Connecting with the Latinx Community through Culturally Responsive, Person-Centered HIV Prevention and Care

August 2020

About NASTAD

WHO

A national nonprofit representing public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE

All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Islands.

HOW

Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments and ministries of health.

Learning Objectives

- Highlight epidemiologic profile of Latinx populations in the U.S.
- Review socio-historical context of HIV, immigration, medical mistrust and social movements.
- Provide a framework for understanding barriers to HIV prevention and treatment.
- Describe strategies to ensure culturally respectful health service provision and programming.
- Explore opportunities for providers and health departments to be operators of change.

SETTING THE
FOUNDATION

Unpacking the Term LATINX

Latinx?

A gender-neutral alternative to Latino or Latina.

Why?

It aims to move beyond gender binaries and expands inclusivity of the intersecting identities of Latin American descendants and cultures.

How?

Engage in meaningful conversation and intentional listening to determine how a person or community prefers to be identified.

Latinx Community In the United States

- Encompasses various racial/ethnic cultures from African, Indigenous, Asian, and European ancestry.
- Comprises 18.1% of the total United States (US) population.
  - Fastest growing ethnic group in the US.
- Largest subset of US Latinx population (92%): Mexicans, Puerto Ricans, Cubans, Salvadorans, Dominicans, Guatemalans, Colombians, Hondurans, Ecuadorians, and Peruvians.
- More than one million Latinx people live in: Arizona, California, Colorado, Georgia, Florida, Illinois, New Jersey, New Mexico, New York, Texas, and Puerto Rico.

Ethnic Community ≠ Race

- Folks who identify as Latinx/a/o are often lumped together, often erasing the diversity and intersectional identities that exist
- Afro-, White-, Indigenous, Asian, European
- Percent of Latinx persons of Black/African descent in the U.S. today
  - Dominican Republic: 90%
  - Panama: 16%
  - Costa Rica: 8%
  - Venezuela: 4%

Different Experiences Within Latinx Communities

Monolithic beliefs, strategies, and approaches towards the Latinx community can harm successful engagement outcomes. This can include:

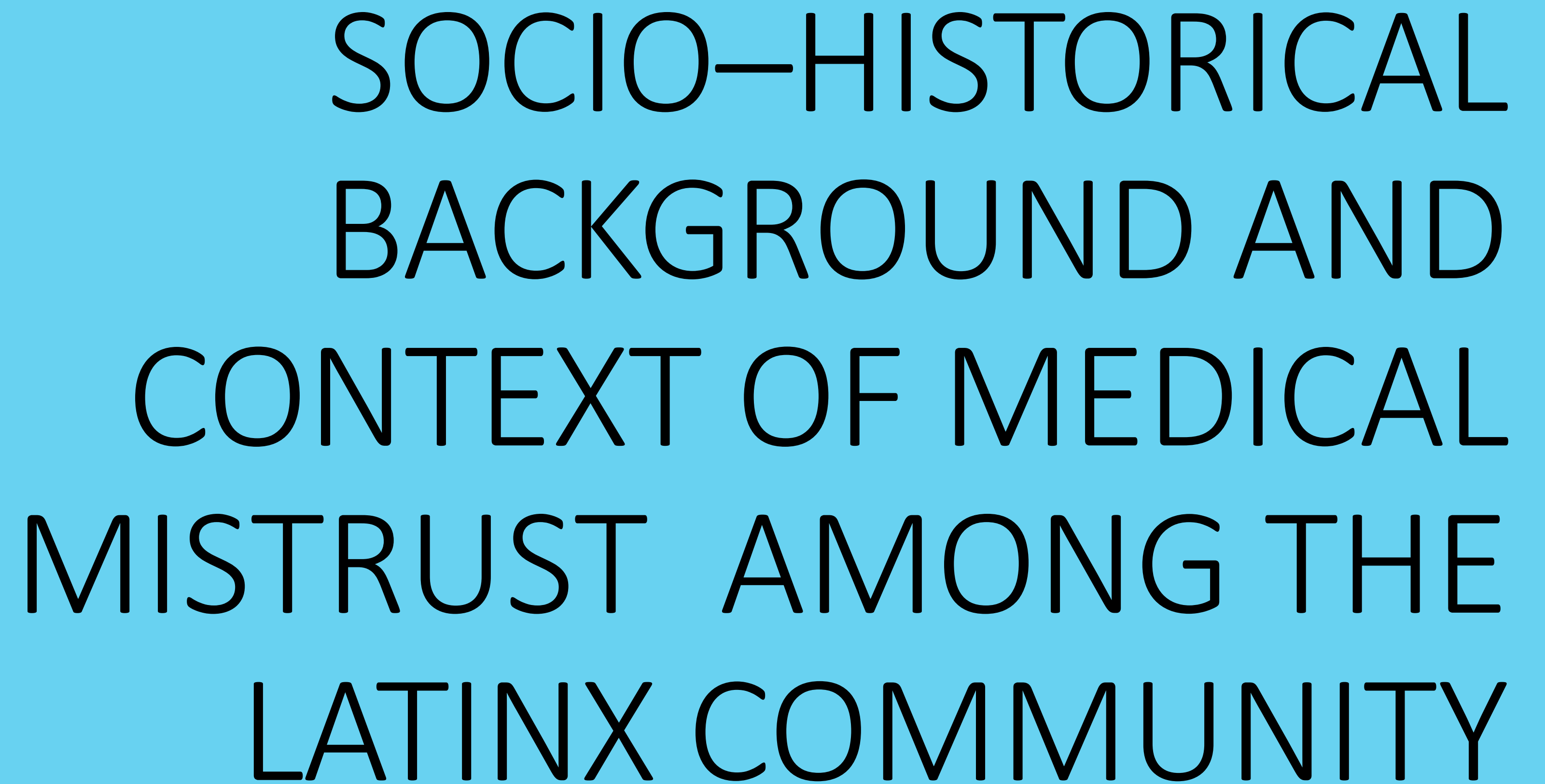
- Assuming homogeneity and ignoring subcultures and groups
- Overlooking geographic cultural influence
- Discounting the needs of foreign born versus US born persons
- Disregarding the historical/political influences that shape their lived experiences

Language varies widely across different Latinx communities. It is important to know your communities:

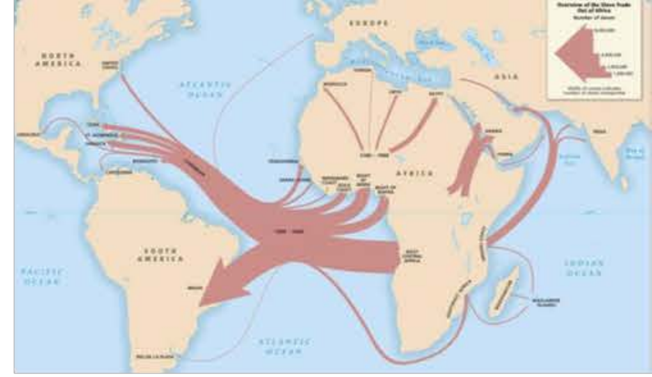
- Educational level attained
- Comfort with English/Spanish/Indigenous language
- Dialects, accents, and regional influences
- (In)formalities (e.g., use of vosotros)
- Colloquialism in the community/culture

Anti-Blackness and Latinx Communities

- Latinx communities experience and propagate anti-Blackness
- Anti-Black sentiment is widespread in Latinx communities
  - Colorism, which is discrimination based on an individual's skin color, is one example
  - Colorism is a way in which white or white-passing Latinx individuals exercise their societal privilege over others in their same cultural group
  - Even when individuals are from the same country, cultural, or religious background people will use colorism as a form of anti-Blackness to promote racist ideology


SOCIO–HISTORICAL BACKGROUND AND CONTEXT OF MEDICAL MISTRUST AMONG THE LATINX COMMUNITY

From Colonization to Today



The Great Dying

- 1520: Smallpox epidemic killed 30-50% of indigenous population of Mexico.

Forced Sterilization of Cisgender-Women

- 1930: Forced sterilization of Puerto Rican women began to decrease poverty and population growth.
- 1969: Forced sterilization of Mexican women began in California.

Targeted Immigration Policies and Laws

- 1952: The Immigration and Nationality Act contained language, barring the entry of "aliens afflicted with psychopathic personality, epilepsy, or mental defect," a category that, as confirmed by the U.S. Public Health Service, included LGBTQIA+ immigrants.

Latinx HIV Socio-Historical Timeline

1981: CDC reports first known cases of what we now call AIDS in its Morbidity and Mortality Weekly Report.

1983: CDC reports that 14% of all cases reported for that year are among Latinx populations.

1986: A special Morbidity and Mortality Weekly Report on "AIDS Among Blacks and Hispanics," finds that Hispanics/Latinos have an overall AIDS rate nearly 3.5 times higher than whites.*

1990: Immigration Act of 1990 – lifted the ban which excluded LGBT asylum applicants deemed sexually deviant before.

1993: Dominican-born American actress, attorney and activist Ilka Tanya Payán becomes one of the first Latino celebrities to publicly disclose her status.

1999: Congressional Hispanic Caucus, with the Congressional Hispanic Caucus Institute, convenes Congressional hearing on impact of HIV/AIDS on Latino community

2000: HIV cases among Black and Latinx men who have sex with men (MSM) exceed those among their white counterparts

2008: New HIV incidence estimates though unacceptably high, has remained stable for more than a decade among Hispanics/Latinos *

2010: CDC expands its Act Against AIDS Leadership Initiative to include leading Hispanic/Latino and MSM-focused organizations in the fight against HIV

2013: June: CDC launches Reasons/Razones, a national, bilingual campaign that asks Latinx gay and bisexual men to consider their reasons for getting tested for HIV.

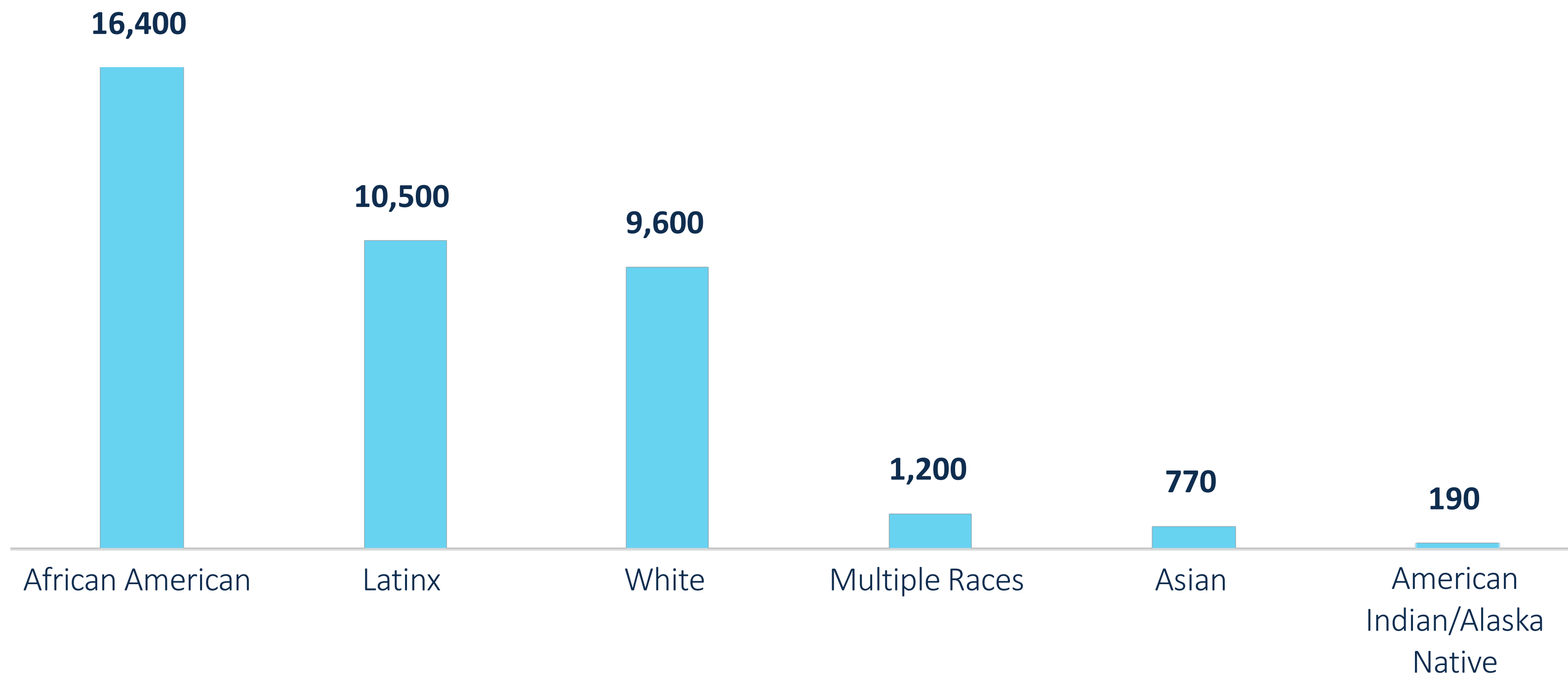
2014: October 9: CDC releases a new report that finds gaps in care and treatment among Latinos diagnosed with HIV.

2015: October 8: CDC announces HIV diagnoses have increased sharply among gay and bisexual Latinx men despite an overall decline in new HIV diagnoses among Latinx populations.

EPIDEMIOLOGICAL
PROFILE

Latinx Community and HIV

A quarter of new HIV diagnoses in the United States occur among Latinx population



Source: CDC

Latinx LGBTQIA+, Women, and Immigrants Living With HIV

Transgender Populations

Latinx transgender persons comprised 27% of new HIV diagnoses among transgender people between 2009-2014

Among Latinx respondents in the 2015 U.S. Transgender Survey:

- 21% were unemployed and 43% were living in poverty
- 31% experienced unstable housing
- 32% reported having at least one negative experience with a healthcare provider
- 45% experienced serious psychological distress

Gay and Bisexual Men and Other Men Who Have Sex With Men (GBM)

- Latino men accounted for 90% (9,400) of new HIV diagnoses among Latinos in 2016
  - 88% among Latino gay and bisexual men
- Diagnoses among Latino gay, bisexual, and other men who have sex with men (GBM) increased by 13% between 2010 to 2014
- One in four Latino GBM will be diagnosed with HIV in their lifetimes

Source: CDC and HIV.gov

Latinx LGBTQIA+, Women, and Immigrants Living With HIV

Cisgender-Women

- Among cis-women, Latinas accounted for 12% (1,277) of new HIV diagnoses in 2016.
- Latinas living with HIV are nearly 4 times more likely to die from HIV than white cis-women
- It is estimated that 1 in 106 Latina cis-women will be diagnosed with HIV in their lifetime.

Immigrants

- 42% of US-based Latinx populations are immigrants
- At least 29% of all Latinx PLWH in the United States are immigrants from other countries.
- Undocumented Latinx PLWH face unique barriers including fear of deportation, access to public benefits (e.g., Medicaid/Medicare), work restrictions
- Undocumented Latinx may be less likely to use HIV prevention services, get an HIV test, or get treatment for HIV because of concerns about being arrested and deported.

Source: CDC

FRAMEWORKS AND
CONCEPTS

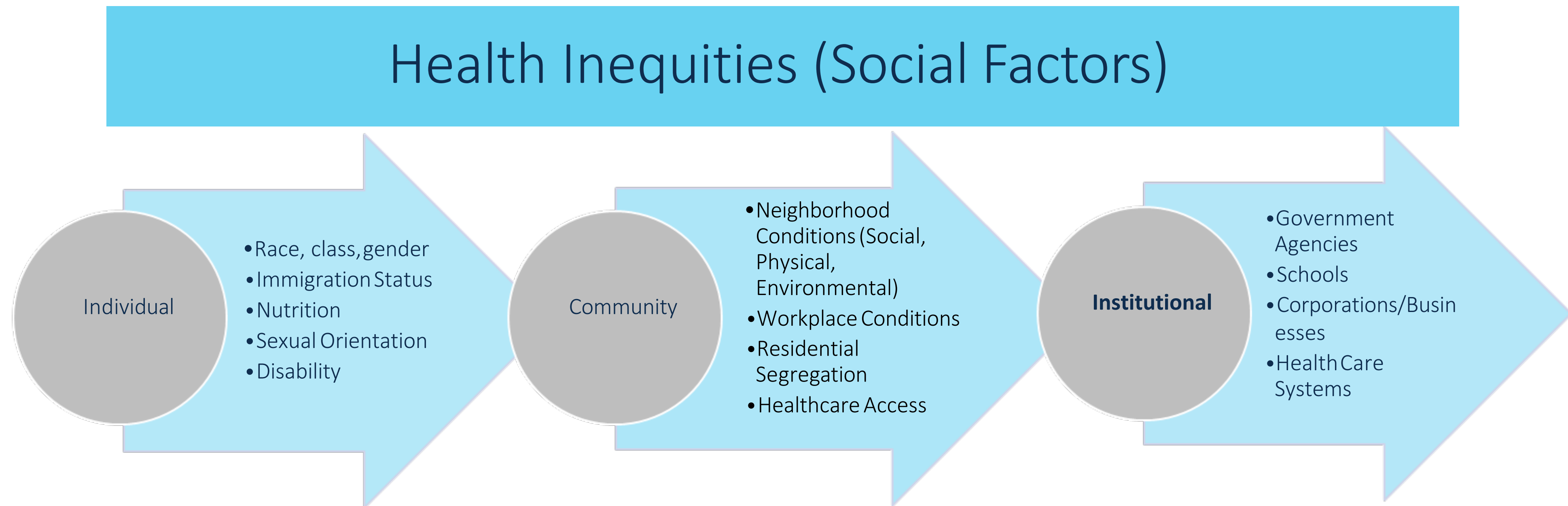
PUBLIC HEALTH

SOCIAL JUSTICE

HEALTH EQUITY

- Significant disparities in HIV incidence and prevalence
- Individual risk behaviors (e.g., having multiple partners, not using condoms) vs. structural factors
- Interconnected social determinants of health (socioeconomic status, racism, incarceration, educational attainment, sexual orientation, housing, access to healthcare insurance)
- Impacts HIV engagement and retention outcomes

Health Equity & Social Determinants of Health

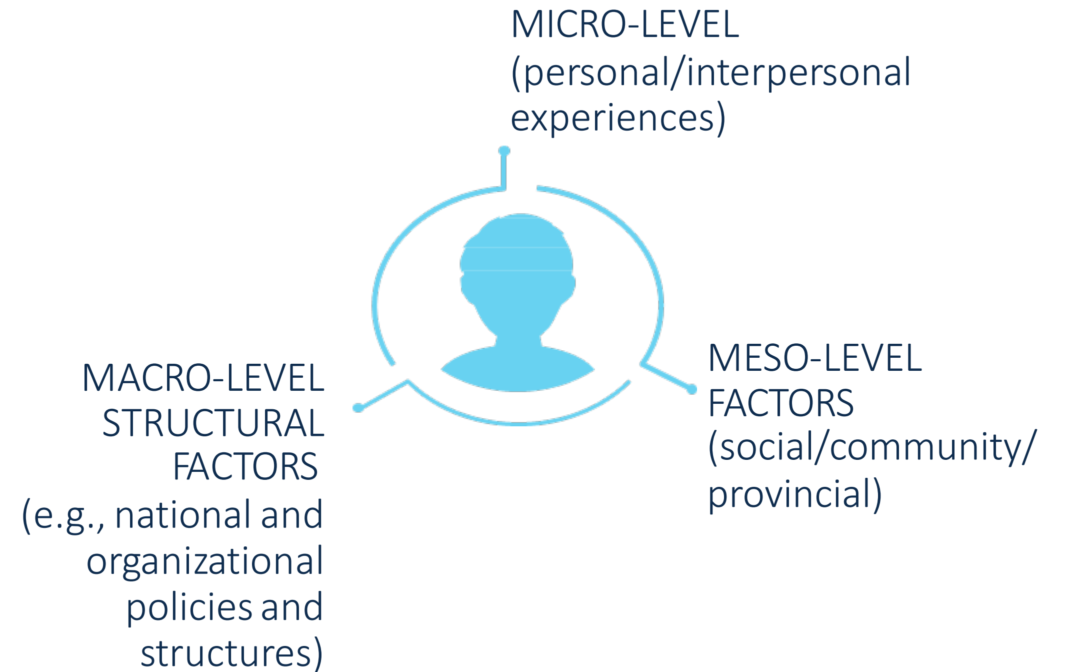


Adapted by ACPHD from Bay Area Regional Health Inequities Initiatives, Summer 2008

Intersectionality

- Intersectionality is a framework through which one can see how systems combine, overlap, or intersect especially in the experiences of marginalized individuals or groups

- Without intersectionality, we cannot understand how certain groups are oppressed



Stigma

Social devaluation of people based on perceived difference (e.g., demographic features tied to age, race/ethnicity, gender)

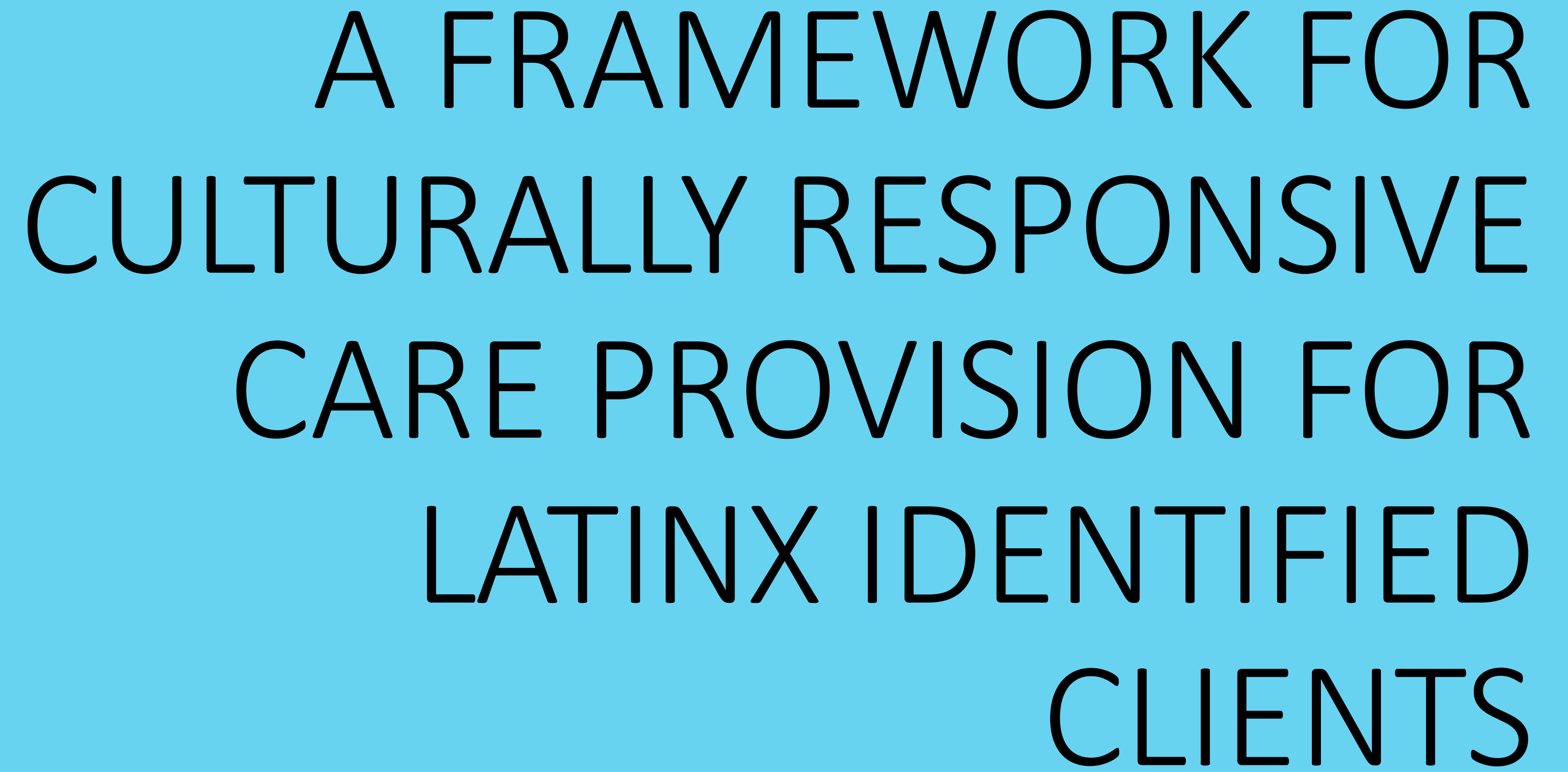
- A social process which reinforces relations of power and control
  - Unequal (social) power relations from within the context it operates.
- Stigma is impacted by powerful historical, political, and cultural factors in the U.S.
- Stigma takes several forms – internalized, individual, community, and institutional

Implicit Bias

- Subtle, unintentional, and unconscious forms of bias
- Activated quickly and unknowingly by situational cues (e.g. a person's skin color or gender expression)
- Reinforces prejudices and stereotypes, thereby perpetuating stigma
- Influences conscious evaluations of others and subsequently impact health outcomes (e.g. patient-provider interactions and clinical decision making)
- Implicit associations that we have formed can be gradually unlearned

Medical Mistrust

- Mistrust or suspicion of healthcare providers, organizations, and/or systems
- History of experimentation against Black and Latinx communities (e.g., forced sterilization of Latinas in California)
- History of appropriating natural/traditional medicine used by indigenous and African communities
- Example: Apprehension about data collection due to immigration status and other disclosure implications


A FRAMEWORK FOR CULTURALLY RESPONSIVE CARE PROVISION FOR LATINX IDENTIFIED CLIENTS

Cultural Humility, Competence, and Responsiveness

Cultural Competency

Gaining of knowledge about a specific culture or group

Competency implies that we have gained all the knowledge there is to know

Cultural Humility

Lifelong commitment to self-evaluation and self-critique

Revisits power imbalances in the client-provider dynamic

Cultural Responsiveness

Targets the services provided to the client, at various levels of the organization (i.e. staff, program, organizational, administrative, etc.)

Cultural

- Allows providers to engage respectfully with people of their own culture as well as those from other cultures
- Facilitates the delivery of patient-centered care
- Involves clients, family members, support groups, friends, providers of service, co-workers, service coordinators, etc.
- By being responsive to the health needs of Latinx identified persons, we build trust and strengthen relationships
  - Responsiveness leverages the involvement of a diverse group of individuals and the relationships with other organizations to make sure all possible barriers to care are identified and addressed

Cultural Responsiveness In Practice

- Hire people from the community and meaningfully gather and integrate their feedback at all stages across the care and prevention continuum
- Check biases, confront fears and remove all assumptions about client populations
- Deliver holistic and affirming whole health assessments
- Consider a client's background and culture
- Recognize culture-based beliefs about health
- Encourage personal autonomy
  - Develop treatment plans with client input
- Establish interdependent relationship with clients
- Find commonalities to help relate to clients as individuals

Department of Developmental Services, California Department of Public Health. "Toolkit: How to Be Culturally Responsive." Sacramento, CA.

Cultural Responsiveness In Practice

- Increase knowledge about PrEP and promote TasP
- Address unique health and social needs (e.g., interpreter services, immigration support, hormone therapy, gender affirming surgeries)
  - Refer patients to social workers, case manager or social services, if necessary
- Produce intentional population-focused documents and promotional materials
- Consistently update documents to ensure questions are inclusive (e.g., sexual orientation and gender identity fields)
- Invest in a partnership as opposed to a provider-patient relationship
- Normalize sex and sexual health conversations
- Understand cultural influences (e.g., family dynamics, religion)

Use Person-Cent

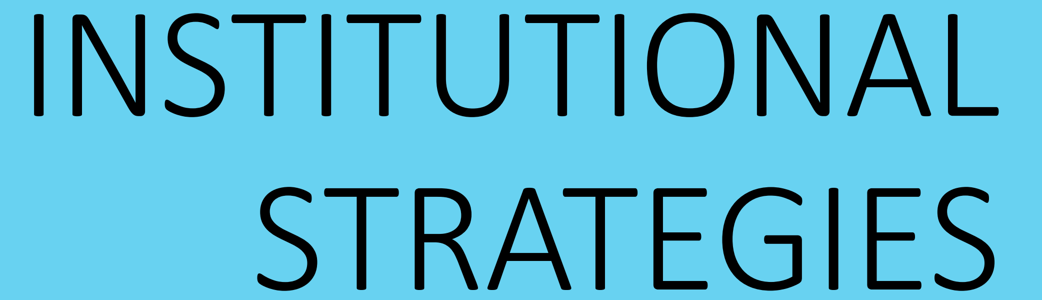
Linguistic prescription to avoid marginalization and dehumanization regarding a health issue or disability

Best practices:

- Avoid describing people by their illness/disability/drug use
- Recognize the complexity/many identities people have
- Value the preferences of the person, rather than your opinion
- Language is powerful – it can build bridges or further marginalize and stigmatize clients

Culturally Responsive Practice: The Translatinx Network

- Run *by and for* Translatinx people and services reach broad participant needs.
- Culturally responsive and holistic services offered:
  - Trans Support – Leadership groups, empowerment spaces, peer counseling
  - Trans Health – Insurance navigation, safer sex kits, HIV prevention and education, linkage to PEP and PrEP
  - Income Inequality – TGNC workforce development program, clothing and grooming services, community free market with groceries and other items
  - Immigrant Experience – Legal clinics, ESL classes, education on and enrollment in benefits that immigrants may qualify for
  - Pandemic Services – COVID-19 testing, distribution of personal protective equipment
  - Policy for Systemic Change – Education and advocacy for bills that will improve Translatinx lives in New York State.


INSTITUTIONAL
STRATEGIES

Intentional Steps

1. Intentionally build and develop services with members of the population/community
2. Implement consistent staff-wide cultural humility or responsiveness trainings followed by action steps for how to incorporate teachings
3. Increase diverse, population-focused imagery in the office or in resources
4. Allow for population/community input in the creation, evaluation, and monitoring of programs
5. Show up for communities and explore their lived experiences—their events (w/ permission), read books, listen to podcasts
6. Hire from the community and address lack of diversity in the workplace.
7. Leverage your skills and resources to provide capacity building or advocacy trainings for the population/community
8. Acknowledge the interconnected relationship social determinants have on health

Engaging Latinx Communities

Commit to understanding their culture, interests, assets, and contributions to facilitate successful community engagement. Avoid assumptions and ask different community members in each audience:

- What do they care most about? What are they most concerned about?
- Why do/should they care about your goals/program?
- How have you engaged this group to date? How engaged are they?
- Ideally, do you have a clear idea of their potential contribution?
- What barriers might they face with engaging with you?
- What is best way to approach and engage them?

Questions to Ensure Institutional Consistency

- Do you have Latinx individuals in positions of leadership?
  - Are they tokenized?
- Do you collect identity-related data as defined by the community to ensure that better health outcomes are being achieved for the Latinx community?
- Is the relationship based off a culture of hierarchy/dominance or collaboration/latitude when engaging community?
- Is the client expected to “code-switch” to appease your structures?
- Is there flexibility in how you engage the community?

NASTAD RESOURCES

NASTAD Resources

Capacity Building Assistance Provider

Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black and Latino Gay Men

Stigma Video Series

PrEPcost.org

Health Equity Long-Distance Learning Curriculum

All resources can be accessed on NASTAD.org

“There is no thing as a single-issue struggle because we do not live single-issue lives.”

- Audre Lorde

Thank You!

Kristina Santana, MPH
ksantana@NASTAD.org

Milanes Morejon, MPH
mmorejon@NASTAD.org

Rita Isabel Lechuga, MD, MPH
rlechuga@NASTAD.org

Alexander Perez, MPH
aperez@NASTAD.org

Rosy Galván, MSW
rgalvan@NASTAD.org

Edwin Corbin-Gutierrez, MA
ecorbin-gutierrez@NASTAD.org