



LATINXS AND HIV

ACCESS AND BEYOND

WHITE PAPER PRODUCED
BY LA CLÍNICA DEL PUEBLO

Authors:

Catalina Sol, MPH

Suyanna Barker, Dr.Ph.

Axel Reyes, MD, M.Ed.

Michaela Lambert

Contributors:

Dilcia Molina

Manuel Díaz-Ramirez

Annie Sylvain, MSC

Ilana Nagib

Rosa Altamirano

Katy Weeks, MPH

Daniela Domínguez



La Clínica was founded in 1983 in response to the emerging health needs of DC's Central American immigrant population. Today, La Clínica serves the Latinx community through linguistically and culturally appropriate health and education services. LCDP is a 501(c)(3) organization, Ryan White provider, Federally Qualified Health Center, and an NCQA recognized Patient-Centered Medical Home.

INTRODUCTION

Latinxs in the United States are the largest and fastest growing racial/ethnic minority in the country, and continue to be disproportionately affected by HIV and AIDS, having higher rates of both new HIV infections and people living with HIV than their white counterparts.¹

- According to the Centers for Disease Control and Prevention (CDC), at the end of 2013, an estimated 190,000 Latinxs were living with HIV infection in the US, however approximately 20% are unaware of their infection.²
- In 2014, Latinxs accounted for over one-fifth (18.4% or 10,201) of all new HIV infections in the United States and six dependent areas despite representing about 16% of the total US population.³
- In 2010, CDC analyzed the geographic differences in HIV infection among Latinxs and found that Latinxs living in the northeastern U.S. had an incidence rate that was twice that of other regions.⁴
- The foreign-born share of Washington, D.C.'s population rose from 9.7% in 1990, to 14.4% in 2013, according to the U.S. Census Bureau. The Latino share of Washington, D.C.'s population grew from 5.4% in 1990, to 10.6% in 2015.⁵

- District of Columbia had the highest rate of Latinxs living with an HIV diagnosis at the end of 2013 (1,130.1 per 100,000); a rate more than 4 times the national rate for Latinxs (350.8).⁶
- 68.6% of AIDS diagnoses among Latinxs between 2006 and 2010 were less than one year following their initial HIV diagnose.

Although Latinxs are often perceived as a homogenous population, in reality they are culturally, ethnically, and linguistically diverse. There are Latinxs who have lived in the United States for many generations, as well as recent immigrants, and the countries of origin span from 20 different nations with multiple racial and ethnic groups within each country. However, the majority of Latinxs share the experience of migration, either their own or learned from parents and grandparents.

The vulnerability of Latinxs to HIV is made up of multiple layers of social determinants, many of which are not easily quantifiable. Quantitative data is not readily available, for example, to understand differences between documented and undocumented immigrants when analyzing information about Latinxs and HIV. Vulnerabilities based on gender class, xenophobia, homophobia, and transphobia are not easy to capture when only behavioral risk factors, such as unprotected anal sex, are measured.

CHALLENGES

La Clínica del Pueblo's experience providing comprehensive healthcare for Latinx immigrants highlights some of the specific vulnerabilities at the intersection of HIV and the Latinx immigration experience. Four categories of Latinxs face very similar, and at the same time, very specific barriers with respect to HIV in the District: transgender Latina immigrant women, young immigrant MSM (Men who have sex with men) Latino, undocumented low income Latino men and immigrant Latina heterosexual women.

TRANSGENDER LATINA IMMIGRANT

Transgender Latina immigrants, particularly youth, face a wide range of discrimination and persecution due to their sexual identity. Transgender individuals are individuals whose gender identity differs from the sex originally assigned to them at birth. Transgender individuals are defined according to their own gender identity and presentation and vary greatly in the diversity of their chosen gender identity, gender expression, and sexual orientation. There is not enough data that tracks HIV rates for transgender individuals, and as a result, very little research or reports have been published about the incidence of HIV among transgender Latina immigrants in the United States. However, reports from Central and South American countries point to both the high incidence of HIV as well as widespread persecution that forces many transgender Latinas to migrate to the United States and other countries.

VIOLENCE AND PERSECUTION

- The Trans Murder Monitoring Project found that 80% of 806 homicides of transgender individuals reported since 2008 occurred in Central and South America.⁸ As a result, many transgender Latinas have been forced to flee their country of origin to seek refuge. However, once in the United States, transgender Latinxs immigrant often continue to face difficulties navigating the healthcare and legal systems due to language barriers and discrimination related to their gender identity.
- Organizations such as the League of United Latin American Citizens have noted that immigrant Latino transgender individuals are the most vulnerable to abuse, violence, and harassment compared to non-immigrant transgender Latinos.⁹ This is of particular importance as persecution and stigma are both related to negative health outcomes, such as depression, substance abuse, and sexual risk.



I feel like I left behind a horrible life. I don't have that pain in my chest anymore. My life has changed here for good. I want to go to school to learn grammar and reading in my own language and then in English. I have peace living here.



-Immigrant Transgender woman, 23 years old, El Salvador



<http://tgeu.org/tmm/>

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CONTRIBUTING FACTORS TO HIV

- Transgender Latinas immigrant experience an even greater number of barriers compared to cisgender Latina immigrant. Due to their combined minority status, due to their race, gender identity, and legal status, transgender immigrant Latino/s often face limited access to jobs, education, housing, healthcare, and economic security.
- A recent report from The National Center for Transgender Equality noted that 42% of transgender Latina immigrants reported job loss due to bias, 47% reported being physically assaulted at work, and 46% of respondents had been refused a home or apartment due to discrimination.¹⁰
- All of these combined factors likely contribute to high rates of substance abuse and sex work, which are risk factors for contracting HIV.

YOUNG MSM LATINO IMMIGRANT

Young Latino men who have sex with men (MSM) are at the forefront of HIV infection in Washington, D.C. and the nation as a whole. In 2013, 85% of new HIV infections among Latinos were men, and of those 81% were due to male-to-male unprotected sexual contact.¹¹

Within the subpopulation of MSM Latinos, 67% of the new infections in the United States in 2011 were MSM Latinos under the age of 35, implying that young Latino MSM face a greater number of barriers to seeking testing and counseling.

HIV TESTING

- Recent studies have reported that Latino immigrant MSM may not seek testing due to fear of discrimination and persecution within the Latino community. Particularly, one such test group of Latino immigrant MSM noted that seeking testing might be interpreted by family and community members as an admission that they are gay and/or sexually promiscuous.¹²
- The impact of delayed testing is especially evident within the Latino community. One of the most salient characteristics of seropositive Latinos is their late diagnosis and late entry to care.¹³

“

I was afraid that this country was similar to mine and that people would discriminate against me. I have learned to not be afraid anymore. To not be afraid of being gay or that something bad will happen to me. I didn't know there were people that helped gay people and I have found a great deal of support. I learned that gay people have rights and should not be ashamed of who I am.”

”

-MSM 26 years old, El Salvador

- A significant percentage of these late testers were immigrants, with 73% reporting having been born outside of the United States. Late testers entering care require significantly more support services, as they may present with opportunistic infections, need to quickly initiate anti-retroviral therapy, and require additional social support services while acquiring medical stability.¹⁴

CONDOM USE

- Traditional gender roles such as “machismo”, which emphasizes male virility, likely contribute to decreased condom use, and therefore increased HIV risk for MSM Latino immigrant.
- Condom use and negotiation may be interpreted as a sign of weakness or an admission to sexual partners of sexual promiscuity.¹⁵

HOMOPHOBIA-DRIVEN ISOLATION

- Family is often the first and major homophobic environment for young Latino MSM, leading to separation and isolation. Recent research has also identified that long-term separation from family is a major factor that impacts alcohol abuse, which in turn is associated with lower condom use and an increased number of sexual partners.¹⁶

LATINO IMMIGRANT MEN

The vulnerability of Latino immigrant men to an HIV infection has been associated with the social conditions and the level of access to culturally and linguistic appropriate services in the receiving country rather than HIV prevalence in the original country.¹⁷ Adding to this, migration of single men without their families, language barrier, economic constraints, lack of emotional support, social isolation, racism, sadness, and loneliness contributes to this vulnerability.¹⁸

These are contributing factors that can be considered HIV related determinants:

LONELINESS, DEPRESSION AND WORK EXPLOITATION

- Since in most instances Latino men immigrate to the U.S. by themselves, they are not only leaving their families behind in their native countries, they are also leaving their emotional support systems behind.
- It has been reported that Latino immigrant men have a tendency to become depressed and have feelings of loneliness without their family, and tend to engage in risky behaviors such as binge drinking and having casual sex with different women or using the service of sex workers in order to experience human contact/closeness with someone.¹⁹

“

I have never visited a health clinic for anything. I do not have papers (undocumented). I feel that I am on a dead end street.

”

-Honduran immigrant man

- Extensive hours of work, unsafe working conditions and crowded housing arrangements that many undocumented migrant men face are directly associated with poor health outcomes.²⁰

LATINO IMMIGRANT MEN ON HIV TESTING:

- Some research suggests that legal status of undocumented immigrants can be a determinant of health as it is an important barrier for accessing health services, however there is limited data to shed light on this premise.²¹

MASCULINITY CONCEPTS PROMOTING MULTIPLE PARTNERS AND LOW CONDOM USE

- The premise of cultural beliefs such as Machismo traditionally ties sexual behavior and attitudes to deeply held concepts of manhood, rewarding men for having multiple partners.
- Many men believe that condom use decrease sensation, are ineffective, and reduce the spontaneity of the sexual act.

LATINA IMMIGRANT WOMEN

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Approximately one in four people living with a HIV infection in the United States are women and most of new HIV infections in women are from heterosexual contact (84%). Nearly 88% of women who are living with HIV are diagnosed, however, only 32% have the virus under control.²² In the United States in 2010, Latina women accounted for 15% of the total number of estimated new HIV infections among women. The likelihood of a woman being diagnosed with HIV in her lifetime is significantly higher for Latinas (1 in 106) than for white women (1 in 526).²³ There are several complex factors that expose Latina women to HIV infection including:^{24, 25}

- **Socioeconomic factors:** Factors such as the feminization of poverty, discrimination, and lack of access to affordable and quality healthcare are the biggest contributors.
- **Stigma:** The stigma associated with HIV/AIDS, including how it is contracted, may prevent Latinas from seeking prevention services, testing, and treatment.
- **Cultural factors:** Traditional gender roles and cultural norms may prevent women from learning about their bodies and sexuality

which become barriers for self-care. High rates of sexually transmitted infections (STIs): Latinas have higher rates of STIs than non-Latina white women. Pre-existing STIs can increase an individual's risk for HIV infection once exposed to the virus.

- **Immigration legal status :** Immigrant women and families may be hesitant to seek preventive, testing, and treatment services due to fear of having to disclose their status and being deported. Undocumented Latina women are also at higher risk for gender-based violence (GBV) including human trafficking, intimate partner violence, sexual harassment and stalking, economic dependency, and poor working conditions.
- **Exposure to gender-based violence:** Latinas exposed to GBV have increased risk for HIV infection due to forced sex, limited or compromised negotiation possibilities for safer sex practices, and increased sexual risk-taking behavior.

An important factor to be also considered is that the majority of women looking for sexual and

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“Because of my loneliness and necessity I made some hard decisions which later on I came to regret”

”

-Salvadoran immigrant woman

reproductive health services report not receiving any information or not being offered an HIV test, independently of the risk factors reported to the health care providers. Similarly, HIV-positive women receiving HIV-related medical care normally are not offered sexual and reproductive health services, even though HIV-positive women are at elevated risk for gynecological complications or may need to be informed and empowered on how to prevent unwanted pregnancies.²⁶

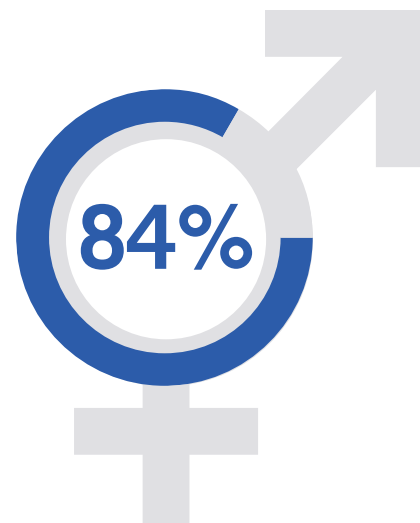
“

We got really scared. We did not know anything about this disease since in the town where we are from AIDS is a like a myth and we don't talk about it.

”

-Peruvian immigrant woman

MOST OF NEW HIV INFECTIONS IN WOMEN ARE FROM HETEROSEXUAL CONTACT



<http://www.cdc.gov/hiv/group/gender/women/>

LA CLÍNICA'S HIV PREVENTION GOAL:

Create safe spaces that are culturally and linguistically appropriate to ensure timely entry in care and promote retention to care in a patient-centered medical home model

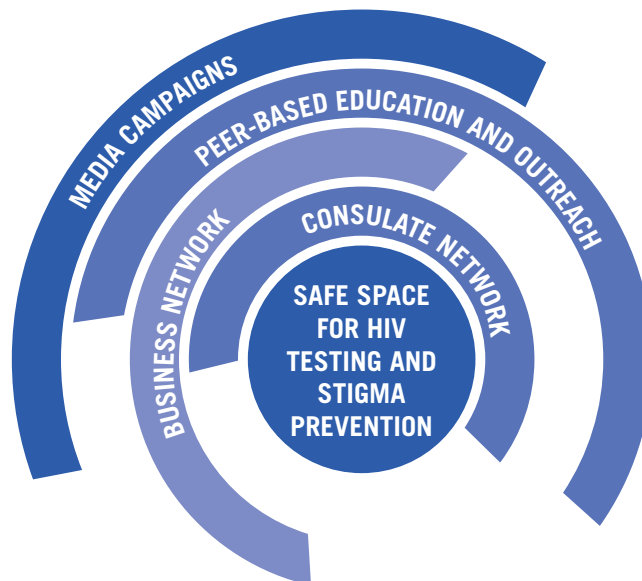
LCDP-HIV PREVENTION AND CARE

We have discussed immigration legal status as a vulnerability factor for HIV within the Latinx community and how social issues and cultural norms play a part in exposure and risk for HIV amongst Latinx immigrants. But what do we do at La Clínica del Pueblo to prevent HIV within our Latinx immigrant community? What approaches do we use to address the correlation between being an Latinx immigrant and being vulnerable to contract HIV? For the last 32 years we have been providing culturally and linguistically appropriate services within a community involvement context where the community, peers and partnerships play a lead role in our strategies.

WHAT WE DO

MODEL OF HIV CONTINUUM OF CARE

LCDP provides comprehensive HIV care services all under one roof. Services include HIV prevention interventions that are designed and implemented with the goal of educating and engaging the Latinx community in order to diminish health disparities associated with HIV transmission. Using an ecological framework, the HIV prevention strategies include: media campaigns, peer-based education and outreach, a network of businesses for condom distribution, engagement with a network of Latin American consulates for newly-arrived immigrant education, and providing a safe space for the MSM and transgender Latino community.



Three special programs serve special populations: LGBTQ, women and newly-arrived immigrants

¡EMPODERATE! SITE

A Spanish speaking drop-in safe space for Latinx immigrant MSM and transgender women

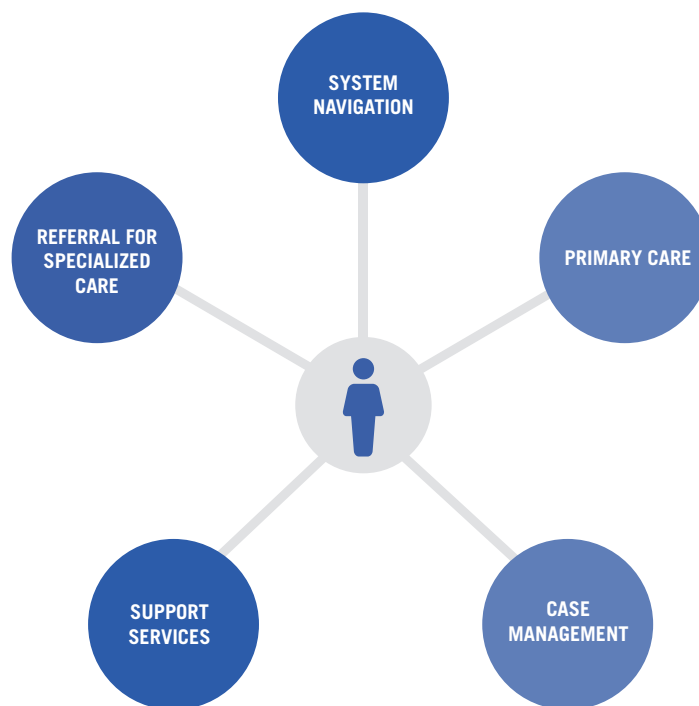
ENTRE AMIGAS PROGRAM

Social, legal, and emotional support from trained peers to navigate survivors of domestic and sexual violence as part of an integral approach of health and wellbeing

COMMUNITY BASED PREVENTION

Peer Network Partnership
Network with Consulates
Small Group Activities
Role Model Stories
Stage-Based Encounters

Once a client is diagnosed by our HIV Counselors or he/she has been referred to us by our partners in the community, the client is provided an array of culturally and linguistically appropriate services:



SERVICE	ACTIVITIES
SYSTEM NAVIGATION	<ul style="list-style-type: none"> • Process of enrollment in care • Support and accompaniment during care • Monitoring and motivating treatment adherence
PRIMARY CARE	<ul style="list-style-type: none"> • Medical/dlinical Team • Monitor CD4 and viral load • Adherence to treatment/medication • Referral to specialized care as a result of opportunistic infections. i.e. infectology, neurology, dermatology, oncology
MEDICAL CASE MANAGEMENT	<ul style="list-style-type: none"> • Treatment adherence • Housing • Food assistance • Transportation • Education • Insurance
MENTAL HEALTH AND SUBSTANCE ABUSE	<ul style="list-style-type: none"> • Mental health therapy – group and individual support • Substance use counseling – group and individual programs
PREVENTION FOR HIV POSITIVE INDIVIDUALS	<ul style="list-style-type: none"> • Women's comprehensive health • Language services • Support group

PROMISING RESULTS

WHAT WE HAVE DONE AND WHAT WE CAN SAY

PREVENTIVE SERVICES PROVIDED

	2012	2013	2014	2015
Counseling and HIV Testing Sessions (unduplicated)	2,471	2,454	2,599	2,414
MSM	205	605	879	815
Transgender woman	23	41	105	87
Unique HIV Reactive Results	21	19	17	29
Unique HIV System Navigation Clients	51	35	51	453
HIV System Navigation Sessions	445	718	708	1,707
HIV Clients Successfully Linked to care / services	46	35	49	731
Street Outreach Encounters	25,798	14,669	2,598	8,989
HIV Prevention and Education Sessions	1,420	870	1,258	2,032
Community Outreach Events	332	163	43	86
Condoms Distributed	115,968	50,592	101,611	124,533

OUTCOMES ACHIEVED

In 2015:

- o Entry to Care: 90% or above

Over 90% of newly diagnosed patients are seen by provider within 30 days of diagnosis

- o Viral Suppression: 88%

88% of clients with at least one medical visit in 2015 were suppressed at their last visit

RECOMMENDATIONS

Over the past 30 years, La Clínica del Pueblo has identified multiple factors contributing to the predisposition and vulnerability of Latinxs for HIV infection, however data and research is lacking at a local and national level. The growing anti-immigrant climate in our nation has made it increasingly difficult for Latinxs immigrants to access HIV prevention and care, requiring that the public health community urgently turn its attention to the relationship between HIV risks, immigration status, and the immigration experience. The following recommendations identify actions that can support an increased understanding of the role of immigration as a social determinant of HIV risk and lead to improved HIV prevention and care strategies for Latinxs immigrants in the District of Columbia and surrounding regions.

ADDRESS DISCRIMINATION AND IMMIGRATION BARRIERS:

- Address social and cultural discrimination such as xenophobia, homophobia, and transphobia that can hinder, and even prohibit, utilization of effective HIV prevention programs;
- Integrate HIV prevention messages in a broader social or health context that address immigration as a barrier to access quality information and preventive services;
- Organize HIV services for immigrants with linkage and support to services that address immigration barriers; and Promote health care finance initiatives that allow universal access to care and medication.

PROVIDE CULTURALLY APPROPRIATE MESSAGES AND SERVICES:

- Develop HIV prevention messages that are culturally appropriate to the different groups of Latinxs vulnerable to HIV;
- Explore new formats and venues for delivering HIV prevention messages that are appropriate for young Latino MSM, Latina transgender and the communities in which they live;
- Broaden the target of HIV prevention services and messages for immigrant Latinxs to include service providers, local institutions and agencies, businesses, and the community at-large;
- Develop culturally appropriate strategies to normalize HIV testing within the Latinx community to address the issue of awareness of HIV status and late diagnosis; and
- Implement a care model that combines community-based and peer education with linkage to care and treatment adherence.

INCREASE UNDERSTANDING OF LATINXS IMMIGRANT VULNERABILITY FOR HIV:

- Develop better theoretical frameworks for understanding the complex and dynamic social and cultural processes influencing sexual behavior among Latinx immigrants so as to better inform HIV prevention efforts for the Latinx community;
- Increase research on the structural and environmental factors that influence HIV risk, to balance the preponderance of research focused on individual risk factors; and
- Utilize participatory, community-based research methods.

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