphetamine, cocaine and marijuana to feel more comfortable with their homosexual behavior. A San Francisco participant who was recovering from a crystal meth addiction admitted that the drugs caused him to become obsessed with sex and lose control and self care. The participant admitted, "ya con la droga tomando control de lo que yo hago, ya no hay barreras [en el sexo]." ["With drugs taking control of me, there were no barriers in sex."]

Space

Across the study locations, many participants cited a need for affirming social spaces for Latino gay men. "Nosotros queremos sitios que no tenga que ser una barra, una discoteca sino otros… otro concepto abierto." ["We want spaces - not bars or clubs - but another open concept."] These spaces were often discussed as alternative social venues to bars and clubs that provide opportunities for socialization and bonding and also serve as a hub for information, resources and social support through peers and professionals. As one Colorado participant underscored: "People said [to us] 'We want alternatives to meeting people at bars and bathhouses.' And especially they were concerned about the amount of drug use. [For] Latino MSM that was an important point that was raised over and over again, 'We want

Nosotros queremos sitios que no tenga que ser una barra, una discoteca sino otros… otro concepto abierto.

places to go that don't have alcohol and drugs. We want to have that opportunity for social interaction.' I don't know how many people said that. It was just reinforced over and over again, 'The current environment forces us to go places where things happen that we don't want to be present for, and we want alternatives.'" Some promising examples were noted in some venues, such as The Wall-Las Memorias Project in Los Angeles, California, where a consumer focus group was held. This space featured a drop-in center in a Latino residential neighborhood. The organization's staff had desks set up in a converted apartment along with couches near a fireplace that produced a cozy feel. In fact, consumer participants discussed feeling at home in this environment and building long-standing relationships with other LGM and program staff. This approach was used at other sites, but many more clamored for the chance to create similar settings in their communities.

There aren't enough providers that understand the specific needs - not just language but also immigration issues - and the stress involved in discussing immigration and sexuality with just any person.

Cultural Sensitivity and Competency

Service provision was considered to be more effective when delivered by bilingual and bicultural professionals who understand the nuances of the community. This remains a persistent problem at the state and local level. Cultural sensitivity and competency was often cited by participants either as a challenge or an asset of their organizational composition in addressing the needs of LGM. A New York provider highlighted: "no hay suficientes proveedores de salud que puedan entender las necesidades especificas, no solo lingüísticas, sino toda la cuestión de inmigración, el estrés que causa hablar sobre temas de inmigración y sexualidad con cualquier persona." ["There aren't enough providers that understand the specific needs - not just language but also immigration issues - and the stress involved in discussing immigration and sexuality with just any person"] Participants believed that a culturally sensitive and competent labor force builds opportunities for trusting relationships which is paramount in scaling-up prevention for vulnerable LGM.

Issues for Consideration

This section contains tailored messages and issues for consideration for stakeholders involved in this process, including state and local HDs, CBOs and the community at-large. In addition, issues for consideration are included for others with vested interests in combating HIV/AIDS among LGM such as federal agencies, national and local policymakers and nongovernmental organizations. These issues for consideration are grounded in research and based on key themes that emerged from literature reviews, focus group interviews and observation of successful strategies in the many communities visited for this study. Many of the issues for consideration include low-threshold efforts that can be addressed immediately as well as long-term structural and operational suggestions for improvements that include more involved measures of assessment and greater resource allocations. We acknowledge the limitations that exist due to present-day constrained fiscal realities, the difficult political and social climate for immigrants and gay men, pervasive workforce shortages, increased demand for services and the continual need for capacity and efficiency at various levels. These issues for consideration are neither exhaustive nor definitive, but rather complementary to the strategies already in place in many jurisdictions around the country.

HEALTH DEPARTMENTS

As the premier public health officials at the state and local levels, health departments inspire, develop and implement programs and prioritize funding to address the HIV/AIDS crisis among LGM. We invite health departments to consider the following:

Build and Sustain Efforts that Promote Coordination and Collaboration

- Work to improve the communication and coordination of services within and between state and local agencies (e.g., HD, Department of Education and Department of Labor).

- Create funding incentives during solicitation processes to enhance cooperation and collaboration among service providers.

- Promote partnerships among local, state and national organizations that represent and advocate on behalf of gay, immigrant and/or Latino communities (e.g., community-based organizations, national Latino organizations, immigrant rights organizations, gay rights organizations and religious institutions).

- Promote collaboration between public health and education agencies to better incorporate accurate and comprehensive sexual health education and promote anti-bullying policies.

- Develop networks that prioritize leadership development, professional development and collaboration, including, if necessary, institutional mergers. This should be done in a smart/efficacious, transparent and more collegial (less territorial) manner.

Increase Culturally and Linguistically Appropriate Prevention and Care Services

- Develop resource allocation methodologies that are consistent with (and anticipate) state and local LGM prevention needs.

- Assess the reach, fidelity and quality of services targeting LGM including the percent of Spanish-speaking individuals in the community, bilingual and bicultural employees, materials translated into Spanish and/or materials developed in Spanish.

- Ensure ease of access to HIV/AIDS services by addressing geographic, linguistic and fiscal limitations, regardless of citizenship status.

- Increase testing initiatives (and venues) in the Latino community that specifically target LGM.

- Create funding mechanisms to develop, implement and evaluate organic, culturally relevant interventions among service providers that address the concurrent factors impacting the sexual health of LGM (e.g., acculturation, socioeconomic status, immigration and cultural beliefs and practices).

- Support bilingual educational efforts that target LGM via creative public information and awareness campaigns that reflect cultural norms and varying literacy levels.

Build and Support State and Local Capacity

- Support ongoing technical assistance to CBOs serving LGM to better ensure programmatic and organizational capacity (e.g., grant writing, budget management and program evaluation).

- Provide ongoing trainings to community partners on cultural sensitivity and competency (e.g., National Standards Culturally and Linguistically Appropriate Services in Health Care).

- Encourage sustainable business models for CBOs by seeking advice and financial investments from the business community (e.g., U.S. Hispanic Chamber of Commerce) and securing non-traditional funding sources to make initiatives more financially viable.

Develop and Sustain Efforts to Promote and Support Latino Leadership

- Actively recruit and ensure representation and retention of LGM in advisory boards, community planning groups and coalitions and in the planning, implementation and evaluation of programs targeting Latino communities.

- Foster working relationships with Latino leaders to develop their expertise and leadership on issues related to HIV/AIDS (e.g., faith-based leaders, elected and appointed officials and local business owners).

- Recruit, retain and develop bilingual and bicultural LGM into decision-making and management positions at state and local HDs.

- Provide ongoing opportunities for professional development of current Latino, particularly LGM, HD staff.

- Create real incentives and transportation structures for consumers to participate in local and state-wide prevention planning groups.

COMMUNITY

Community-based organizations and the members of the at-large community remain on the frontlines of HIV/AIDS prevention, care and treatment for LGM. CBOs and communities are well-positioned to increase civic involvement, particularly as it pertains to changing community norms and diminishing stigma and discrimination. We invite CBOs, especially those who have LGM as their client base, and their communities to examine and implement the following issues for consideration:

Advance Programmatic and Organizational Capacity of Service Providers

- Develop interagency LGM peer leader groups to develop city-, county- or state-wide consumer networks that will mobilize on behalf of structural interventions designed to reduce rates of infection and HIV/AIDS- and gay-related stigma.

- Develop social messaging campaigns and interventions which target specific subpopulations within the broad LGM population (e.g., bisexuals, MSM, immigrants, second and third generation Latino men) which seek to encourage testing, service acquisition and challenge community norms.

- Create support groups for HIV-positive men that are linguistically and culturally appropriate and develop social opportunities where LGM with different acculturation levels can interact outside their English or Spanish dominant groups.

- Develop appropriate transportation services for rural HIV-positive clients in care that preserves their right to confidentiality.

- Develop outreach efforts that embed HIV testing and prevention information within broad campaigns which address other pressing health and social concerns (e.g., diabetes and high blood pressure).

- Develop messages that address issues related to sex, love, relationship dynamics, dating, intimacy and sexual health.

- Develop programming that encourages LGM 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.

Educate and Empower LGM and their Communities

- Encourage LGM to become more active in community advocacy efforts focusing on gay rights, immigration reform, health reform and other pertinent policy issues.
- Maximize cultural resources that emphasize collective solutions to pervasive health and social problems in the community.
- Advocate for programs that will develop personal and professional capacity for consumers of HIV/AIDS prevention and care and treatment services.
- Maintain an open dialogue with sexual partners about HIV/STD risk and transmission.
- Seek participation on state and local community planning groups and councils.
- Seek health information and adhere to treatment regimes.
- Share sexual health information through social networks and local institutions (e.g., family, friends, coworkers and congregations).
- Promote and/or assume intergenerational mentoring roles among LGM (especially youth, new positives and recent immigrants).
- Raise awareness among elected officials regarding laws and policies that impact LGM such as healthcare, immigration reform, gay rights and HIV criminalization.
- Support candidates that willingly endorse these causes by campaigning and voting.

FEDERAL PARTNERS

Federal partners including federal agencies and policymakers are charged with providing funding, administering federal programs and furnishing research and development of HIV prevention and care and treatment initiatives. We invite federal partners to examine the following issues for consideration:

Improve Coordination and Foster Creative Collaboration Between Federal Agencies

- Examine collaborations throughout Department of Health and Human Services (HHS) agencies to ensure a holistic and comprehensive service provision that addresses the multitude of health and social issues faced by LGM. Efforts to address the research, prevention, care and treatment needs of LGM should align with National HIV/AIDS Strategy goals.

- Develop more evidence-based, Latino-focused behavioral and structural interventions, particularly for LGM.

- Expand collaborations with other federal government agencies to build synergy in order to address the "whole person" and improve the overall well-being of LGM, including the Department of Labor, Department of Justice, Department of Housing and Urban Development and Department of Education.

Address Legal Issues Impacting LGM

- Increase access to legal representation in refugee status appeals for immigration cases on the basis of persecution due to sexual orientation.

- Increase law enforcement to combat stigma and discrimination (i.e., hate crimes and violence against LGM on the basis of sexual orientation, immigration or HIV status).

- Focus on sexual health education, stigma and homophobia, and the availability, rights and entitlements of social and health services.

Foster Opportunities for Research

- Create funding opportunities that promote partnerships between CBOs and university-based researchers.

- Increase funding for research that focuses on the impact of nuanced cultural aspects of Latino gay communities, including acculturation, religion, immigration, national and transnational experiences, stigma and discrimination.

- Identify opportunities and resources for Latino participation in ethically-sound treatment research trials (e.g., HIV clinical trials).

- Develop pipeline research opportunities pertaining to LGM, their sexual health and socioeconomic status.

NON-GOVERNMENTAL PARTNERS

Organizations that are not HIV-specific have an important role to play. We invite other non-governmental partners to examine the following issues for consideration:

Raise Awareness of the HIV/AIDS Crisis

- Incorporate materials and messages that educate on issues impacting LGM (e.g., HIV/AIDS, acculturation and gay-identity).

- Develop social media campaigns targeting English and Spanish-language television, radio and Internet sites that promote awareness around sexuality and sexual health.

- Encourage partnering with other national and international organizations and networks to include sexual health issues as part of their platforms.

Build the Latino Workforce

- Provide mentorship and professional development to individuals working at CBOs.
- Provide scholarships to facilitate greater educational attainment among LGM.
- Provide leadership and promotional opportunities for Latinos in the field of public health, particularly in HIV/AIDS.

Summary and Conclusion

NASTAD focus group data in this study uncovered a wealth of information regarding the challenges Latino gay men faced in their personal, familial, work and social lives and their expressed desire for change in all these domains. The participants interviewed (no matter city or rural areas) understood that many LGM live at the crossroads of risk and opportunity. LGM want fewer barriers to their participation in the job market. Participants want more community access to platforms that build LGM leadership and professional development. LGM feel that there are few spaces to socialize and experience group-level education. They do not want their social lives to be restricted exclusively to the bar or club venues in their localities. Moreover, these men want to be with other LGM in spaces where alcohol, drugs or sex are not the only mediums of social exchange and growth. The economic and social challenges that are documented in this study attest to the enormous courage and hope that LGM exhibit to simply survive on a daily basis.

This report points to the real, local and sustainable changes that can occur for the LGM community if the social, structural and environmental determinants that contribute to HIV risk are combated, with precision, at every level. Yet, key forms of collaboration, targeted use of resources, cultural sensitive and competent programmatic content, and the mobilization of cultural norms of collective self-help – already operative in the LGM community – can be the right mix for increasing awareness, lowering infection rates, providing better care, and creating the types of civic action and responsibility that the HIV/AIDS crisis among Latino gay men demands.

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March 2011
Ann Robbins, Texas, Chair
Julie M. Scofield, Executive Director

Endnotes

1 NASTAD represents the nation's chief state and territorial AIDS directors who have programmatic responsibility for administering HIV/AIDS and viral hepatitis healthcare, prevention, education, and supportive service programs funded by state and federal governments.

2 White House. *National HIV/AIDS Strategy for the United States*. July 2010; 8. Available at: http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

3 White House. *National HIV/AIDS Strategy for the United States*. July 2010; 11. Available at: http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

4 White House. *National HIV/AIDS Strategy for the United States*. July 2010; 10. Available at: http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

5 Centers for Disease Control and Prevention, CDC Fact. Available at: http://www.cdc.gov/hiv/topics/msm/pdf/msm.pdf

6 Kaiser Family Fund. Latinos and HIV: Fact Sheet. November 2010. Available at: http://www.kff.org/hivaids/upload/6007-08.pdf

7 The term "Latino" refers to individuals of Latin American ancestry including immigrants and their descendants from Latin American countries predominantly from Mexico, Puerto Rico, Cuba, Dominican Republic, but also many other Central and South American countries. Guitierrez, David G. The Columbia History of Latinos in the United States Since 1960. New York: Columbia University Press.2006.

8 Pew Hispanic Center. Statistical Profiles of the Hispanic and Foreign-Born Populations in the United States. 2010. Available at: http://pewhispanic.org/reports/report.php?ReportID=120

9 Bergad, L W & Klein, H S. Hispanics in the United States: A Demographic, Social, and Economic History, 1980-2005. Cambridge, UK: Cambridge University Press. 2010:99

10 Kaiser Family Foundation. The Role of Health Coverage for Communities of Color: Issue Brief. November 2009. Available at: http://www.kff.org/minorityhealth/8017.cfm

11 Pew Hispanic Center. Statistical Portrait of Hispanics in the United States, 2008. Available at: http://pewhispanic.org/factsheets/factsheet.php?FactsheetID=58

12 Pew Hispanic Center. Statistical Portrait of Hispanics in the United States, 2008. Available at: http://pewhispanic.org/factsheets/factsheet.php?FactsheetID=58

13 Kaiser Family Foundation, www.statehealthfacts.org

14 U.S. Department of Health and Human Services (HHS). http://www.hhs.gov/about/regionmap.html

15 Creswell, JW. Qualitative Inquiry and Research Design: Choosing Among Five Approaches (2nd Edition). Thousand Oaks, CA: Sage Publications. 2006.

16 White House. *National HIV/AIDS Strategy for the United States*. Available at: http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

17 White House. *National HIV/AIDS Strategy for the United States*. July 2010: 37. Available at: http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

18 This finding mirrors the results of the 2010 National Survey of Latinos conducted by the Pew Hispanic Center of 1,375 Hispanic adults that asked an open-ended question to name the person they consider "the most important Latino leader in the country today." The bilingual national survey found that nearly two-thirds (64 percent) of Latino respondents said they did not know, and an additional 10 percent said "no one." Pew Hispanic Center. National Latino Leader? This Job Is Open. November 15, 2010. Available at: http://pewhispanic.org/files/reports/131.pdf

19 Maume Jr., DJ. Is the Glass-Ceiling a Unique Form of Inequality? Evidence From A Random-Effects Model of Inequality of Managerial Attainment. Work & Occupations: An International Sociological Journal. 2004; 37(4): 250-274.

20 Diaz, RM. Latino Gay Men and HIV: Culture, Sexuality, and Risj Behavior. New York: Routledge. 1997.

21 Carillo, H. Sexual Migration, Cross-Cultural Sexual Encounters, and Sexual Health. Sexuality Research and Social Policy. 2004; (3): 58-70. Ayala George. Cortez, J. Sexile/Sexilio. AIDS Project Los Angeles (APLA). 2004. Available at: http://www.apla.org/publications/sexile/Sexile_web.pdf

22 Forty two jurisdictions responded to the surveys designed to gather information limited to state revenue and funding decreases to HIV/AIDS programs. Survey results indicate a) more than $170 million was cut from program budgets; b) twenty five jurisdictions reported cuts to HIV prevention programs; c) 200 open or unfilled positions; and d) mandatory staff furlough as high as 36 days.

One night I ran into a friend. I knew there was something going on with him. Even though he couldn't tell me, he was dying and he was just angry. He didn't look the same. He was kind of embarrassed to see me, but he respected me, so I said, 'Well, why don't we go for a little ride?' I got him in my car and I put in a tape of Mexican music. He just started crying. He goes, 'Do you know how long it's been since I've heard that music?' A few months later, he was gone… So, there's a void out there, especially with Latino gay men. It's either you have to give up your Latino identity and embrace the white gay culture, or you just stay Latino and stay closeted. I think that middle ground never existed to express not only your 'gayness' but your 'Latinoness.' You can't separate the two. They're both equally important.