



What's Going on @ SPNS



AN UPDATE FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION,
HIV/AIDS BUREAU, SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

SEPTEMBER 2013

■ Introducing the Latino Initiative: Affirming Cultural Diversity through Culturally Competent Care

There are over 50 million people of Hispanic or Latino* origin living in the United States, and this number grows larger every day. The U.S. Census Bureau (USCB) estimates that by 2050 the Latino population in the United States will swell to 132 million, comprising 30 percent of the U.S. population.¹ In fact, over one-half of the total U.S. population growth between 2000 and 2010 can be attributed to growth among the country's Latino population, with only Mexico having a larger Latino population than the United States.²

HIV and the Latino Population

This tremendous population growth unfortunately has been paralleled by a rise in HIV disease among Latinos, who are disproportionately affected by HIV/AIDS more than any other racial or ethnic group, with the exception of African-Americans:

- Latinos represented 16 percent of the U.S. population, yet accounted for 22 percent of those newly diagnosed with HIV in 2010—an infection rate almost three times higher than Whites.^{1,3}
- An estimated 220,000 Latinos age 13 and over were living with HIV in the United States at the end of 2009, with almost 20 percent unaware of their infection.³
- HIV has especially affected U.S. Latino men who have sex with men (MSM). In 2009, 81 percent of new HIV infections among U.S. Latino men occurred in Latino MSM. Forty-five percent of new HIV infections occurred in young Latino MSM in the United States under the age of 30.⁴
- Nearly 1 in 4 Ryan White HIV/AIDS Program clients is Latino.⁵

HIV and the Latino Population

Unlike “African-American” or “White,” which designate members of a shared racial group, “Latino” designates members of an ethnic group. Broadly speaking, members of an ethnic group share (however broadly) a common language, culture, and heritage but not necessarily a common race. According to the U.S. Census Bureau, people who identify with the terms “Hispanic” or “Latino” are those who classify themselves in one of the Hispanic or Latino categories listed on U.S. Census survey questionnaires. These categories include “Mexican, Mexican American, Chicano,” “Puerto Rican,” “Cuban,” and “another Hispanic, Latino, or Spanish origin.”⁶

Origin can be understood as the heritage, nationality group, lineage, or country of birth of a person or the person's ancestors before their arrival in the United States, and it is not necessarily indicative of immigrant or citizenship status.^{1,6} While people who self-identify as Hispanic, Latino, or Spanish origin may be of any race, they predominantly identified themselves as “White” or “Some Other Race” in the 2010 U.S. Census.¹

Mexico, Puerto Rico (a U.S. Territory), and Cuba are the three most common places of origin among U.S. Latinos, respectively constituting 63 percent, 9.2 percent, and 6.8 percent of all U.S. Latinos.¹ While these have remained in the top three origin groups for U.S. Latinos since 2000, Latinos of El Salvadoran, Dominican, Guatemalan, and Colombian origin—the next four most dominant country-of-origin groups among

*For the purposes of this issue of *What's Going on @ SPNS*, “Latino” refers to Hispanic and Latino/a people unless otherwise differentiated.

this population—demonstrated faster growth during the same time period (at rates of 152 percent, 85 percent, 180 percent, and 93 percent, respectively, compared to 44 percent).⁴

Although the majority of U.S. Latinos speak Spanish or some version of Spanish (76 percent of U.S. Latinos over the age of 5 spoke Spanish at home in 2009), that does not mean that Latinos necessarily share other similarities.⁷ In fact, a recent poll of U.S. Latinos revealed that most do not identify themselves most often as “Latinos”—only about a quarter do.⁸ Instead, just over half surveyed indicated they prefer to identify themselves by their country of origin.⁸ This is likely due to the countries of origin of U.S. Latinos having very distinct histories, and subgroups of Latinos having differing relationships with the United States and its culture and practices. Health behaviors can be significantly influenced by culture; thus, attitudes and behaviors related to health, health care, and the U.S. health care system also vary widely among the U.S. Latino population.⁹

SPNS Latino Initiative

Background

Confronting the cultural challenges of addressing HIV disease among the heterogeneous U.S. Latino population is the focus of a new Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Special Projects of National Significance (SPNS) Program multisite initiative called Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations (Latino Initiative). The Latino Initiative was created to develop and study innovative interventions for U.S. Latinos who

- are at high risk of HIV infection,
- are infected with HIV but are unaware of their HIV status,
- are aware of their HIV infection but have never been engaged in care,
- are aware but have refused referral to care, or
- have dropped out of care entirely.

Future Grantees

This initiative is expected to provide funding during Federal fiscal years 2013 through 2017, and will support organizations that will design, implement, and evaluate culturally appropriate service delivery models focused on improving health outcomes among U.S. Latinos living with HIV. Grants have been awarded to ten demonstration projects, with award amounts of up to \$300,000 per year over the 5-year project period.

Subpopulations of interest for this initiative include, but are not limited to, heterosexual men, heterosexual women, gay and bi-

sexual men, bisexual women, transgender women, and injecting drug users. Grantees are expected to recruit a minimum of 100 participants from their target subpopulation(s). Awards have been granted to organizations located in mostly urban areas in the United States with a high concentration of HIV-positive or at-risk Latinos.

The grantees will be supported by an Evaluation and Technical Assistance Center (ETAC) at the University of California - San Francisco. The ETAC will provide technical assistance to the Latino Initiative demonstration sites via various means, including regular teleconferences, initiative-specific Web sites and webinar content, annual site visits, and semiannual national meetings to bring together all the grantees involved in the initiative. The Latino Initiative funding period officially began in September 2013.

Multilevel, Transnational Approach

SPNS has long focused its efforts on improving HIV care for populations who are marginalized and underserved, and demonstration site applicants for the Latino Initiative were asked to do so by taking a transnational approach in preparing their proposals. This approach is important, in part, because the risk factors for HIV infection can vary for Latinos by country of origin.^{10,11} For example, Latino men of Puerto Rican descent are more likely than other Latino men to be infected through injection drug use.¹¹ HIV transmission among MSM, however, is higher among Latinos of Mexican, Cuban, and Central and South American descent.¹¹ Unfortunately, high-risk heterosexual contact is a shared risk factor for Latinos across subpopulations.¹¹

Research indicates that, because the mode of HIV infection varies for Latinos by place of birth, the results of certain HIV prevention interventions may vary among the distinct Latino communities.¹⁰ “The Latino Initiative transnational approach entails recognizing and affirming the specific countries of origin of Latino populations in the United States and factoring in their particular histories; their cultural views on health care, stigma, and HIV; and language and dialect differences to develop culturally appropriate interventions,” according to Jessica Xavier, SPNS project officer. As such, U.S.-based Latino Initiative applicants have been asked to propose innovative interventions targeting HIV-affected Latino subpopulations that are specific to their country of origin. Proposed interventions must address sociocultural and structural barriers, especially stigma, that affect Latinos’ access to and retention in HIV primary care.

A recent HAB study of 10 HIV service providers treating predominantly Latino clients in the United States provided some insight into effective interventions to addressing such barriers to care. The resulting research report, *Responding to the HIV/AIDS Epidemic Among Latinos: Latino Best Practices*, emphasizes that multilevel interventions that take into account the factors highlighted in the

box below have the greatest likelihood of success in influencing U.S.-based Latinos.¹²

Responding to the HIV/AIDS Epidemic Among Latinos: Latino Best Practices

1. **Patient-level factors:** Language, country of origin, acculturation, income level, insurance coverage, HIV risk factors and serostatus, co-occurring mental illness and substance abuse, low health literacy, and fear of HIV disclosure and deportation.
2. **Clinician-level factors:** Cultural and linguistic competence, provider biases, clinic schedules and hours, and familiarity with HIV disease and treatment.
3. **Organizational-level factors:** Availability of care, client privacy and confidentiality, translation services, acceptability by community, and affordability of HIV core medical and support services.
4. **System-level factors:** Policies that determine eligibility for services, availability of funding for support services, policies limiting undocumented clients to services, Latino-oriented service providers, and care coordination across providers.
5. **Community-level factors:** Issues such as stigma related to HIV and homophobia, cultural beliefs, awareness of HIV treatment services, and subpopulation HIV incidence and prevalence.

Cultural Sensitivities

Latino Initiative grantees must consider the full spectrum of influences on Latino health in order to achieve measurable improvements, but the initiative's emphasis on culturally appropriate interventions underscores the importance of community- and patient-level factors in designing and executing effective interventions. The effect of such factors, like stigma or attitudes about behaviors that are HIV risk factors, varies in severity among Latino subpopulations. "Latinos are a minority with different health-seeking behaviors and attitudes towards health itself," remarks Xavier. "There are, however, some specific Latino cultural constructs, the *-ismos* for example—*marianismo*, *machismo*, *fatalismo*—that can factor into how many Latinos seek and obtain health care and influence their relationships to their bodies and their health," Xavier adds.

Machismo is a Spanish term for the Latino social construct of idealized masculinity and traditional gender roles. In some Latino communities, *machismo* can increase fear of disclosing

behaviors such as male-to-male sexual contact and may lead Latino MSM to be made to feel that they have "failed" to adhere to societal expectations of masculinity. The high rates of HIV in the MSM community can mean that even Latino men at risk for HIV or exposed to HIV through other risk factors, such as heterosexual sex or injection drug use, may fear disclosing their behaviors or HIV-positive status for fear of being identified—or misidentified—as homosexual. This fear, in turn, can prevent Latinos from accessing HIV prevention, testing, and treatment services, or receiving the education needed to know where to find these services in the first place.¹³

Marianismo is a complementary female gender construct to *machismo* that idealizes Latina feminine passivity and submissiveness to men as well as sexual purity, represented by abstinence until marriage and subsequent faithfulness to one's husband. This may prevent Latinas from accessing HIV testing and care and negotiating for safe sex practices with their male partners. In addition, according to providers participating in the aforementioned HRSA report *Responding to the HIV/AIDS Epidemic Among Latinos: Latino Best Practices*, some HIV-positive Latina patients delayed or fell out of care as a result of putting the needs of their family members ahead of their own. This often occurs as a result of *familismo*, a Latino tradition of multiple generations living together that introduces many competing demands for time and attention on Latina women.¹⁴

Fatalismo, the Spanish term for fatalism, is the idea that God ordains all life events, and thus HIV infection is often considered a judgment that only God can heal. This belief may inhibit some Latinos with strong religious beliefs from seeking out or adhering to medical care, and is one of many reasons that, in the United States, Latinos are more likely to progress to AIDS within a year of their HIV diagnosis, experience delays in initiating highly active antiretroviral therapy, drop out of care, and have worse clinical health outcomes than people living with HIV/AIDS (PLWHA) from other communities.^{11,15}

Supporting the NHAS

The SPNS program seeks to align all of its initiatives with the National HIV/AIDS Strategy (NHAS), and the Latino Initiative is no exception. The overarching goals stated in the NHAS are (1) reducing new HIV infections, (2) increasing access to care and improving health outcomes for PLWHA, and (3) reducing HIV-related health disparities, including the specific goal of increasing the proportion of HIV-diagnosed Latinos in the United States with undetectable viral load by 20 percent by 2015.¹⁶ The Latino Initiative will help tackle all three goals directly by seeking to improve HIV care for a key at-risk population, while also generating evidence-based best practices that can be shared across the HIV provider community, hopefully improving care for PLWHA across the country. "Latinos are among those suffering most from HIV-

related health disparities, as clearly identified by the NHAS,” says Xavier, “and so the SPNS Latino Initiative plays a critical role in ensuring we achieve the strategy’s goals.”

The Latino Initiative will be particularly active in support of the NHAS’s intent to reduce stigma and discrimination against PLWHA. “We’ve asked our Latino Initiative grantees to develop a stigma reduction plan, which is something we’ve encouraged but really haven’t required before from our grantees,” says Xavier. “Stigma reduction is mentioned throughout the National HIV/AIDS Strategy, and making it a requirement for a SPNS Initiative, especially one focused on the Latino population, will encourage people to try to identify activities that might lessen the impact of stigma on retention in HIV care,” she adds.

Great Things to Come

The Latino community may be distinguished along many lines—countries of origin, language preference, level of acculturation—but it is richer for this diversity. Although high HIV prevalence is one unifying characteristic of the Latino population in the United States, Latino Initiative grantees will aim to acknowledge and embrace the heterogeneity of the community when designing their interventions. This approach of tailoring HIV treatment to a specific population is not unique to the Latino Initiative—indeed it is a hallmark of the SPNS program.

SPNS Latino Initiative Grantees

- AIDS Arms, Inc.; Dallas, TX
- AIDS Foundation of Chicago; Chicago, IL
- AIDS Project Los Angeles; Los Angeles, CA
- BIENESTAR Human Services, Inc.; Los Angeles, CA
- Gay Men’s Health Crisis, Inc.; New York, NY
- Harlem United Community AIDS Center; New York, NY
- Hektoen Institute for Medical Research; Chicago, IL
- Philadelphia FIGHT; Philadelphia, PA
- The City of New York; Long Island City, NY
- University of North Carolina at Chapel Hill; Chapel Hill, NC
- University of California - San Francisco; San Francisco, CA (Evaluation and Technical Assistance Center)

For More Information

For additional information about the Latino Initiative, visit <http://hab.hrsa.gov/abouthab/partfspns.html>. The SPNS Project Officers for this initiative are:

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Related Resources

Ryan White Voices

José: Mucho Orgullo

José Ramirez, a Latino man living with HIV in Washington, DC, is featured in a video on the Ryan White Voices section of the HRSA HIV/AIDS Bureau’s *A Living History: A Legacy of Care* Web site. To view the video, please visit <http://hab.hrsa.gov/livinghistory/voices/jose.htm>.

Integrating HIV Innovative Practices (IHIP) Webinar Series

Engaging Hard-to-Reach Populations in HIV Care

The HRSA SPNS IHIP Engaging Hard-to-Reach Populations Webinar series is now available online. The series’ three sessions — Outreach, Inreach, and Empowering the Patient — each focus on different aspects of delivering care to PLWHA in traditionally hard-to-reach populations, providing best practices from SPNS grantees across the country. Of particular relevance to the work of the SPNS Latino Initiative is the Empowering the Patient Webinar, in which Dr. Margaret Hargreaves, Principal Investigator for the Latino HIV Care Best Practices Study, discussed engagement and retention of Latinos in HIV care. To view recordings or download PowerPoint slides for all three of the Webinars, please visit <https://careacttarget.org/library/ihip>.

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