

WORKING WITH HISPANIC/LATINO COMMUNITIES AFFECTED BY HIV



GUILLERMO CHACÓN

Latino Commission on AIDS, *President*
Hispanic Health Network, *Founder*



ABOUT THE COMMISSION

- Founded in 1990 to address the impact of HIV and AIDS, viral hepatitis, and health disparities in Hispanic/Latinx communities.
- Local, regional, national programming, including Puerto Rico and the U.S. Virgin Islands
- Multi-disciplinary, multicultural/bilingual professional staff of 42
- Formerly led by Dennis de Leon, national AIDS activist, 1994-2009†



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- Formerly led by Dennis de Leon (1994 human rights lawyer and AIDS activist
- Led by Guillermo Chacon since 2009 with a focus on coalition building, community mobilization, and media presence.



The New York Times

THE NEW YORK TIMES OP-ED SATURDAY, MAY 15, 1993

My Hopes, My Fears, My Disease

By Dennis deLeon

For four years, I have been torn about when and how to say publicly that I carry H.I.V., the virus that causes AIDS. There were always so many compelling reasons not to say anything. Every such excuse started with the word "fear" — fear of employment discrimination, fear of the politics of AIDS, fear of becoming a pariah.

When I contemplated disclosure, I felt that my hope to continue contributing to society as a lawyer and human rights activist was threatened. Would I be evaluated on my merits if I sought to be a judge, a law professor, a law firm member or a governmental appointee?

Mayor David N. Dinkins has known of my H.I.V. for two years and has

remained supportive of me and committed to my abilities. But what about my next employer? As Commissioner of Human Rights, I have overseen hundreds of cases in which H.I.V.-positive New Yorkers and their families have been shunned by colleagues and employers. Often, the person is transferred into a meaningless position, passed over for advancement or fired. Such treatment is often made to appear superficially legitimate but is frequently revealed through investigations to be based on discrimination. Why should I put up with that?

Another reason for not discussing my status was the crazy quilt of social activist roles I am given to play with H.I.V. These are not easy paths to simultaneously follow. New York's Puerto Rican and Latino political agenda has never recognized the needs of the thousands of us who are gay and lesbian.

Conversely, gay and lesbian leaders rarely speak to the needs of the racial and ethnic minorities. A curious

place is the boards of most gay organizations reveals only when recognition of the city's Latino homosexual presence. The unspoken rule is that you can exclusively be one thing at a time — a Latino or a gay man — with no recognition of reality's complexity.

With each H.I.V. self-disclosure, we fight bigotry.

Add an H.I.V. diagnosis to this mix and it gets complicated. A few Latino leaders seek to portray AIDS organizations as a powerful white presence that takes things away from Latinos, families and racial minorities with H.I.V. These leaders often want to redirect AIDS funds away from

mainstream gay groups to Latino-run organizations with little experience in dealing with gays and lesbians. On the other hand, some gay and lesbian service providers, such as the Gay Men's Health Crisis, have tried to cover all the city's ethnic bases, even when Latinos may be better served through developing their own dedicated service organizations.

I have been concerned about the words "person with H.I.V." about its use and enough for latter some that I will not let a phrasemaster tell my personal. If I don't feel sick, why should I tell myself I am? I avoid the crude language and knowing looks of pity. Why become the prisoner of unexamined beliefs about the productive potential of persons living with H.I.V.?

Given all of these reasons for not being public about the disease, why come out? Why put my professional and economic life in jeopardy? Why subject my partner of 15 years (who is H.I.V. negative) to possible reprisals just for living with me?

The simple answer is hope. If more people proclaim their H.I.V. status, we will change the way society treats persons with the virus. My hope is not that any expectation that discrimination will end tomorrow but on a collective basis to show society that people with H.I.V. are leading decent lives and will successfully resist attempts at exclusion.

We need more role models like Thomas W. Dunne, the New York City Council member; Ronald Johnson, the Mayor's AIDS services coordinator.



COMMISSION'S MISSION

- The Commission is a nonprofit organization dedicated to improving and expanding access to health care; addressing viral hepatitis, HIV, AIDS, STIs; and creating community mobilization to address health disparities
- The Latino Commission is the founder of the Hispanic Health Network



CORE SERVICES



Our community health model embraces **five core and complementary services**:

1. Health Education & Awareness
2. Prevention and Access to Care
3. Capacity Building Assistance
4. Health Policy & Community Action
5. Hispanic Health Behavioral Research

Barriers to Adequate Health Care

- Lack of knowledge about the health care challenges faced by Hispanos/Latinos
- Lack of understanding about diversity within the Hispanic community (U.S. born vs. foreign born)
- Limited linguistic and culturally competent services
- Discrimination and racism
- Lack of Hispanic healthcare workforce and service providers
- Challenges faced by new immigrants
- Lack of Latino representation on research and health studies
- Challenges proper of aging on elderly Hispanics that live with HIV and chronic comorbidities

the current state of the HIV epidemic among Latinos in the U.S.

NEW HIV CASES BY RACE/ETHNICITY

Race/Ethnicity	United States January through December 2017 (preliminary)	
	Number	Rate
White	10,117	5.1
AA/Black	16,690	41.1
Hispanic	9,461	16.1
Asian/PI	942	5.1
Native Hawaiian/Other Pacific Islander	57	9.9
Am Indian/Alaska Native	212	8.8
Multiple	871	12.6
Total	38,281	11.8

CUMULATIVE HIV AND AIDS CASES BY RACE/ETHNICITY

United States

Through December 2017

Race/Ethnicity	Number	Percent
White	443,701	34.6
AA/Black	515,685	40.2
Hispanic	266,602	20.7
Asian/PI	10,340	0.81
Native Hawaiian/Other Pacific Islander	851	0.06
Am Indian/Alaska Native	3,578	0.28
Multiple	40,944	3.19
Totals	1,281,787	100.0

DIAGNOSIS OF HIV INFECTION AND PERSONS LIVING WITH HIV in Latinos

	New Diagnosis 2017	Rate of New Diagnosis in 2017	Persons Living with HIV 2016	Rate of People Living with HIV 2016
NE	1,800	5.4	70,543	874.4
MW	609	3.2	13,671	259.9
SOUTH	4,123	7.8	69,034	320.4
WEST	2,929	5.2	61,591	269.6
TERR.	447	14.2	31,422	242.4

STATES WITH HIGHEST HIV AND AIDS DIAGNOSIS BY STATE AMONG LATINOS

State	2016 Year End HIV Diagnosis	2016 Year End-AIDS Diagnosis
California	46,251	26,273
New York	44,524	26,942
Texas	27,494	14,729
Florida	25,134	12,662
Puerto Rico	16,782	9,070
New Jersey	10,053	5,241
Illinois	6,826	3,698
Pennsylvania	6,050	3,396
Massachusetts	5,380	3,109
Arizona	4,686	2,264

IN 2017, **9,908 LATINOS** WERE NEWLY
DIAGNOSED WITH **HIV** IN THE U.S.

- THAT IS APPROXIMATELY -

27 PER **DAY**



IN 2017, LATINOS REPRESENT **18%** OF THE
U.S. POPULATION

- BUT ACCOUNT FOR -



25.6%

OF ALL NEW HIV
DIAGNOSES



21.9%

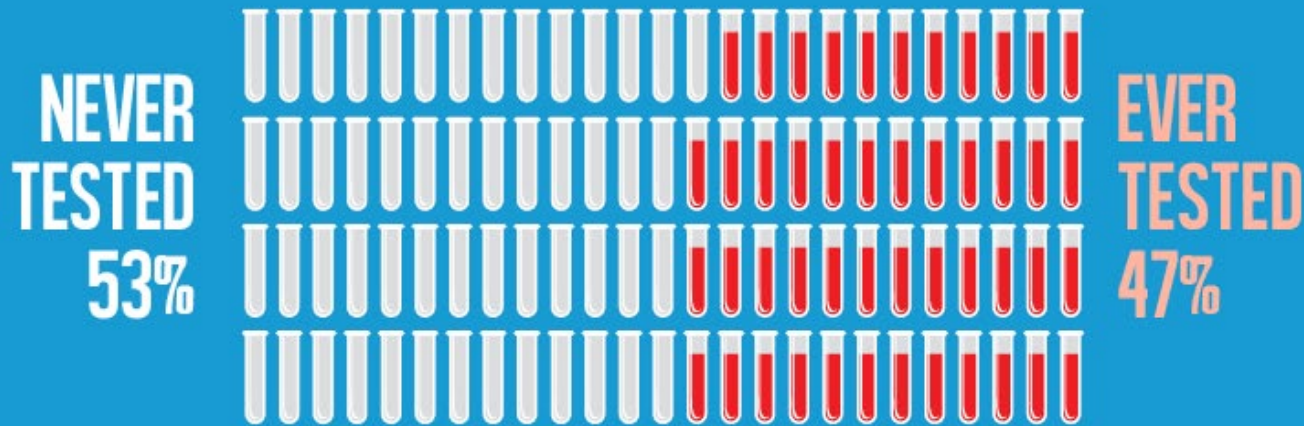
OF ALL NEW AIDS
DIAGNOSES

1 IN 6 LATINOS
LIVING WITH HIV ARE UNAWARE THEY HAVE IT



*LATINOS WHO ARE UNAWARE CANNOT TAKE ADVANTAGE OF
HIV TREATMENT AND MAY UNKNOWINGLY TRANSMIT HIV TO OTHERS.*

53% OF LATINOS HAVE NEVER BEEN TESTED FOR HIV IN THEIR LIFETIME



IF CURRENT **HIV RATES** PERSIST:

1^{IN}5

LATINO
MSM

1^{IN}48 

LATINO
MEN

1^{IN}227

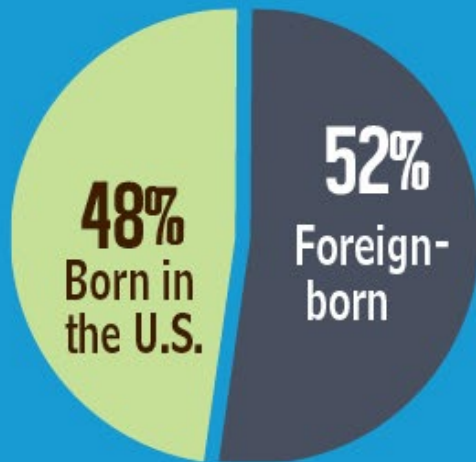
LATINA
WOMEN

MAYBE DIAGNOSED WITH HIV IN THEIR LIFETIME

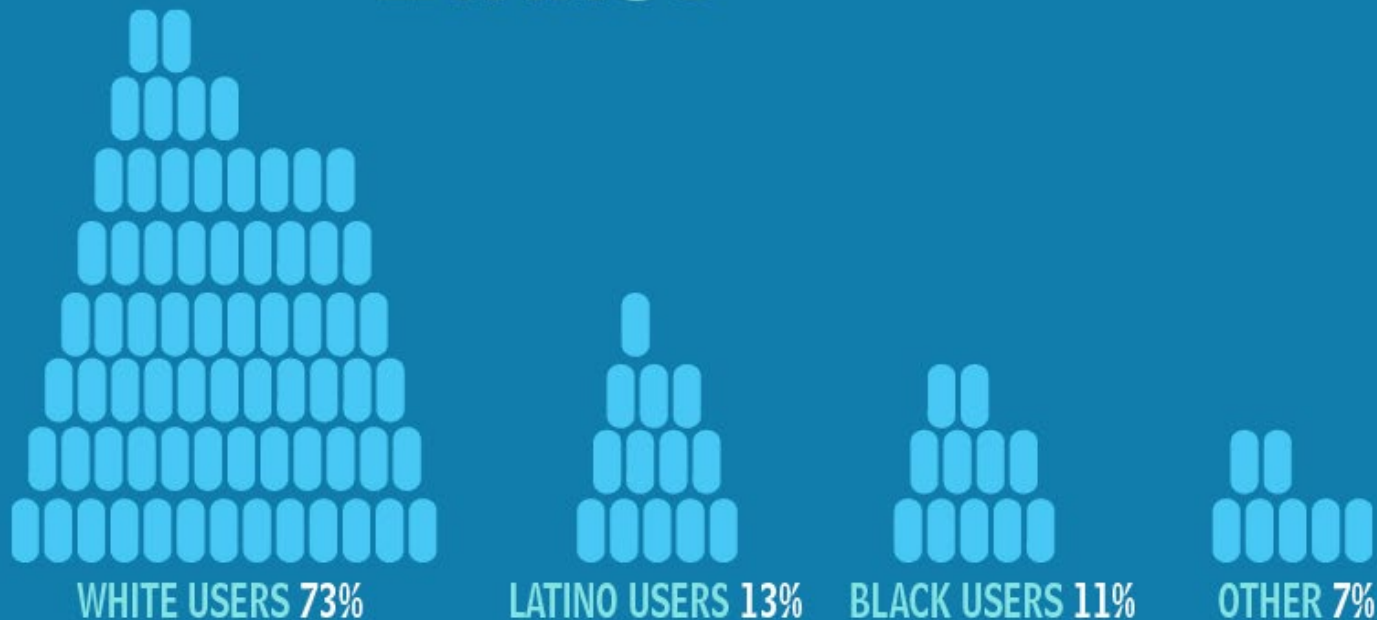
ABOUT **1 IN 4** LATINA TRANS WOMAN
IS ESTIMATED TO BE LIVING WITH HIV

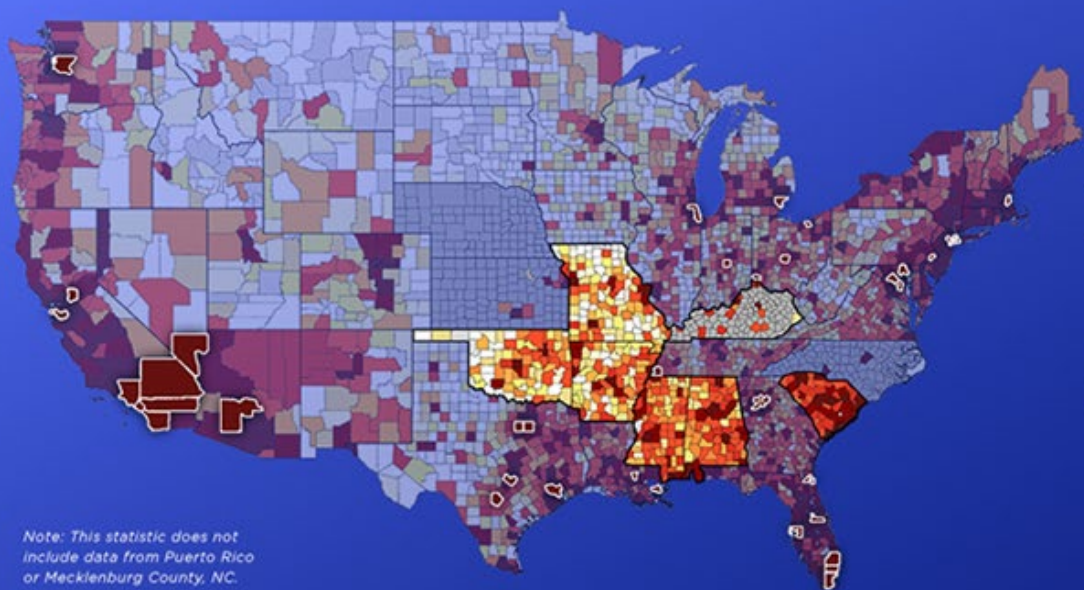


IN 2017, **52%** OF LATINOS
DIAGNOSED WITH HIV WHO DISCLOSED THEIR PLACE OF BIRTH
WERE **FOREIGN-BORN;**



UNEQUAL ACCES TO PrEP, A DAILY PILL TO PREVENT HIV, PUTS **LATINOS** AT HIGHER RISK (2016)





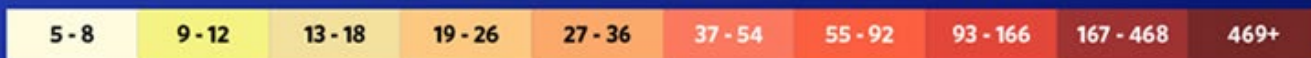
Note: This statistic does not include data from Puerto Rico or Mecklenburg County, NC.

In 2016, **65%** of all **Hispanic/Latinx people living with HIV**

resided in the 57 jurisdictions targeted by the HHS initiative

*Ending the HIV Epidemic:
A Plan for America.*

Number of Hispanic/Latinx Persons Living with HIV, 2016



SOURCE: AIDS Vu

COMMISSION'S
STRATEGY TO
RESPOND
TO THE HIV EPIDEMIC
AMONG LATINOS

Strategies: Partnership and Innovative Programs

- The Latino Commission on AIDS works locally, regionally and nationally with partners including Puerto Rico & the U.S. Virgin Islands.
- Some of programing and strategies we are engaged in:
 - Oasis LGBTQ Wellness Center
 - Latino Religious Leadership Program
 - Latinos in the South
 - Capacity Building Assistance
 - National Latino AIDS Awareness Day
 - National Hispanic/Latinx Health Leadership Summit 2020

Oasis Latino LGBTQ Center



Oasis aims to reduce new infections, increase access to care and promote health equity by providing a safe space for gay, bisexual and transgender people.

OASIS Latino LGBTQ Center

Homegrown Initiative:



The Commission developed “Construyendo tu YO ideal”: three-day retreat where participants identify their self-esteem, internalized homophobia & transphobia, as well as social isolation & support to overcome all of them.

Piloted CDC new EBI:



The Commission became one of the first CBO’s to implement *Sin Buscar Excusas*, a video-based behavioral intervention that aims to increase sexual safety and HIV testing. Through this intervention, the agency recruited 56 clients in 2018.

Latino Religious Leadership Program

The Latino Religious Leadership Program was founded in 1995 to provide a leadership role to faith-based communities in addressing HIV and AIDS and educating religious leaders about the most pressing health concerns in our communities.

The program facilitates the process to establish church settings as another venue for health promotion and addressing stigma.



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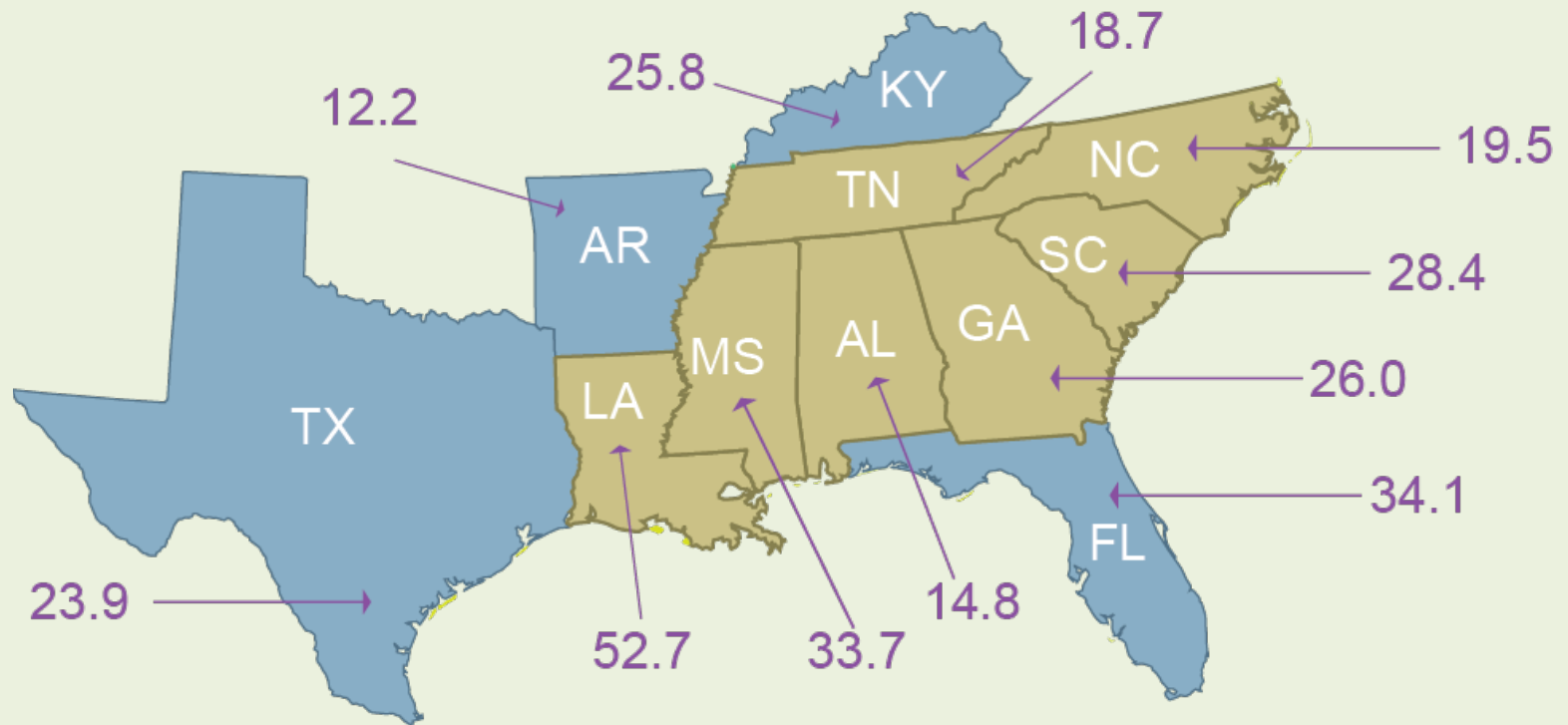
THE LEADERSHIP MODEL

- The Commission works with the leadership of congregations or denominations, in order to create a domino effect within the faith communities.
- Develop health leadership at all levels.
- **Ministers, faith leaders and congregations take a role in reaching healthy communities**



Latinos in the South: HIV Diagnosis

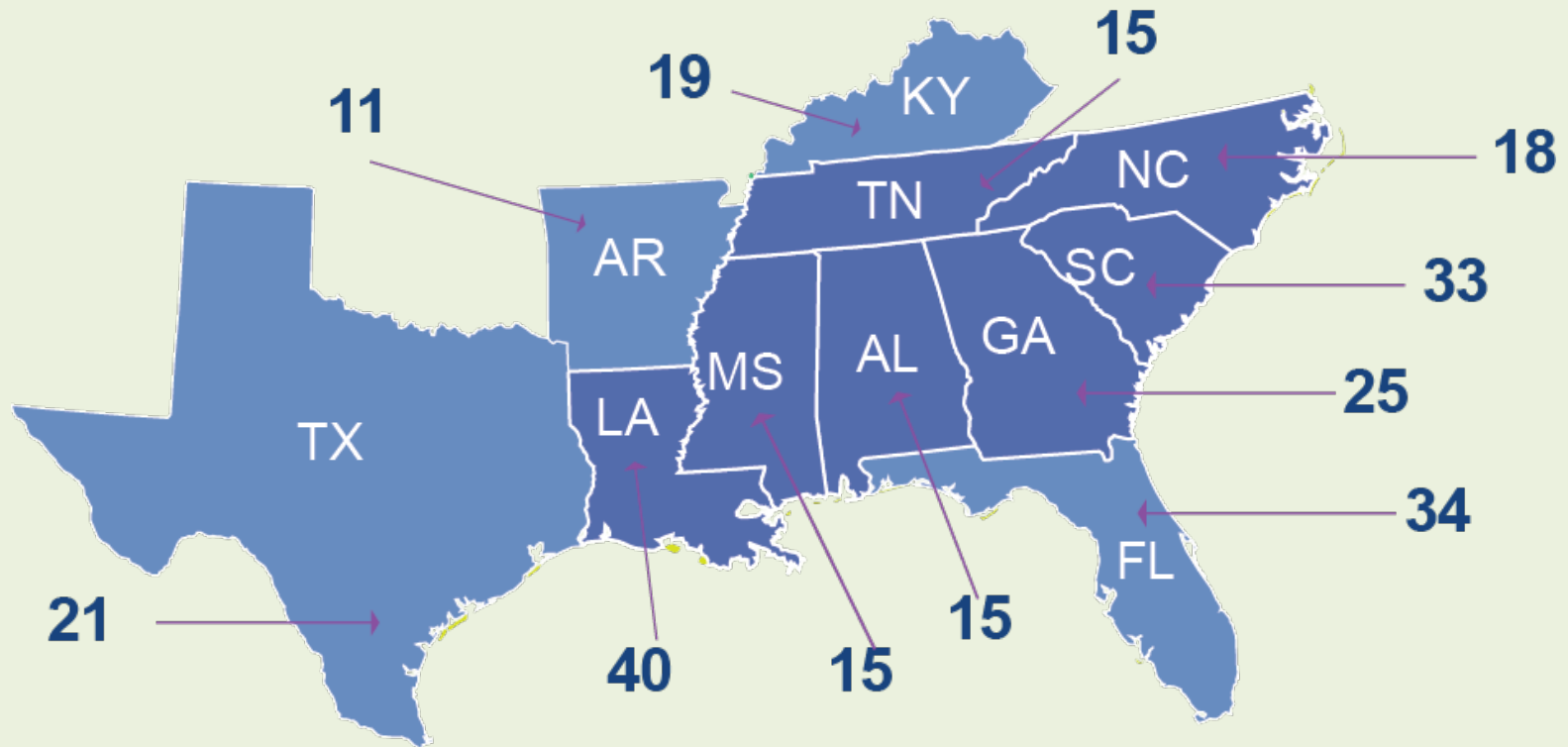
HIV Diagnosis among Latinos Adults and Adolescents in 2011
(rate per 100,000 people)



Source: Centers for Disease Control

Latinos in the South: HIV Diagnosis

Rates of Latinos Newly Diagnosed with HIV in 2017
(per 100,000 people)



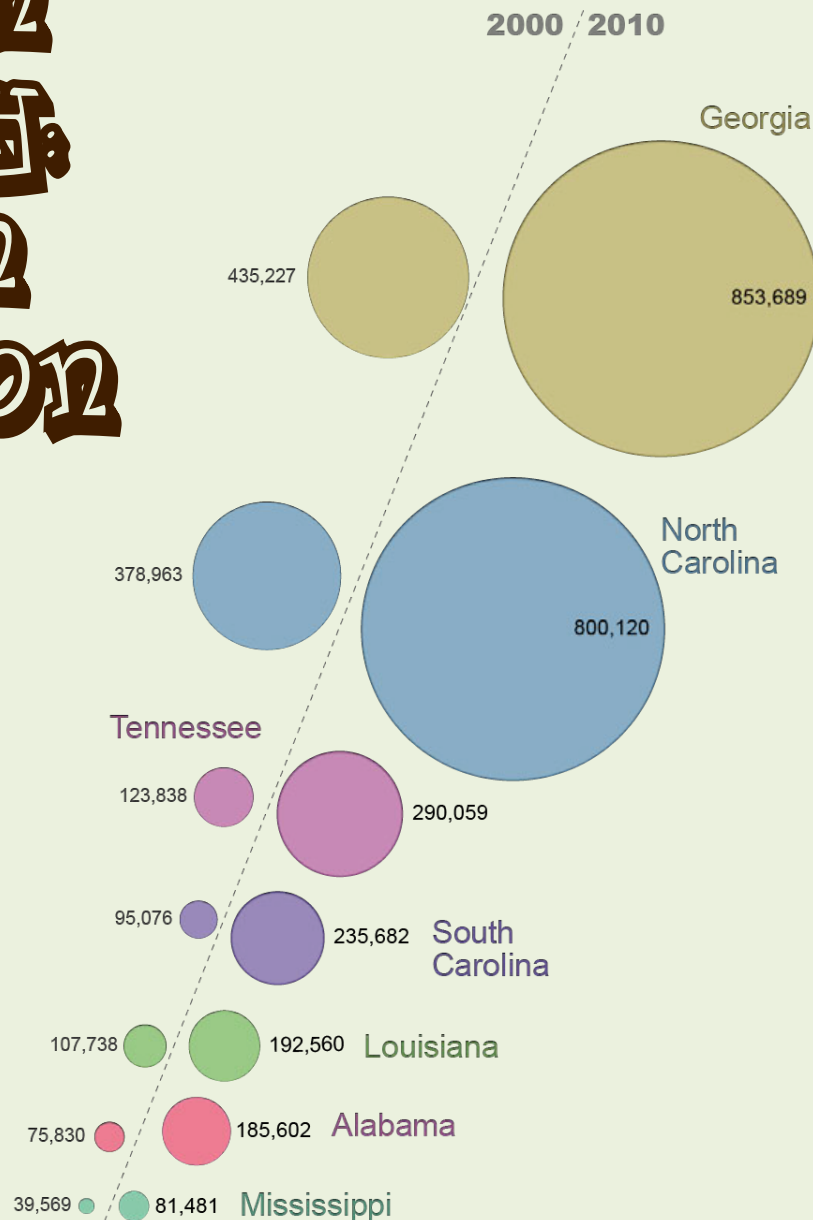
Source: Centers for Disease Control

Latinos in the South: Growth in Population

Latino population
2000-2010 in
7 states of the
deep south

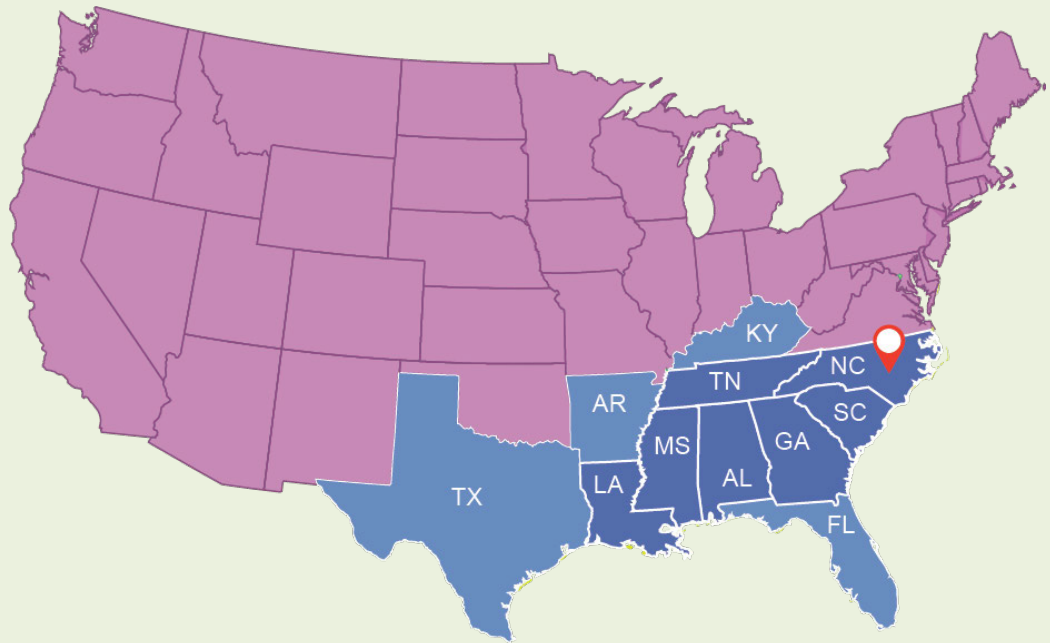
1'256,241 in 2000

2'639,193 in 2010



Latinos in the South Program

- **Community Organizing & Leadership Development**
 - Dennis de Leon Leadership Institute
 - Regional Latinx Assessment
 - Alianza Latinx LGBTQ
 - Encuentro Summit
- **Community Based Participatory Research**
- **Capacity Building Assistance (CBA)**
 - Provided CBA across the Deep South to CBO's, Health Depts. among others



- Latinos in the Deep South Program since 2007
- Latinos in the Deep South Program expanded reach from 2011-2013
- 📍 Latinos in the Deep South Program home since 2012

CAPACITY BUILDING

Hands United Manos Unidas

- **Funded by CDC:**
Southern region
- **Focus:** Strengthen
HIV prevention and
capacity of CBOs
- **Experience:**
Know-how of
16 years



Directed by distinguished behavioral specialists, public health leaders, organizational development specialists with expertise on stigma, evaluation, social marketing, linkage & navigation to care, PrEP and HIV prevention services

National Latino AIDS Awareness Day (NLAAD)



- Over 80,000 Latinos/as tested for HIV since 2003
- Mobilize 350 CBOs and health departments in 250 cities/40 States & territories
- Built and maintain a national network of CBOs, Health Departments, federal agencies, and other partners
- Promotes HIV testing, PrEP, Condoms use, HIV treatment, U=U

Prevention & Education

- National Hispanic HIV Hepatitis Conference
- Mobilize CBOs, health departments in many Cities/States
- Working on building and maintaining a national network of CBOs, Health Departments and people impacted by HIV, HCV and SUD
- Valley AIDS Council, Texas



Prevention & Education

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- Mobilize CBOs, health departments in many Cities/States
- Working on building and maintaining a national network of CBOs, Health Departments and people impacted by HIV, HCV and SUD
- Partnership with regional organization such Valley AIDS Council in Texas to develop health education programs
- Launching initiatives to educate at-large community about homo-transphobia and stigma




NATIONAL HISPANIC/LATINO HEALTH LEADERSHIP SUMMIT 2020

Early 2018-2019 Activites:

- Organizations begin to work together and strategize on how to address increasing incidence of HIV in our communities
- Decision was made to work together and develop a National Steering and Planning Committee towards 2020
- Call to action letter to CDC/DHAP signed by over 160 organizations nationally and over 180 individuals
- National Health Policy Agenda and Summit in early 2020

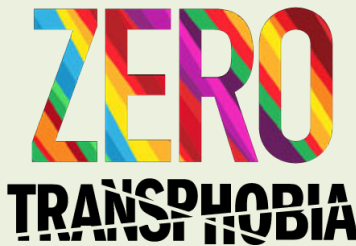
NATIONAL HISPANIC/LATINX HEALTH LEADERSHIP SUMMIT 2020

“Setting Our National Health Agenda”

- The agenda setting will focus on health policy and encourage broad community engagement to address national issues: HIV, viral hepatitis, substance use, and other health disparities.
- October/November work group calls: 
- National Hispanic/Latinx Health Leadership Summit will be on March 2020. For more information, please visit Hispanicnet.org
- **Prevention**
- **The South**
- **Mental Health**
- **Immigration and Migration**
- **Substance Use**
- **Access to Care**
- **Research & Data**
- **Ending the HIV Epidemic 2030**
- **Puerto Rico**
- **Stigma**



MAY 13-19 : WEEK AGAINST
HOMOPHOBIA



NOV 4-10 : WEEK AGAINST
TRANSPHOBIA

Latino Commission on AIDS

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FINAL THOUGHTS

With Latinos growing in numbers, many of them are still alienated from the health system: Latinos represent only 13% of PrEP users, 1 in 4 trans Latina live with HIV, just to name a few. These challenges are worrisome and we react to them with innovative programs, partnerships, by moving our workforce where the epidemic is growing.

The impact we aim to make is one that improves the health and wellness of Latinos and by that, of all Americans.



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