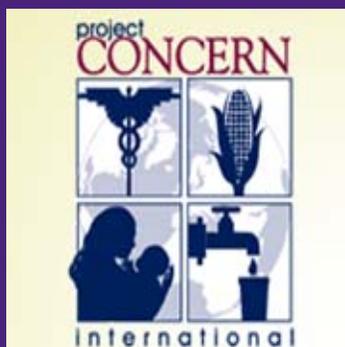


Latino HIV/AIDS Prevention Initiative: 2007 Needs Assessment



Project Concern International
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We would also like to thank the service providers who participated in site visits, interviews and focus groups and who invited the data collection team to their agencies to view their work and meet their clients. A list of all participating agencies is provided in Appendix A.

Our special thanks to the consumers of HIV/AIDS prevention and care services who participated in the focus groups. Their contribution gives voice to Latinos throughout California who are impacted by HIV/AIDS.

Executive Summary

Project Concern International (PCI) - a worldwide organization that seeks to prevent disease, improve community health, and promote sustainable development - was funded by the California Department of Public Health Office of AIDS to provide culturally appropriate technical assistance and training activities to HIV prevention and other health services providers who work with the Latino community.

The purpose of the Needs Assessment was to identify what technical assistance and capacity building PCI can offer to HIV/AIDS providers to increase their ability to effectively serve Latinos living with or at risk for HIV/AIDS.

The Needs Assessment was guided by the following questions:

1. What geographic areas are likely to be HIV/AIDS high-impact areas for Latinos in the near future?
2. What are the HIV/AIDS-related resources for Latinos in the geographic areas of concern?
3. How are existing agencies/providers collaborating to meet the HIV prevention needs of Latinos in the geographic areas of concern?
4. How much HIV/AIDS-related training has been conducted to providers serving Latinos in the geographic areas of concern?
5. What are the strengths and gaps in the existing prevention services for Latinos?
6. What are providers' perspectives on the HIV/AIDS prevention needs of Latinos in the geographic areas of concern?
7. What are clients' perspectives on the HIV/AIDS prevention needs of Latinos in the geographic areas of concern?

Methods

A wide variety of HIV/AIDS prevention and care providers, policy experts, public health officials, and Latinos at-risk and living with HIV/AIDS participated in the primary data collection activities including:

- + **Key Informant Interviews.** Experts throughout the state were contacted to obtain epidemiologic data, prevention information, HIV/AIDS related resources, and to identify strengths and gaps in prevention services.
- + **Provider Survey.** This survey was designed to gather information about providers' experience and background and to identify HIV/AIDS and other training needs. The survey was available via the internet as well as at conferences.
- + **Provider Site Visits.** A small group of PCI staff visited various providers, agencies, and community resources to gain a first-hand understanding of how HIV/AIDS prevention services are provided in each target region.
- + **Client Focus Groups.** A total of 50 Latinos participated in six focus groups in Fresno, Mendocino, Orange County, San Diego, and San Francisco.

Limitations

As with any evaluation, there are some limitations to the evaluation methods used. These limitations included:

- Due to time constraints and other limited resources, the project was not able to include an exhaustive account of HIV/AIDS providers throughout California.
- Data collection team members had different levels of experience and training in data collection processes.
- The response rate and participation of various methods varied from region to region.

As of November 2005, the California Department of Health Services reported that more than 25% of reported HIV infections are among Latinos. This number may be even higher as estimates predict that up to 27% of people living with HIV (PLWH) in California are not aware of their status¹.

Review of Geographic Areas

As of July 31, 2005, there were over 25,000 California Latinos living with HIV and AIDS. The largest number of AIDS cases are in San Francisco, Alameda, Los Angeles, Orange County, and San Diego, followed by areas surrounding those high-impact areas (Contra Costa, Santa Clara, San Mateo, San Bernardino and Riverside). These areas and their surrounding communities were the focus of the Needs Assessment. In most of these regions, men who have sex with men (MSM) are ranked as one of the highest behavioral risk groups.

HIV/AIDS-Related Resources for Latinos

The availability of HIV/AIDS-related resources, specifically those designed for the Latino community, varies throughout the state. While there are some regions that have many resources and a wide variety of services available, there are others whose service system is not as well developed or is not tailored to the needs of Latinos. The following is a summary of resources in each geographic region:

- + **Bay Area.** Based on the feedback from key informants and local providers, there appear to be many Latino-focused services in San Francisco that are well-connected to each other and the local health department. In other parts of the Bay Areas (Contra Costa, Alameda and Mendocino) there appear to be fewer Latino-centered services.
- + **Central Valley.** Providers in this region stated that many clients travel outside of their community to access services. One key informant in a rural area said individuals with HIV/AIDS have to travel to nearby Fresno to obtain care. However, another provider shared that clients may not seek services outside their area due to fear.
- + **Los Angeles Area.** Similar to San Francisco, there are many Latino-focused services throughout the Los Angeles area. However, participants shared that there is a lack of coordination between Latino-focused services providers. Needs Assessment participants were very familiar with existing resources in this region and shared information about many agencies/services.

- + **Orange County.** The Needs Assessment data collection team sees Orange County as an area that needs further study as there are several promising projects that could serve as a model for other regions. In addition, there seemed to be potential for collaboration and networking, as well as expansion of Latino centered services.
- + **Imperial and Coachella Valley.** Latino HIV/AIDS prevention services are very limited in this region. Participants shared that this region has a large migrant population that may travel around the surrounding areas to receive services.
- + **San Diego.** This region has a variety of Latino-focused prevention services. Clients in this region felt they have the ability to choose the agency from which they will receive services and furthermore to use one agency for one service, and another for a different service. Sometimes clients reported that they cross the border into Tijuana for non-HIV-related services.

Collaboration

Providers throughout the state were asked to provide evidence of how existing agencies and providers collaborate to meet the needs of Latinos in their region. Many providers supplied recommendations for ways to increase service coordination and collaborative efforts.

- Providers across the state highlighted many **current efforts to collaborate** that support the reduction of HIV/AIDS among Latinos in California.
- Providers shared many **recommendations for increasing collaborative efforts** to meet the HIV prevention needs of Latinos, such as **working with the school system, building bridges** between existing agencies, **coordinating** with community services utilized by the Latino community, **and utilizing data** to understand service needs.
- Providers across the state shared that **collaboration can be challenging** as it requires agencies to **“think outside the box”** and work together in new ways. **Key barriers** to collaboration include **limited resources and competition for clients and funding**.

Training and Capacity-Building

Informants from the largest urban hubs have more access to training and capacity building resources than those in rural areas. As a result, providers relied on the few available local training resources and/or developed their own. Informants discussed the need to coordinate or centralize the trainings.

Challenges Related to Trainings

Informants identified three primary challenges related to agency trainings about HIV and Latinos:

- **Lack of time and resources** to attend training sessions.
- **Need for trainings and re-training** of “basic training” topics such as HIV 101 and Cultural Competency 101 given high turnover rates.
- **Need for organizational capacity building** to improve organizational structure, project design, proposal development, and monitoring and evaluation.

Topics of Interest for Future Trainings

- **Institutional Capacity Building**
- **Cultural Competence**
- **Basic Skills**
- **Infrastructure**

Strengths and Challenges

Strengths

- Potential for community mobilization
- Trusted agencies among the Latino population
- Movement within the provider community toward cultural sensitivity
- Strong existing outreach and education strategies

Challenges

- **System-Level Challenges** include diverse target population; need for Latino leadership within the community; urban/rural service disparities; decreased funding and funding type; and need for collaboration and coordination among service providers.
- **Gaps:** There is a need for universal cultural competence training; Professional networking

organizations for Latinos; Latino service use studies; and evaluation and documentation.

- **Needed Tools and Materials:** Latino-centric messages, curricula, and social-marketing campaigns.
- **Services-Level Challenges** include lack of client support/empowerment; finding flexibility; linguistic needs; lack of provider risk assessment training; need for outreach to IDU population; and need for training of Prison guards.

Provider Perspectives on the HIV/AIDS Prevention Needs of Latinos

Key Issues

- Providers need to be able to meet the needs of **diverse at-risk populations**, including non-gay identified MSM, people who have sex with transgender individuals, substance users, and individuals newly arrived to the United States.
- Further **collaboration** between public health departments and local community based organizations is needed in order to broaden point of entry for people most at-risk.
- Advocacy in the **public policy** arena is needed to increase funding, as well as educate policy leaders about the impact of HIV/AIDS among Latinos in California.
- **Provider competency** to understand the diversity of the Latino population is needed.

Challenges in providing prevention and care services to Latinos

- Recruitment and retention of bilingual and bicultural staff
- Balancing the needs of multiple risk groups
- Highly mobile populations
- Lack of best practices for working with Latino populations
- Service barriers such as: stigma surrounding HIV/AIDS as well as homosexuality, limited public transportation, disempowerment of Latinas, MSM-centric services, and availability of testing sites.

Client Perspectives on the HIV/AIDS Prevention Needs of Latinos

The following were common issues presented by clients from different regions and living with HIV/AIDS in different situations across the State.

- **Location and accessibility of clinics impact service utilization.** Many clients reported traveling throughout their region, across the state, or even across the border to Tijuana to receive services.
- **HIV/AIDS was only one of their concerns,** with housing, employment, immigration issues and access to general health care being other and sometimes competing priorities.
- Clients identified the crucial **role of the family in the success of prevention messages,** as well as in the reception of services and minimization of stigma.
- Clients discussed that they are **more likely to access services if they can work with a non-judgmental and experienced provider** who knew their language and shared their culture.
- **Youth need to be educated at an early age,** and that families, especially mothers, need to be educated in order to pass the information on to their children.
- **Prevention messages are needed for many at-risk groups** such as men who have sex with men who may have wives in their country of origin, individuals recently arrived from other countries, the transgender population and their partners.
- Common barriers to services included **stigma and shame, cultural issues such as language and religion, access to insurance and medical care, transportation, and legal status.**

Recommendations for Future Trainings and Technical Assistance

- + **Make Connections to Improve Collaboration.** Successful agencies can share their knowledge and experience with other agencies. In addition, sharing resources and creating a referral network for clients can extend the reach of services and minimize overlap. Create opportunities to share resources and communicate best practices between regions that are close to each other or are similar in size and population.
- + **Follow up on Training Needs.** There is a need for organizational capacity building, as well as ongoing basic training regarding HIV/AIDS and Cultural Competency. The cost and staff time required for trainings can prohibit participation, especially in rural areas where a large amount of travel is required.
- + **Enhance Cultural Competency of Providers.** There is a need for qualified bilingual service providers across the state who understand the specific needs of the Latino community.
- + **Address Stigma.** While stigma is a barrier that is shared by all populations, there are specific issues that need to be taken into account when working with Latinos. This includes cultural and social perceptions of HIV/AIDS, homosexuality, and sexuality in general.
- + **Tailor prevention messages to Latino populations most at-risk.** Youth, substance users, men who have sex with men but don't identify as gay, transgendered individuals, and women need targeted prevention messages that are designed for Latinos, rather than translating general information into Spanish.
- + **Improve access to testing, particularly in rural areas.** Early identification of HIV through testing is a key to HIV prevention. Additionally, testing sites can provide important prevention counseling and referrals to risk-reduction services.

Introduction

As of November 2005, the California Department of Health Services reported that more than 25% of reported HIV infections are among Latinos. This number may be even higher as estimates predict that up to 27% of people living with HIV (PLWH) in California are not aware of their status¹.

Latinos who are most at-risk of contracting HIV include gay men and other men who have sex with men, as well as young women. Many individuals face a number of psychosocial, political and economic factors that can contribute to poor health outcomes and HIV risk including limited education, low socio-economic status, legal status, lack of health insurance, and discrimination.

Project Concern International (PCI) - a worldwide organization that seeks to prevent disease, improve community health, and promote sustainable development - was funded by the California Department of Public Health Office of AIDS to provide culturally appropriate technical assistance and training activities to HIV prevention and other health services providers who work with the Latino community. The Latino HIV/AIDS Health Initiative's aim is to improve HIV prevention service delivery for Latinos and increase the services capacity of health and social service providers that are integrating Latino-focused HIV/AIDS prevention and care into their existing services.

A comprehensive Needs Assessment was conducted in order to better understand the technical assistance and training needs of providers throughout California. PCI contracted with Harder+Company Community Research (H+Co), a social research firm with offices throughout California, to provide technical assistance in the planning and fielding of the Needs Assessment. PCI also convened a Needs Assessment Planning Group, comprised of representatives from the Desert AIDS Project, UCLA's Pacific AIDS Education and Training Center (PAETC), PCI, and Harder+Company to provide targeted guidance to the Needs Assessment process.

The purpose of the Needs Assessment was to identify what technical assistance and capacity building PCI can offer to HIV/AIDS providers to increase their ability to effectively serve Latinos living with or at risk for HIV/AIDS. The Needs Assessment was guided by the following seven guiding questions:

1. What geographic areas are likely to be HIV/AIDS high-impact areas for Latinos in the near future?
2. What are the HIV/AIDS-related resources for Latinos in the geographic areas of concern?
3. How are existing agencies/ providers collaborating to meet the HIV prevention needs of Latinos in the geographic areas of concern?
4. How much HIV/AIDS-related training has been conducted to providers serving Latinos in the geographic areas of concern?
5. What are the strengths and gaps in the existing prevention services for Latinos?
6. What are providers' perspectives on the HIV/AIDS prevention needs of Latinos in the geographic areas of concern?
7. What are clients' perspectives on the HIV/AIDS prevention needs of Latinos in the geographic areas of concern?

Defining HIV/AIDS Prevention

Throughout this report, HIV prevention encompasses the following three layers:

- **Primary Prevention:** education and support activities that seek to prevent the transmission of HIV
- **Secondary Prevention:** treatment to prevent HIV from developing into AIDS
- **Tertiary Prevention:** Medical intervention to prevent mortality due to AIDS-related illness

¹ California Department of Health Services. (2006). California Coordinated Statement of Need. Sacramento: California DHS.

Summary of Literature Review

In order to bring context to the Needs Assessment project, as well as an understanding of the HIV/AIDS epidemic among Latinos in California, an extensive literature review was conducted. A wide variety of epidemiological data, journal articles, statewide reports, as well as Prevention Plans from local health jurisdictions were reviewed. Sources were collected from academia, online searches, journal databases, and Department of Public Health websites. Many of the key informants and providers who participated in primary data collection supplied additional sources of information for the review. The findings from the literature review were used throughout the project to frame the data collection efforts (see methods section page 2). The literature review is summarized below; for full details and references please see Appendix B.

HIV/AIDS among Latinos

Addressing the impact of HIV/AIDS in the Latino community is an important factor in improving the nation's health, as Latinos are the largest and fastest growing ethnic minority group in the United States. There are approximately 1.2 million people living with HIV/AIDS in the United States, roughly 200,000 of whom are Latinos. Latinos in the United States account for a greater proportion of AIDS cases than their representation in the US population overall, and the second highest AIDS case rate in the nation, by race/ethnicity.

A majority of AIDS cases among Latino men can be attributed to men who have sex with men (MSM), followed by injection drug use, and sex with women. Similarly, the majority of cases among Latina women can be attributed to sex with men, followed by injection drug use.

Subgroups within the Latino community that continue to be disproportionately impacted by HIV/AIDS include women and young adults. For example, in 2002 HIV/AIDS was the fourth leading cause of death for Latinas ages 35-44. Additionally, the impact of HIV/AIDS varies among Latinos from Mexico, Central, or South America. Recent research indicates that this may be due to the fact that Latinos with HIV/AIDS may face additional barriers to accessing care than their White counterparts.

Impact of HIV/AIDS on Latinos in California

Throughout California, 32% of residents are Latinos, a rate that has been steadily increasing since the 1990s. Latinos makes up 22% of PLWA statewide. California has the second largest number of Latinos living with AIDS in the United States, second only to New York. Infection risks are similar to national trends: MSM has been the largest transmission group since the beginning of the epidemic, and continues to comprise the majority of newly diagnosed AIDS cases. Throughout the HIV/AIDS epidemic, California Latinos who are diagnosed with AIDS have been significantly younger at diagnosis than other ethnic/racial groups. Latinas are disproportionately affected by AIDS in California; they make up 26% of those diagnosed with AIDS and are 1.3 times more likely to test positive for HIV than White women. Sex with an HIV-infected male is the most common route of infection for California Latinas (46% of AIDS cases). The ongoing need for prevention efforts that target perinatal transmission is evident by the fact that 83% of women diagnosed with AIDS are of childbearing age.

Snapshot of HIV/AIDS among Latinos

- + As of July 31, 2005 there were over 25,000 California Latinos living with HIV and AIDS.
- + Latinos represent 32% of California residents and make up 22% of PLWA statewide.
- + California Latino AIDS cases have been significantly younger at diagnosis than other ethnic/racial groups.

Source: California Department of Health Services, Office of AIDS, Fact Sheet, National Latino AIDS Awareness Day, October 15, 2005 (2005)

Methods

In order to collect comprehensive information among policy experts, public health officials, HIV/AIDS providers and agency staff, as well as individuals at-risk and living with HIV/AIDS, a mixed methods approach was utilized. Secondary sources of information such as journal articles and previously published reports were examined. In conjunction with the Advisory Committee, Harder+Company Community Research (H+Co) utilized the secondary data to define the Needs Assessment questions, refine primary data collection methods, and design the sampling frame. In addition, PCI staff conducted initial interviews with members of the California Department of Health Services/Office of AIDS HIV Latino Advisory Board (LAB) in order to identify key issues to address. The Needs Assessment Implementation Plan was then developed to serve as a roadmap to guide the Needs Assessment activities. Primary data collection included a wide range of activities in each targeted geographic region, including individual interviews (in-person and telephone), surveys, and focus groups. The following is a description of each component of the Needs Assessment.

Primary Data Collection

A wide variety of HIV/AIDS prevention and care providers, policy experts, public health officials, and Latinos at-risk and living with HIV/AIDS participated in the primary data collection activities, summarized in Exhibit 1. The interview protocols and surveys were designed by H+Co with feedback from PCI staff and Needs Assessment Planning Group members (see Appendix C). All activities were conducted in English and Spanish. Details for each data collection activity are provided below.

Exhibit 1: Summary of Needs Assessment Data Collection Activities across Regions

Region	Key Informant Interviews	Provider Focus Groups	Provider Interviews	Clinic/Agency Observation	Client Focus Groups
Bay Area	1 Alameda 1 Contra Costa 1 Mendocino 6 San Francisco	1 Contra Costa 1 San Francisco	1 Alameda 1 Contra Costa 1 San Francisco	2 San Francisco	1 Mendocino 1 San Francisco
Central Coast	2 Santa Cruz 1 Santa Barbara 2 Fresno 1 Kern	1 Fresno	3 Fresno	2 Fresno	1 Fresno
Imperial/Coachella Valley	3 Imperial 3 Coachella	0	2 Imperial	2 Imperial	0
Los Angeles	3	1	5	0	1
Orange County	3	1	2	1	1
San Diego	2	2	1	0	1
TOTAL	29	7	16	7	6

Key Informant Interviews

Key contacts at Local Health Jurisdictions in targeted geographic areas as well as other informants suggested LAB members were interviewed in order to: 1) gather further epidemiological data; 2) obtain information regarding the HIV prevention needs of Latinos in target geographic area; 3) identify HIV/AIDS related resources for Latinos in the six geographic areas identified; and 4) identify strengths and gaps in HIV/AIDS services for Latinos in geographic areas. Each interview, conducted via telephone by PCI staff, lasted approximately forty-five minutes.

Provider Survey

The purpose of the survey was to gather information about providers' experience and background and to identify HIV/AIDS and other training needs. The survey was posted on the UCLA-PAETC website and distributed via email to existing networks of HIV/AIDS prevention and health services providers via listservs

and local conferences. In addition, paper copies of the survey were made available at HIV/AIDS conferences. Between June 4 and July 18, 2007, 206 providers completed the survey. Although the intent was for this survey to be completed online, only 13% of responses were submitted via the website.

The providers who completed the survey were from across California. Most (41%) were from Los Angeles, followed by Imperial (10%) county. Very few survey responses came from Northern California. Half of the providers came from nonprofit community-based organizations providing a variety of services, including: case management; prevention education; mental health services, and medical treatment. For most providers, at least 25% of the clients they serve are Latino.

Provider Site Visits

The purpose of the site visits was to gain a first-hand understanding of how HIV/AIDS prevention services are provided in each target region. A small group of PCI staff² visited various providers, agencies, and community resources. Within each region, a combination of provider focus groups, interviews, and clinic/agency observations were conducted (see Exhibit 1). However, some data collection activities were not possible in various regions. Protocols for all components of the site visits were developed by H+Co and PCI organized the logistics of each visit. Providers and agencies interviewed and visited during the site visits were identified through existing community contacts or recommendations from key informants. Providers and agencies were contacted ahead of time to schedule the visit in most cases.

Client Focus Groups

During each regional site visit, focus groups with Latinos living with HIV/AIDS were conducted in order to obtain clients' perspectives. PCI staff worked with agency contacts to schedule the groups and invite participants. The groups took place in Fresno, Mendocino, Orange County, San Diego, and San Francisco. A total of 50 individuals participated in six focus groups, although participation in each group varied. A majority of participants were male (90%), Under 40 (76%), spoke Spanish (57.8%), and were born outside the United States (56%). Appendix D provides demographic information for the participants in each region. All participants received food as well as a gift voucher.

Limitations

As with any evaluation, there are some limitations to the evaluation methods used. These limitations included:

- **Small sample size:** The Needs Assessment collected valuable feedback from providers, public health officials, agency leaders, clients, and other experts in the HIV/AIDS prevention field. However, due to time constraints and other limited resources, the project was not able to include an exhaustive account of providers working in the HIV/AIDS field throughout California. Therefore, the trends identified could limit generalizability to the population as a whole. However, the findings are comparable to the information found in the literature review, improving the validity of the Needs Assessment.
- **Diverse Team:** The Needs Assessment data collection team was made up of representatives from the Needs Assessment Advisory Group. H+Co trained the group and supervised methods and data collection processes. However, team members had different levels of experience and training in data collection methods and the team varied at each site visit location. Therefore, there may be inconsistencies in how the data were collected across methods or within each geographic region.
- **Uneven data collection across geographic regions:** Although every effort was made to evenly distribute data collection methods in each region, the response rate and participation in the various methods varied (see Exhibit 2 on page 5). Therefore, the feedback obtained may be biased toward those areas with the most participation. However, similar trends were identified across regions, improving the confidence that findings can be generalized across the state. Variations by region are noted throughout the report.

² H+Co staff participated in the site visits in the Bay Area and Fresno in order to train PCI staff, ensure tools were appropriate, and assist with data collection activities.

Review of Geographic Areas

As of July 31, 2005, there were over 25,000 California Latinos living with HIV and AIDS. In California, more than three-fourths of all Latino AIDS cases resided in one of four counties at the time of diagnosis: Los Angeles; San Francisco; San Diego, and Orange. The largest number of AIDS cases are in San Francisco, Alameda, Los Angeles, Orange County, and San Diego, followed by areas surrounding those high-impact areas (Contra Costa, Santa Clara, San Mateo, Sacramento in the north, and San Bernardino and Riverside in the south) (see Exhibit 3 on page 9). These areas and their surrounding communities were the focus of the Needs Assessment. An overview of each region is provided below.

Exhibit 2: At a Glance: Epidemiological Profile of Geographic Areas*

Region	Proportion of Latinos in General Population	Proportion of Latinos of People Living with HIV/AIDS (PLWA)
Imperial	72.2%	76%
Los Angeles	46%	30%
Orange County	32.4%	37%
Riverside	40.2%	30% (of those newly diagnosed in 2004/05)
San Diego	28.8%	29%
San Francisco	14%	13%

*Source: *Regional HIV Prevention Plans and Literature Review sources.*

Imperial County

Imperial County borders Mexico to the south, Riverside County to the north, San Diego County on the west, and the State of Arizona on the east. The county is predominantly Latino (72.2%), followed by Whites (20.2%), and African Americans (3.6%). Roughly one-third of Imperial County's residents are foreign-born, and 20% of County residents are not U.S. citizens.

Imperial County's AIDS prevalence rate is 64 cases for every 100,000 of the general population. Most of cases are male and between 30 and 49 years of age (90% and 70% respectively). Most individuals diagnosed with AIDS are Latino (76%), followed by Whites (16%), African Americans (7%), and others (2%). MSMs comprise 56% of men who have AIDS. Of women with AIDS, 63% reported heterosexual contact as the mode of infection.

Imperial County has reported 55 HIV-positive persons since 2005. Of these, 82% are male. The majority of cases (69%) are Latino/a, 20% are White, and 7% are African American. Modes of infection are similar to AIDS cases; however, interpretation is difficult due to small sample sizes.

Priority Behavioral Risk Groups in Imperial County:

- Men who have sex with men (MSM)
- Injection drug users

Source: Imperial County Public Health Department HIV Education and Prevention 5-Year Plan 2005-2010

Los Angeles

The largest county in California, Los Angeles has a population of 10.1 million people; 46% of which are Latinos/as, followed by Whites (32%), Asian/Pacific Islanders (13%), African Americans (9.4%), and American Indians (0.3%). Nearly half of Latinos/as are foreign born, and over half of the County's population speaks a language other than English at home.

There are over 19,500 persons living with AIDS in Los Angeles County. Females comprise 13% of cases. Latinos/as comprise 30%, Whites 29%, African Americans 22%, and Asian/Pacific Islanders 4% of adults and adolescents diagnosed with AIDS. Other groups make up the remainder.

Mode of exposure for male adult and adolescent AIDS cases is as follows: MSM 76%, IDU 9%, MSM-IDU 7%, Heterosexual 7%, other 3%. Mode of exposure for female adult and adolescent AIDS cases is as follows:

Heterosexual 62%, IDU 25%, and other 13%. The percentage of women and adolescent females who reported heterosexual activity as mode of transmission rose from 49% to 62% between 1993 and 2001.

The distribution of AIDS varies throughout LA County. The highest rate is in the Metro area (38/100,000), followed by the South region (17/100,000). The East area has the highest proportion of Latinos/as (68%) and the highest proportion of Latino/a AIDS cases (74%). The area with the second highest proportion of Latinos/as is San Gabriel (44%) where 49% of AIDS cases are among Latino/a.

Priority Behavioral Risk Groups in Los Angeles:

- MSM
- MSM/ Men who have sex with women (MSW)
- MSM Injection Drug Users (IDU)
- Heterosexual Male IDU
- Female IDU
- Women of Sexual Risk (WSR) and their partners
- Transgender of Sexual Risk/Transgender IDU

Source: County of Los Angeles HIV Prevention Plan 2004-2008

Priority Behavioral Risk Groups in Orange County:

- MSM
- Substance users, both IDU and non-IDU
- Women at high-risk
- Drug users
- Partners of HIV-positive or high-risk individuals
- Those who exchange sex for money, shelter, drugs
- Repeat Testers

Source: Orange County Comprehensive HIV Prevention Plan 2007-2010

Orange County

South of Los Angeles and North of San Diego, Orange County is made up of over 3 million residents. Roughly half of the population (48%) is White, followed by Latino (32%), Asian/Pacific Islander (15%), African American (1.4%), and Native American (0.4%).

As of December 2004, there were 6,505 cumulative AIDS cases in Orange County. Of these, 90.8% were male. By race/ethnicity, the majority of these cases (63.8%) were White, 28.5% Latino/a, 5% African American, and 2.1% Asian/Pacific Islander. Most (71.0%) reported MSM as the mode of transmission, with 11.2% IDU, 5.7% MSM/IDU, and 6.1% heterosexual contact.

As of December 2004, there were 3,173 Orange County residents living with AIDS (PLWA). Of these, 89% were male. Whites comprise the majority (54%) of PLWA, with 37% Latino/a, 5.7% African American, and 2.7% Asian/Pacific Islander. By exposure category, MSM comprise 69% of cases, followed by IDU (12%) and those infected through heterosexual contact (9%).

Since July 2002 there were 3,808 PLWH, in Orange County. Of these, 85% are male and 69% of cases are attributed to MSM. Latinos represented 37% of these cases.

Priority Behavioral Risk Groups in Riverside County:

- MSM (subset: Crystal Meth Users)
- Substance Users (subset: IDU, youth)
- HIV-positive individuals

Additional populations of concern:

- Communities of Color (Latino and African American)
- Youth ages 12 to 24
- Women

Source: Effective HIV Prevention: Riverside County, California HIV Prevention Plan 2006-2010

Riverside County

Part of the Inland Empire, Riverside County is home to over 1.5 million residents. It is composed of Latinos/as (40.2%), Whites (46.2%), African Americans (6.7%), and others (6.9%). Of those 5 years and older, 34% spoke a language other than English at home with the majority of those (86%) speaking Spanish.

As of the 2005, the rate of living cases of AIDS was 149/100,000 and the rate of living HIV-positive cases was 86.6. The rates are highest in the East, followed by the West region, and Midcounty region. HIV/AIDS is most prevalent among Whites, where three times as many cases are reported than among Latinos. The MSM mode of transmission has been attributed to 74% of the total cases of HIV/AIDS. The IDU and heterosexual transmission modes are higher for Latinos/as and African Americans than for Whites.

Testing data from 2004/05 show that of 3,607 tested (4% positive rate), 70% were male and 30% were Latino/a. Most testing was done through the Desert AIDS Project (38%), Riverside HIV/AIDS Substance Abuse program (33%), and Riverside County Public Health Family Care Centers (22%).

San Diego County

San Diego is the third most populous county in California, with over three million residents. A majority of residents are White (51.6%), followed by Latino (28.8%), Black (2.3%) and Asian/other (14.3%). The U.S.-Mexico border, adjacent to San Diego County, is the busiest border crossing in the world with over 64 million recorded crossings in 2004. This region also has the third-highest number of AIDS cases in California.

Latinos comprise roughly 30% of both PLWH and PLWA. Recent increases in the proportion of Latinos in AIDS incidence data predict that the proportion of Latinos among all HIV cases will increase from 15 to 35 percent of AIDS cases in coming years. Within the Latino population, 25% of the male population is living with AIDS compared to 4.5% of Latinas. Of female AIDS cases in San Diego, 57 percent are Latinas and 80 percent are attributed to heterosexual exposure.

Nearly 60% of San Diego County AIDS cases in the Latino community are in the South region of the

Priority Behavioral Risk Groups in San Diego County:

- HIV-positive Individuals at high risk
- Gay men and MSM, with an emphasis on African-American and Latinos
- Injection Drug Users
- Women at high-risk for acquiring HIV via their sexual partner, injection drug use and/or commercial sex work
- Sexual and/or needle sharing partners of gay men, MSM, and IDUs
- High-risk youth, such as those at alternative schools or detention facilities with a history of chemical abuse, homelessness, or engaging in survival sex or commercial sex work
- Transgender individuals, with an emphasis on African Americans and Latinos

Source: Comprehensive Plan for HIV Prevention Services in San Diego County 2007-2010

County. Findings from a study in this region indicate that prior to enrollment at least 75% of those in case management did not know where to get primary care, case management, treatment education or interpreter services (Scolari & Zuniga, 2007). This reinforces data which show an increase in Latinos/as that progress from HIV diagnosis to AIDS diagnosis within one year or less.

San Francisco

A county and a city, San Francisco is the second most densely populated major U.S. city with 791,600 residents within 47 square miles. The population is mostly White (44%), followed by Latino (14%), African American (8%), Asian/ Pacific Islander (31%), and Native Americans (<1%).

Men comprise 92% of PLWA, the rest is composed of MTF transgender (2%), women (6%). The ethnic/racial composition of PLWA is: Whites (67%), Latinos/as (13%), African Americans (15%), Asian/PI (4%), and Native Americans (<1%). Sixty-six percent of females living with AIDS are women of color. The behavioral-risk composition of PLWA is: MSM (72%), MSM-IDU (12%), MSF-IDU (6%), FSM (2%), MSF (2%), TSM (1%), and TSM-IDU (1%), other (1%).

The overall HIV prevalence rate is 2.4%. An estimated 20% of people living with HIV are not in care, and research suggests that the majority of those not in care do not know they are infected. The estimated percentage of those who do not know their status in San Francisco is lower than national estimates. HIV prevalence estimates for racial/ethnic groups are: Whites (3.0-3.7%), Latinos/as (2.4%), African Americans (4.1-4.7%), Asian/Pacific Islander (0.3%), and Native Americans (2.0-9.0%). African American and Latino MSM continue to have the highest HIV prevalence among anonymous testers.

Priority Behavioral Risk Groups in San Francisco:

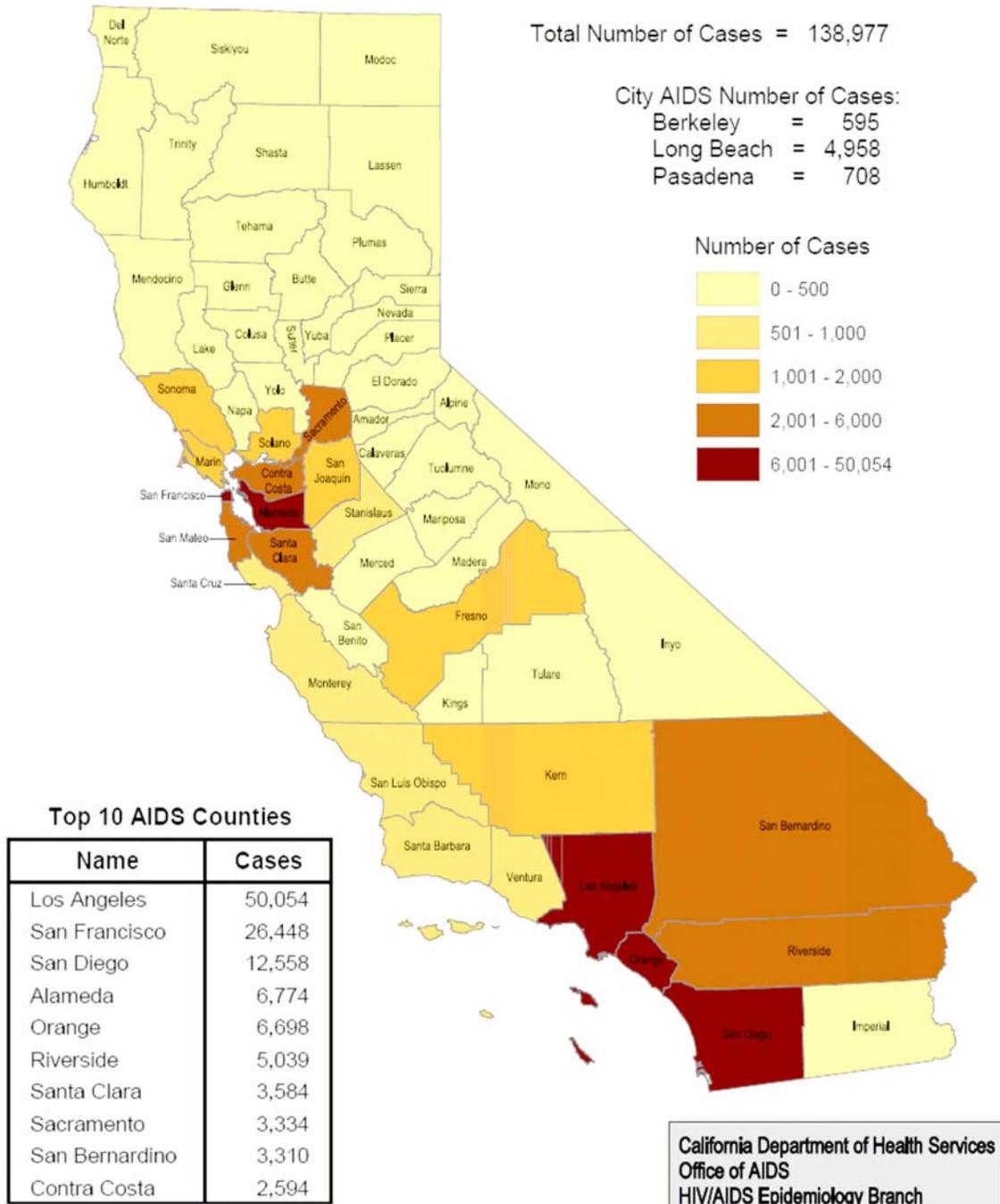
- MSM, Men who have sex with males and Females (MSM/F) (Latinos are prioritized subpopulations)
- Transgender Individuals (Latinos are prioritized subpopulations)
- MSM-IDU, MSM/F-IDU (Latinos are prioritized subpopulations)
- Female-IDU
- Males who have sex with females-IDU (MSF-IDU)
- Transgender-IDU (Latina MTF are prioritized subpopulations)
- Female
- MSF

Source: San Francisco HIV Prevention Plan 2004

Exhibit 3: AIDS Cases in California



AIDS CASES IN CALIFORNIA CUMULATIVE AS OF NOVEMBER 30, 2005



Source: California Department of Health Services. (2006). *California Statewide Coordinated Statement of Need*. Sacramento: California DHS.

HIV/AIDS-Related Resources for Latinos

The availability of HIV/AIDS-related resources, specifically those designed for the Latino community, varies throughout the state. While there are some regions that have many resources and a wide variety of services available, there are others whose service system is not as well developed nor tailored to the needs of Latinos. Throughout California however, budget cuts and changes have led to reduced funding for HIV/AIDS services, specifically prevention services, further reducing the availability of HIV/AIDS-related resources.

Summary of Available Resources by Region

Key informants, providers, and clients shared their knowledge of existing resources throughout the Needs Assessment. This section provides an overview of what was learned in each geographic region. This is by no means an exhaustive list of HIV/AIDS-related resources for Latinos. There are many agencies that have compiled lists of local or statewide resources. The following are some examples; additional sources are highlighted in the literature review (Appendix B):

- **U.S.-Mexico Border HIV/AIDS Resource Directory:** This directory is compiled by the AIDS Education and Training Centers (AETC), this booklet provides information on existing services throughout the California border region. The directory is also available online at: <http://www.aids-ed.org/aidsetc?page=rep-umbast-dir>
- **California AIDS Clearinghouse:** The Clearinghouse produces and distributes HIV/AIDS education materials to California Department of Health Services grantees, community-based organizations, AIDS services organizations and health care providers throughout the state. The online resource directory, which allows you to search for resources by Local Health Jurisdiction, can be accessed at: <http://www.hivinfo.org/links/lhj.htm>

Resources in the Bay Area

Based on the feedback from key informants and local providers, there appear to be many Latino-focused services in San Francisco. While recent funding cuts have reduced available resources, the existing services are all well connected to each other and appear to have a good relationship with the HIV Prevention Planning Council and AIDS Office. In other parts of the Bay Areas (Contra Costa, Alameda and Mendocino) there appears to be fewer Latino-centered services. Providers in these areas shared that there are few strong referral networks for clients who move in and out of the cities. The following are specific agencies that were highlighted by Needs Assessment participants:

East Bay

- **Contra Costa Health Services AIDS Program:** The program is focused on the development of accessible services that incorporate current knowledge of HIV/AIDS, are culturally and linguistically appropriate, and meet the needs of those who are most vulnerable to negative health outcomes.
- **Familias Unidas (Richmond):** This agency is a mental health services organization that focuses on depression and domestic violence. The agency started working in HIV/AIDS in 1996 and currently provides case management, care, prevention and education, as well as mental health services and domestic violence prevention services to predominantly monolingual Spanish speakers, especially to those who are uninsured and undocumented.
- **Clinica de la Raza (CASA CHE):** This non-governmental organization (NGO) is located in Oakland, and is affiliated with Clinica de la Raza. They provide many programs, based on the Paulo Freire model³, including HIV/AIDS outreach.

³ Famous for his work "Pedagogy of the Oppressed", Paulo Freire was a Sociologist who promoted social change through education. More information can be found at <http://www.paulofreireinstitute.org/>.

San Francisco

- **Las Aguilas (San Francisco):** This is a Latino gay-identified nonprofit organization that also provides services based on Freire's model.
- **Mission Neighborhood Health Center (Mission District in San Francisco):** Clinica Esperanza is the biggest HIV clinic in the region with 400 positive clients registered. The clinic's goal is risk reduction therapy. The clinic began providing HIV testing in 1992 and currently provides testing through satellite clinics and other agencies such as Aguilas and Instituto de la Raza. The agency also has a support center called Hermanos Luna y Sol.
- **Instituto Familiar de la Raza (San Francisco):** The Latino AIDS Education and Prevention program is one of the programs of the Instituto Familiar de la Raza, Inc. and provides HIV/AIDS prevention and education to the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. There are currently about 90 staff members; 100% of their clients are Latino.
- **San Francisco AIDS Foundation:** This organization provides testing for HIV and sexually transmitted infection, as well as financial benefits counseling, rental subsidies, methamphetamine counseling and treatment.
- **LGBT Center:** The Center has a wide variety of programs throughout San Francisco, some of which focus on the Latino population.

Resources in the Central Valley

Providers in this region stated that many clients travel outside of their community to access services. One key informant in a rural area said individuals with HIV/AIDS have to travel to nearby Fresno to obtain care. However, another provider shared that clients may not seek services outside their area due to fear.

Specific resources in this area include:

- **University Medical Center (UMC):** UMC is one of the main HIV/AIDS clinics in the Central Valley. UMC services are oriented preliminarily to the treatment of advanced cases. It serves people from Kern to Merced Counties.
- **Sierra Vista Clinic (Kern County):** The clinic has been providing services for over 35 years. It was started as a clinic especially for migrants. The clinic offers prevention services, support to people without insurance, education, and services for injection drug users (IDUs).
- **Centro Binacional Para el Desarrollo Indígena Oaxaqueño, Inc. (CBDIO):** This agency is located in Santa Maria (near Santa Barbara), CBDIO provides assistance to indigenous migrants from Mexico, such as helping them navigate the U.S. health system. They work with local health departments in Merced, Kern, and Monterey Counties to provide HIV education. The agency has started a "Campesinos por la salud" campaign through a partnership with Farm Worker Justice to train promoters on HIV prevention. CBDIO also coordinates with local Mexican authorities and NGOs in Mexico to establish continued treatment and support for people going back to Mexico.
- **Santa Cruz AIDS Project:** The project provides prevention, education, testing, and other services to Latino sex workers and migrant farm workers. They are currently integrating new HIV services for Latinos, including medication and prevention.
- **Salud Para la Gente:** This organization provides a variety of health and community services in Watsonville and Santa Cruz. The Salud clinic provides HIV anonymous testing. It brings free condoms to teens and is engaged in educating sexually active teens and individuals on HIV and sexually transmitted diseases.
- **Westcare (Fresno):** This agency provides services to men who have sex with men (MSM) and Prevention with Positives (PWP).

- **Bay Area Addiction Research and Treatment, Inc. (BAART):** This agency, located in Fresno, provides services to injection drug users (IDUs).

Resources in the Los Angeles Area

Similar to San Francisco, there are many Latino-focused services throughout the Los Angeles area. However, participants shared that there is a lack of coordination between Latino-focused services providers. Needs Assessment participants were very familiar with existing resources in this region and shared information about the following agencies/services:

Greater Los Angeles

- **AIDS Healthcare Foundation (AHF):** AHF offers mobile testing, and testing at it's "Out of the Closet" thrift stores.
- **AIDS Project Los Angeles (APLA):** APLA provides comprehensive prevention, testing and management services, food bank, housing subsidy, outreach, policy, etc.
- **AltaMed:** This agency has three storefront clinics and provides rapid HIV testing through mobile units, and prevention case management. It also maintains clinics at high school sites.
- **Bienestar:** The agency provides comprehensive services (harm reduction, social justice, cultural activities, capacity-building, HIV-positive workshops, peer education, HIV prevention and testing using mini-vans, and follow-up services). They were considered to be very good at working with the transgender population.
- **El Proyecto del Barrio:** El Proyecto provides prevention education, mentorship, testing, case management, and links to in-house clinical care.
- **Gay and Lesbian Center:** The Center offers comprehensive prevention, testing, and case management.
- **Kaiser Permanente:** Kaiser offers HIV testing, but a doctor's order is needed.
- **Los Angeles County Department of Health Services (LACDHS):** LACDHS has over 200 testing sites in each of the eight Service Planning Areas (SPAs) in Los Angeles.
- **The Wall Las Memorias Project:** Las Memorias is the first publicly funded AIDS monument in the United States. The project continues to build support of the AIDS monument through innovative prevention programs and community organizing efforts. Two of their key efforts are developing linkages to churches and taking a leadership role in crystal meth education and prevention.

City of Long Beach

- **Center for Behavioral Research and Services, California State University Long Beach:** Cal State Long Beach has its RESPECT project, but informants suggested that they do not serve many Latinos, and don't follow up with their participants, many of whom are methamphetamine users.
- **Centro CHA:** Centro CHA, in Long Beach, brings HIV prevention messages to the community.
- **Gay and Lesbian Community Center of Greater Long Beach:** The Center receives calls after testing has taken place elsewhere, provides in-house prevention workshops, testing, HIV-positive support groups, and provides phone referrals and support.
- **Long Beach Comprehensive Health Center, Tom Kay Clinic:** The Tom Kay Clinic offers HIV/AIDS prevention services.
- **Long Beach Department of Health and Human Services (LBDHHS):** LBDHHS offers testing and education through its HIV/AIDS Clinic, and prevention through its Early Intervention Program.
- **St. Mary's Medical Center's Comprehensive AIDS Resource Education Program (CARE):** The CARE Program serves 1,500 Latinos a year (roughly 25% of the medical center's clients) and provides HIV specialty, dental, testing, counseling, housing, mental health, case management.

Resources in Orange County

Participants in this region shared information on many agencies and services. The Needs Assessment data collection team sees Orange County as an area that needs further study as there are several promising projects that could serve as a model for other regions. In addition, there seemed to be potential for collaboration and networking, as well as expansion of Latino-centered services. Agencies that were highlighted include:

- **AIDS Services Foundation of Orange County (ASF):** ASF is the largest HIV/AIDS organization in Orange County. It has been serving the community for 22 years, with 1,200 clients including women and children. All services are available in Spanish. ASF has a number of different AIDS service programs, including, Rapid HIV testing, HIV prevention to various target populations, health education, social publicity campaigns, case management, mental health counseling, substance abuse counseling, nurse case management, benefits counseling, nutritional services, transportation services, housing services, and financial assistance. These services are all available to HIV-positive individuals based on eligibility. Prevention services for Latinos include: 1) Prevention with positives (HIV-positive MSM, all ages, acculturated/non-acculturated); 2) HIV Prevention (Young gay Latinos, ages 18-25, in Spanish); 3) HIV prevention to HIV-positive Latina heterosexual women; 4) HIV negative/unknown program for Latinas (using the RAPP curriculum)⁴; and 5) Community Health Education, including medical updates. One of the agency's programs, M-Power, has been very successful, and provides a space for programming that targets young MSM of color. M-Power offers on-site testing, counseling, prevention education sessions, and opportunities for fun and socializing. ASF also has outreach workers who conduct street, bar, and agency-based outreach.
- **Delhi Center:** The Delhi Center provides HIV support groups and dispatches outreach workers to conduct one-on-one educational sessions with at-risk Latinos. Outreach workers are trained to provide culturally appropriate services to their client base.
- **Laguna Beach Community Clinic:** The clinic provides medical and other services to people living with HIV/AIDS, as well as testing.
- **Orange County Bar Foundation (OCBF):** OCBF has a new CDC-funded *Hermana Project* that targets high risk Latinas between 18-24, and Latinas in jail, using the SISTA curriculum, a DEBI project⁵.
- **Orange County Health Care Agency, Public Health Services, HIV Planning and Coordination (OCHCA):** OCHCA works to provide HIV services (education, prevention, and care) throughout Orange County. The REACH Program provides educational presentations to substance users at alcohol and drug treatment centers, HIV, Hepatitis B & C and syphilis testing (see below). Services are also provided at all of the Orange County jail facilities. OCHCA's PHS-HIV Planning and Coordination is primarily funded by Ryan White A, B, C funds. The agency contracts with five prevention providers, and serves approximately 2,500 HIV-positive clients/year. The staff from each of the contracting agencies is required to attend cultural competency trainings. The agency works with Housing Opportunities for Persons with AIDS (HOPWA) program, coordinating housing for clients.
- **Orange County Health Care Agency, Alcohol and Drug Abuse Services, Risk Reduction Education and Community Health Program (REACH):** REACH is a substance abuse program. It offers one-on-one HIV counseling and risk-reduction education, and care. The program offers case management with HIV-positive and HIV-negative clients, using harm reduction, prevention and testing. In addition, there is an outpatient drug rehabilitation program through the County clinic. Services are based on a harm reduction model and are client-centered. Latinos make up 50% of clients in the methadone clinic. In all, 30% of REACH staff is Spanish speaking.

⁴ The RAPP, or Real AIDS Prevention Project, is a community mobilization project designed to reduce HIV risk among women. This program is one of several community- and group-level HIV prevention interventions selected by the Centers for Disease Control (CDC) as a DEBI (Diffusion of Effective Behavioral Interventions), a science-based program that can be used at the state and local level to build provider capacity, reduce the spread of HIV and STDs and promote healthy behaviors. For more information, see <http://www.effectiveinterventions.org/rapp>.

⁵ Also a DEBI, SISTA (Sisters Informing Sisters on Topics about AIDS) is a group-level program designed to promote condom use among African-American women through skills building, addressing ethnic and gender pride, and risk reduction education. For more information, see <http://www.effectiveinterventions.org/go/interventions/sista>.

- **Orange County Health Care Agency Public Health Services STD/HIV Clinic:** The clinic is the only STD/HIV clinic in Orange County. The clinic conducts standard and rapid testing and counseling. All counselors are bilingual and most are native speakers. Counselors are certified as Comprehensive Risk Counseling Services providers. They provide clinical services as well as third party notification services. They serve about 1,300 clients (about 70 per day) of whom about 40% are Spanish speakers. There are no appointments; all services are provided to walk-in clients. The Clinic coordinates with REACH to conduct outreach at night. Outreach workers do testing at point of need, such as on park benches, using materials stored in backpacks. The Agency is known to work well with the transgender population.
- **The Center Orange County:** The Center Orange County's primary service is mental health counseling. Outreach workers are trained to provide culturally appropriate services to their client base. The LGBT Community Center is known to work well with Latino MSMs.

Resources in Imperial and Coachella Valley

Latino HIV/AIDS prevention services are very limited in this region. Participants shared that this region has a large migrant population that may travel around the surrounding areas to receive services. The following are services that were shared by participants:

Imperial County

- **Imperial County Health Department:** This is a primary point of entry for the region and is the only provider of prevention services. The Health Department contracts with Clinicas De Salud Del Pueblo, Inc., a community-based primary medical care facility, to provide medical and other services.
- **Clinicas De Salud Del Pueblo, Inc:** Headquartered in Brawley, Clinicas has subcontracted through the local health jurisdiction to provide services. Clinicas has eight medical clinics with a ninth soon to be opened in Coachella. The clinics also provide dental services, and WIC programming.
- **Imperial Valley Methadone Clinic (IVMC):** The Methadone Clinic opened in 1974. It provides HIV testing and counseling. Testing is offered to the general public as well as to methadone patients as part of the admission process. IVMC has three HIV counselors. Only two of the clinics' 119 clients in both clinic sites are HIV-positive.

Coachella Valley

- **Bienestar:** The agency is based in San Bernardino County. It originated to address the lack of HIV/AIDS services for the Latino community in Southern California. Bienestar provides HIV testing and prevention services. These include drug and alcohol prevention and education services, individual and community-level health education, comprehensive risk counseling and services, as well as support groups for MSM, women, and transgender individuals.
- **Desert AIDS Project (DAP):** The DAP utilizes a comprehensive model, offering care to case management, with a wellness section that includes testing and prevention. Specifically, their programs target MSM, MSM 55+, women, and testing. Because of its comprehensive services and quality of services, it attracts clients from SF and LA. The agency is primarily known for its work with gay men, (80% of clients are gay). The Indio office provides services to migrant workers.
- **Inland AIDS Project:** The Inland Empire AIDS Project Based in Riverside offers a comprehensive set of services such as case management, mental health counseling, substance abuse counseling, home health care, transitional housing as well as low income housing rental, and transportation to medical and social services appointments. Additionally, the agency has a strong prevention and education focus increasing community awareness and involvement in HIV/AIDS.
- **Riverside County Department of Public Health:** This agency provides HIV care, testing services, and education. The services are not specifically targeting Latinos, but they report efforts to ensure that motivated bilingual staff is available.
- **Working Wonders:** Primarily targeting women, this community-based organization is located in Cathedral City in the Palm Springs area of the Coachella Valley. The agency serves approximately 250

clients, and has provided education services to 1,500 others in the past year. Services offered are medical, psychological, housing, case management, and food supplementation.

Resources in San Diego

This region has a variety of Latino-focused prevention services, many of which are highlighted below. Participant feedback illustrated that this is a key region since San Diego County is adjacent to the busiest border crossing in the country. Clients that were interviewed in this region felt they have the ability to choose the agency from which they will receive services and furthermore to use one agency for one service, and another for a different service. Sometimes clients reported that they do cross the border into Tijuana for services, for non-HIV-related services. The following are agencies that were mentioned by participants in this region:

- **Bienestar:** This agency provides case management, prevention outreach, youth counseling, HIV antibody testing, referral services, psychosocial and medical services, and services for HIV-positive, for MSM. This agency is located in the Central region of San Diego.
- **San Ysidro Health Center:** This Coordinated Assistance Services Advocacy (CASA) Program is a one stop shop for people living with HIV/AIDS. Amigos de CASA is a cross-border peer advocacy group. The center also provides IDU-related services.
- **Family Health Centers of San Diego (FHCS):** FHCS provides prevention education and outreach, needle exchange program, MSM health services, as well as prevention services for HIV-positive people.
- **UCSD Hospital:** The University Hospital is the main source for HIV/AIDS treatment in San Diego County.
- **San Diego Gay & Lesbian Center:** The Center provides HIV-positive services, bilingual health education, and risk counseling.
- **San Diego Youth & Community Services (SDYCS):** SDYCS provides outreach services for youth who are MSM, IDU, and poly-drug users.
- **San Diego County HHS HIV/STD Hepatitis Branch:** The branch provides counseling, testing, STD clinics, AIDS case management (ACN), and HIV-positive program for individuals who are incarcerated and who also have substance abuse issues.
- **Stepping Stone of San Diego:** Stepping Stone provides substance abuse and recovery services for the gay community.
- **Vista Community Clinic (VCC):** VCC provides MSM services, HIV-positive services, IDU services, with a focus on rural and migrant Latinos.

Collaboration

Providers throughout the state were asked to provide evidence of how existing agencies and providers are collaborating to meet the needs of Latinos in their region. In addition, many providers supplied recommendations for ways to increase service coordination and collaborative efforts. This section summarizes the feedback that was provided that centered around:

- current examples of collaborative efforts;
- opportunities for further collaboration within geographic regions as well as across the state; and
- common barriers to effective collaboration.

Current Collaborative Efforts

Providers across the state highlighted many current efforts to collaborate. One collaborative effort already in place throughout California are the HIV Prevention Community Planning Groups (CPGs) established in each local health jurisdiction. The CPGs are responsible for assessing the impact of HIV/AIDS in their region, prioritizing HIV prevention needs by defining which groups are most at-risk, and bringing providers and community members together to develop a local HIV prevention plan to address these needs (see reference to these plans in the overview of the regions on page 5). The planning bodies in each region were mentioned by providers across the state, nevertheless, only a few were highlighted or explained by specific providers as key collaborative efforts. These include:

- **Long Beach HIV Comprehensive HIV Planning Group.** This group is beginning to build coalitions between service agencies such as Bienestar, Altamed, and Wall-Las Memorias.
- **HIV Prevention Community Planning Board in San Diego⁶.** The mission of this Board is to reduce the spread of HIV infection in the County by: assessing the present and future impact of HIV and AIDS in the County; identifying unmet HIV prevention needs; defining high-risk groups; and formulating specific intervention strategies to meet target groups' specific requirements.
- **San Francisco HIV Prevention Planning Council (HPPC).** The council guides the Department of Public Health in local funding decisions and provides recommendations for HIV prevention among priority behavioral risk populations. Prevention programs are funded with a combination of federal, state and local dollars and the HPPC utilizes the various funds for a variety of innovative programs and services.

The following are additional examples of collaborative efforts that support the reduction of HIV/AIDS among Latinos in California:

- **Bay Area National Latino AIDS Awareness Day (BANLAAD)** The objective of this awareness day is to assist with the elimination of HIV/AIDS health disparities affecting the Latino community of the Bay Area. BANLAAD is designed to increase awareness of specific issues affecting HIV negative and HIV-positive Latinos in the areas of prevention, care, access, and cultural/linguistic competence among service providers, researchers, policy makers, media, community leaders, and the general public⁷.

⁶ County of San Diego. (2007). *HIV Prevention Community Planning Board Site*. Retrieved August 17, 2007, from <http://www2.sdcounty.ca.gov/hhsa/ServiceDetails.asp?ServiceID=416>

⁷ Bay Area National Latino AIDS Awareness Day. (2007). *Mission, History & Background*. Retrieved August 17, 2007, from <http://www.banlaad.org/about.htm>

- **Border Health Initiative (BHI)**, The BHI, led by PCI, supports community-based organizations and public health agencies along the California-Baja California border in order to respond to public health challenges and to improve access to quality health services for border community residents.⁸
- **Coalition of Latino AIDS Service Providers (CLASP)** The mission of this organization is to bring together all agencies in San Diego County for collaboration, advocacy, education and information, in order to provide quality and coordinated services to the HIV/AIDS Latino Community. CLASP currently has 16 participating agencies that provide HIV/AIDS prevention and health services⁹.

Opportunities for Collaboration

Providers shared many recommendations for increasing collaborative efforts to meet the HIV prevention needs of Latinos. They include:

- **Working with the school system:** Providers in Long Beach and Contra Costa highlighted the need for more education for youth. One provider shared that in their region, sexual education does not include information about HIV and STDs.
- **Building bridges between existing agencies:** Providers in Alameda talked about the expertise of Latino agencies across the bay in San Francisco and recommended coordinating services and sharing knowledge. Providers in San Francisco talked about building on informal collaborative efforts rather than waiting for formal collaborations to be built. They also recommended a referral center to direct Latinos to available service locations.
- **Coordinating with community services utilized by the Latino community:** Providers in Contra Costa recommended working with “Servicios Hispanos” such as those that provide notary services, cantinas, laundromats, etc.
- **Utilizing data to understand service needs:** Many local health jurisdictions are working to improve the way they track the impact of HIV/AIDS, as well as HIV testing rates, in their communities. Most regions have moved to names-based HIV testing which will allow for more accurate HIV incidence rates to be calculated. In San Francisco, a fairly sophisticated service system exists, yet public health officials and providers who were interviewees discussed the difficulty in utilizing the new data system for evaluation and system improvement efforts.

Barriers to Effective Collaboration

Despite a strong desire to work together, providers across the state shared that collaboration can be challenging as it requires agencies to “think outside the box” and work together in new ways. The following are the key barriers cited by participants:

- **Limited Resources:** Given decreases in funding and the many responsibilities of providers, many agencies don’t have the staff time or other resources necessary to get people together to collaborate.
- **Competition:** According to some informants, providers are territorial and therefore may be hesitant to work together on similar services or within the same community. One provider was very honest and stated that there is a mindset that providers are going to “steal” each other’s clients. This individual talked about the importance of bringing people together not only to talk, but also to understand each other and identify ways they can enhance services for clients, rather than duplicate what already exists.

⁸ Global Health Council. (2007). *The Border Health Initiative*. Retrieved August 17, 2007, from <http://www.globalhealth.org/sources/view.php3?id=124>

⁹ Coalition of Latino AIDS Service Providers. (2006). *CLASP Site*. Retrieved August 17, 2007, from <http://clasp-sandiego.org/index.html>

Training and Capacity-Building

A key area of the Needs Assessment was to identify training and capacity building needs across the state in order to provide PCI with recommendations for moving forward with their training project. This section summarizes the feedback obtained regarding training and provides:

- an overview of existing trainings related to Latinos and HIV in California;
- a description of challenges related to providing trainings related to Latinos and HIV; and
- a discussion of types of Latino HIV-related trainings recommended by participants.

Existing Trainings

As could be expected, informants from the largest urban hubs (Bay Area, Los Angeles, Orange County and San Diego) discussed having access to a variety of training and capacity building resources, some of which related directly to Latinos and HIV. This was made clear when an informant, from a small agency, indicated needing help with prioritizing which trainings to attend, given limited time.

By contrast, informants in the Central Valley described having access to some trainings, but that these were located in nearby regions, requiring travel to the Bay Area or to Los Angeles/Orange County/San Diego. The Imperial County informants indicated that they had some access to regional trainings. However, informants indicated that given their County's remoteness, the travel costs to the urban centers were generally prohibitive. As a result, providers relied on the few available local training resources and/or developed their own. Finally, informants discussed the need to coordinate or centralize the trainings. Others indicated that, at minimum, the trainings offered by federally funded agencies (such as the CDC) should be coordinated as future trainings are designed and fielded.

Provider Survey respondents were asked to list trainings or technical assistance that they, or others at their agency, had attended that were specifically related to providing HIV/AIDS related services to Latinos, in particular vulnerable Latino populations (see text box to the right). There were 206 survey responses, of whom 45 respondents (22%) provided specific information on trainings. The largest proportion of training information was for the Los Angeles area.

Provider Survey Responses: Recent Training or Technical Assistance

Imperial/ Inland Empire

Focus in Testing (California STD/HIV Training Center in Holtville, CA)

HIV 101 (Internal training)

LGBT/Q (Bienestar in El Centro)

Logic Modeling (Border Health Foundation)

Kern

Management of STDs, HIV, Hepatitis C (University of California, Holtville, CA)

STDs on the Border

Los Angeles

Basic I (OAPP & AHP)

Community Resources (Walden House)

Cultural Diversity

Latino Health Conference (UCLA)

Motivational Interviewing (Accion Marin)

STDs

Voices in HIV (AIDS Project Los Angeles)

Web based training (AIDS Project Los Angeles)

Orange County

HIV/AIDS 101 (Red Cross of Orange County)

Supporting clients in disclosure of HIV status (Delhi Center)

Santa Clara

HIV AIDS Conference (SCUMC)

HIV Care (SCUMC)

HIV in Latinos (San Francisco DPH Health Education Training Center)

HIV 2007 (SCUMC)

HSS Medical assistants (Agency in San Jose)

San Diego

CLASP (Latino forum monthly meetings)

Social Marketing (Council of Community Clinics)

Outreach to Latinos (San Diego County)

Challenges Related to Trainings

Informants identified three primary challenges related to agency trainings about HIV and Latinos: lack of time and resources; need for training and re-training; and need for organizational capacity-building.

Lack of Time and Resources

There was a consensus among informants that the primary barriers to trainings, from agencies' perspectives, were the lack of time and resources. Informants discussed their organizational quandary, "Do we train staff or do we serve clients?" The further the participants need to travel, the greater the time investment, with the staff time investment falling disproportionately on the agencies in the more remote Imperial and Central Valleys. As a result, one of the Imperial County informants indicated that her agency had developed its own trainings to meet internal needs. Some informants talked about the need to personalize the agencies' trainings, providing tailored technical assistance to each agency. One suggested model was to provide tailored technical assistance to individual agencies, and bringing them together once a year for updates. Others discussed the need to link the provision of trainings with paid staff time to attend. At a minimum however, informants were clear that it was important to have good communication about time, place and agenda, with agencies needing ample warning about upcoming trainings so they can be calendared.

Need for Trainings and Re-trainings

Informants discussed needing ongoing trainings given high staff turnover in many agencies. This was particularly salient in line staff positions; as trained staff left the agencies, new staff needed training. The most important ongoing training needs identified were HIV 101 and Cultural Competence 101. These two trainings were seen as the "basics" or the "core trainings." The need for "Voluntary Counseling and Testing 101" was also identified, again reflecting high staff turnover in that more specialized position.

Informants in the Central and Imperial Valleys also shared the need for ongoing specialized medical trainings, indicating that the quality of HIV-related medical care in their geographic area was uneven. They suggested that medical professionals receive training/re-training in HIV and cultural competence. Informants singled out doctors who serve migrant workers as a group of professionals that could especially benefit from additional training. Informants stated that these trainings need to be relevant, taking into consideration the level of experience that the individuals bring to the issue. A medical doctor, for example, would receive more in-depth medical briefings; and, staff that have been in the field for 10 years would need HIV updates, whereas a new employee would need a complete introduction to HIV and the related social and public health issues.

Finally, informants discussed the need to provide tailored versions of the core trainings to educate political leaders, policy-makers, and community gatekeepers. This issue was particularly salient in Orange County and San Diego County. Such trainings would engage the decision-makers and the Latino community in finding solutions to HIV in their communities.

Need for Organizational Capacity Building

Provider Survey respondents were asked to rank how helpful they thought various trainings might be to their organizations. Overall, there appeared to be a high demand for a wide variety of training. Topics under Cultural Competency, Basic Skills, and Infrastructure appeared to be more desired, as opposed to Institutional Capacity Building (please refer to Exhibit 4 on page 21). Findings from the Provider Survey were contradictory to recommendations from key informants, who talked about a great need for organizational development trainings. These informants cited that organizational development may not be recognized as important, but are critical to providing services to the Latino population effectively. Further, informants talked about how the lack of buy-in from an Executive Director of an agency can thwart efforts at building the capacity of the staff to serve the clients better.

Topics of Interest for Future Trainings

Provider Survey participants were asked to rank topics under four primary cluster areas. In interpreting these findings, it is important to note that 41% of respondents indicated they were from the Los Angeles area, potentially skewing the findings towards the training needs of the more urban providers. Topics that generated the highest rankings of “Somewhat Helpful” or “Very Helpful” in each cluster were:

- 1) **Institutional Capacity Building:** Strategic planning and Social marketing were ranked highest, followed by Proposal Development; Budgeting; and Organizational Development.
- 2) **Cultural Competence:** Stigma and Discrimination; Latinos and Mental Health; Latinos, Drug Use and HIV; MSM Latinos; Latina Women and HIV/AIDS; and Transgender Latinos/as were ranked the highest, followed by Latino HIV/AIDS 101; Latino and Gender; LGBTQ Latinos; and Indigenous Latinos.
- 3) **Basic Skills:** Medication Adherence and Transnational Latinos/Border issues were ranked highest, followed by Latino Nutrition and HIV and HIV Epidemiology.
- 4) **Infrastructure:** Respondents identified Advocacy for Latinos as the topic of most potential helpfulness, followed by Transnational Latinos/Border Issues, and HIV Epidemiology.

Informants were clear that staff at all levels, from the medical staff to the receptionists and outreach workers of all ethnic backgrounds, including Latinos, should receive “core” Latino HIV trainings: HIV 101 and Cultural Competence 101. Informants indicated that they would like to see the HIV 101 training cover, in addition to prevalence and transmission and prevention, issues of co-infection and re-infection.

Informants in San Francisco spoke at-length about the importance of cultural competence training, identifying the concept of “cultural humility”, which they define as an openness to new information, and the putting aside of assumptions in dealing with the individuals. Framing the issue, informants pointed to the need to take into consideration gender, class, acculturation, and ethnic diversity within the Latino communities in the design and implementation of projects and trainings. Informants across the state identified five topics to be included in Latino Cultural Competence 101 trainings:

- the variations of Latino cultures;
- the Latino support system;
- barriers to services, including stigma and discrimination;
- *confianza* (trust and its converse, fear); and
- gender and sexuality, including issues related to transgender (LGBT 101), and to Latinas who are particularly at risk (Latinas 101).

Having acquired the basic HIV 101 and cultural competence skills, informants indicated the following topics would be of high interest:

- Latinos and substance use;
- information regarding migrant farm workers and Day Laborer;
- overview of mental health in the Latino community;
- effective, evidence-based programs targeting Latinos;
- technical assistance about HIPPA and issues of privacy/confidentiality, as well as the “Opt Out” law and testing guidelines for 2008; and
- group facilitation 101.

Informants in the Bay Area mentioned a desire for trainings on HIV and immigration laws, while those from Coachella/Imperial County indicated an interest in HIV medications and curriculum development. Those from the Los Angeles/Long Beach area mentioned needing training about reaching Sex Workers. The San Diego informants discussed the need for training related to domestic violence and HIV among Latinos, as well as media training.

Exhibit 4: Summary of Feedback regarding Training from Provider Survey

Proposed Topic	Not Helpful	Somewhat Helpful	Very Helpful
	%	%	%
Institutional Capacity Building			
Budgeting	14.6	17.0	26.2
Organizational Development	13.6	16.0	26.2
Proposal Development	11.2	20.4	25.2
Social Marketing	7.8	18.9	31.1
Strategic Planning	8.7	17.0	33.0
Cultural Competency			
Indigenous Latinos	3.9	18.4	37.9
Latina Women and HIV/AIDS	6.3	11.2	50.0
Latino HIV/AIDS 101	5.3	16.0	43.2
Latinos and Gender	3.4	16.5	42.7
Latinos and Mental Health	2.9	14.6	50.0
Transgender Latino/as	5.3	16.0	44.7
Latinos, Drug use & HIV	1.9	11.7	52.4
Stigma and Discrimination	2.4	15.5	49.5
MSM Latinos	2.4%	14.6%	48.1%
LGBTQ Latinos	3.4%	16.5%	41.3%
Basic Skills			
Medication Adherence	6.8	15.5	43.2
Nutrition	8.3	20.4	35.9
Epidemiology	7.8	19.9	32.5
Transnational Latinos/Border Issues	4.4	20.4	38.3
Infrastructure			
Advocacy for Latinos	1.9	19.9	41.7
Epidemiology	4.4	21.8	32.5
Transnational Latinos/Border Issues	4.9	20.4	35.4

Strengths & Challenges

A number of strengths were highlighted within each geographic region. When describing the system of Latino HIV prevention, primary strengths that were identified by participants included: potential for community mobilization; trusted agencies; movement towards cultural sensitivity; and outreach and education. In addition, participants shared many areas that could be improved, including challenges at the system-level as well as within general services. Each strength and challenge is described in further detail below.

Overview of Strengths

Key informants, individual providers, as well as clients shared information on the strengths of existing services within each region.

Potential for Community Mobilization

The need for a Latino response to the impact of HIV in the Latino communities was a topic of discussion across sites. Informants discussed the need for training politicians, decision-makers and community leaders in elements of HIV 101 and Cultural Competence 101. Other participants pointed to the leadership arising from their client base, indicating that the level of self advocacy of some of their clients had resulted in providers being pushed to “do better” and to improve services overall. The potential for community mobilization was also discussed in the context of the Latino communities, composed of many subgroups, many of whom come from traditions of volunteerism in order to accomplish personal, family, neighborhood, and even community-wide projects. This cultural trait, according to informants, provides a base from which leadership can build.

Trusted Agencies

Participants discussed the issue of *confianza* – trust. Some indicated that *confianza*, in some ways, was key to understanding relationships in the many Latino cultures. When someone or an agency is “*de confianza*,” it is a testament that the person or agency treats people fairly and graciously – like a family member. In the geographic areas of concern, some of the target population may not speak the English language or speak limited Spanish or a regional dialect. In addition, individuals may not have acceptable documentation, highlighting the need for *confianza* in any dealings with outreach efforts, programs or government agencies.

One of the key findings from the data collected is that organizations exist that have built solid reputations in the Latino communities they serve in each of the targeted geographic regions. Some of these agencies have been providing services for a long time and have strong ties to the community. Further, in most of the geographic areas of concern, many agencies that serve Latinos have established relationships with one another, leading to streamlined referral systems, and collaborations at health fairs and Latino celebrations. While few in numbers, these agencies offer a foundation to providing outreach services to Latinos in their communities.

Movement towards Cultural Sensitivity

Providers indicated a strong understanding that cultural sensitivity is not only about ethnicity, but also addresses various subcultures based on country of origin, geography, race, social class, gender, and sexual orientation. Informants indicated that agencies have made cultural sensitivity a priority in order to meet the needs of their Latino clients. According to informants, agencies at a minimum have begun to recognize the

Strengths

- Potential for community mobilization
- Trusted agencies among the Latino population
- Movement within the provider community toward cultural sensitivity
- Strong existing outreach and education strategies

importance of meeting clients' needs in the language in which they are most comfortable. It is also clear that providers in each geographic area had developed and were implementing programs that effectively target hard-to-reach populations such as migrant workers and daily laborers.

Outreach and Education

Informants indicated that the outreach and education currently taking place is a key strength of the existing Latino HIV prevention system. Given the amount of misinformation about how HIV is contracted, and the stigma associated with HIV in the Latino community, informants saw any existing outreach and education efforts aimed at Latinos as positive. Informants pointed to some of the innovative programs being developed, especially those that bring together HIV negatives and positives. Other outreach efforts have targeted migrant workers, daily laborers, and bar patrons. While it was acknowledged that there is not enough being done, informants indicated that it was important to note that there were programs across the state that were effectively reaching the populations of concern. In this vein, some informants also pointed out that, in spite of the many governmental rules and regulations impeding full effectiveness, some high quality, and much-needed work was being accomplished across the US-Mexico border area.

Challenges to Existing System of HIV Prevention for Latinos

Informants identified several challenges to the existing system of HIV prevention for Latinos at both the system- and service-level.

System-Level Challenges

Informants identified five primary factors contributing to an understanding of the context within which HIV prevention occurs:

- **Diverse target populations.** Providers identified many Latino subpopulations at risk for HIV, indicating the great need for prevention work among: non-gay identified MSM; sexual partners of transgenders; youth; women; people over 50; transgenders; substance users; and new immigrants. According to informants, while there is a growing consciousness about the unmet needs of the Latino communities, the indigenous populations from Latin American countries fall through the cracks of the prevention system. Informants pointed out that the indigenous groups do not typically identify or socialize with Latino immigrants from their countries, and may not be strong in their command of Spanish, which they may speak as a second (or third) language.
- **Need for Latino leadership.** Informants discussed the need for a Latino response to Latino HIV. As such, the need for leadership development was suggested to help strengthen the community's ability to respond to the pandemic's impact on their communities. Church leadership, in particular, was seen as lagging behind the need. This combined with a taboo about talking about sex and HIV, often results in silence about HIV. HIV does affect married *Latinas* and their children, therefore, informants suggested the need to engage religious leaders in HIV/AIDS prevention efforts, and in finding ways to support impacted men, women,

System Level Challenges

Challenges:

- Diverse target population
- Need for Latino leadership within the community
- Urban/rural service disparities
- Decreased funding and funding type
- Need for collaboration and coordination among service providers

Gaps:

- Need for universal cultural competence training
- Need for Latino professional networking organization
- Need for Latino service use studies
- Need for evaluation and documentation

Needed Tools and Materials:

- Latino-centric messages
- Latino-centric curricula
- Latino-centric social marketing campaign

and their families. A parallel issue related to the need for strengthened, accountable local HIV Commissions, to ensure that Latino communities can be reached more effectively.

- **Limited access in rural areas.** Informants discussed the issue of services being concentrated in urban hubs, with some of the more rural areas having few, if any, HIV services. Providers in Fresno, for example, pointed to such rural areas as Coalinga, Mendota, and Huron as needing more prevention efforts. Informants also indicated that medical and other providers in the Central and Imperial Valleys needed more education about HIV and AIDS. From clients' perspectives, the lack of services in the more rural areas means having to find transportation to the more urban areas.
- **Limitations to funding.** Informants indicated that they were functioning within a system where funds for prevention were drying up. Some informants indicated that they had begun to lose faith that current funding streams would adequately meet the prevention needs of the Latino communities. They indicated that major barriers to providing adequate services were built into existing funding streams, with government funding tied to service models that discourage "thinking outside the box."
- **Continue to expand collaboration and coordination.** As discussed above, collaboration and coordination were a challenge identified by informants. Collaboration was addressed in the context of the need to cooperate in sharing resources, in collecting data, and in planning trainings. It would be especially important, according to informants, to ensure that coordinating conversations were taking place with the federally funded programs conducting HIV capacity-building activities in planning any capacity building of agencies serving the HIV/AIDS-related needs of Latinos.

In addition, informants identified four primary gaps related to the systems level:

- **Need for universal cultural competence training.** As discussed in the section above, informants indicated the need for cultural competence training for everyone in agencies that serve Latinos and people from other cultures – from the receptionist to the Executive Director and head medical staff. In this context, informants in Orange County talked about how the amount of paperwork to complete is not culturally sensitive, taking attention away from the "*personalismo*" (that personal approach) that is discussed in competency trainings. Providers across the regions indicated that at a minimum level of cultural appropriateness, programs that serve Latinos should: 1) provide childcare and 2) food for the participants, 3) consider access and transportation, and, 4) should think about providing prevention messaging in the context of the provision of general health services.
- **Need for Latino professional networking organization.** Informants suggested the need for professional networking organizations for Latino providers in California. Providers pointed out that they often function in isolation from other professionals within their region, and that there is a great need for understanding regional and cross-border issues, as well as immigration patterns and behaviors. Informants pointed to regional networking organizations of professionals as one solution to ending that professional isolation. Some insisted that the concept of "region" be expanded to include providers in Mexico, acknowledging the fluidity of the population across borders.
- **Need for Latino service use studies.** Informants indicated the need to understand more clearly the factors leading to Latino clients accepting HIV testing. Informants were also concerned about how services were used bi-nationally, and in Los Angeles County, how services were used across Service Planning Areas (SPAs).
- **Need for evaluation and documentation.** Informants indicated the need for systematic evaluation and data collection. Some informants also pointed to evaluation and documentation as the means of establishing best practices across the field.

Participants identified three primary types of tools and materials needed to meet the Latino HIV prevention needs in the targeted regions more effectively:

- **Need for Latino-centric messages.** Informants discussed the need to develop messages that will resonate with the various Latino communities. One informant in the Bay Area talked about the need to develop creative messages, suggesting ones that address such topics as religion and *machismo* directly. Other informants talked about how prevention messages needed to be up to date technologically, in order to appeal to the young people. Others also wanted the messages to be bold, to talk about self-esteem, to be more open about sexuality. The existing cultural taboos against speaking directly about sexuality in general, and homosexuality in particular were of special concern. Informants also talked about the need to break the silence surrounding the issue of married Latino MSM, whose wives feel safe because they are married and monogamous.
- **Need for Latino-centric curricula.** Informants discussed the need for curricula developed by Latinos for a Latino audience. They pointed out that the only curriculum currently used is “*Voces*.” While it was considered good overall, informants indicated a need for choices of curricula. Specifically, they identified the need for a curriculum designed to help providers meet the needs of people who work long hours. Some informants discussed how, in many programs, the materials used were developed for a Caucasian or a gay-identified audience, and were simply translated, with an assumption that the educational messages were culturally transferable.
- **Need for Latino-centric social marketing campaign.** Informants discussed the need to use the media in prevention programming that targets Latinos. One informant talked about the need for an “insistent and persistent” social marketing effort. Another informant cited an example of major radio stations that refused to run PSAs related to HIV/AIDS prevention, anticipating that the launching of a campaign could meet opposition.

Service-Level Challenges

Informants discussed six challenges related to services within the HIV prevention system for Latinos:

- **Client support/empowerment.** Informants were clear that empowerment is one of the primary needs of the impacted Latino population. This was seen as particularly important for Latino women and MSM who may face more discrimination than other groups. The culture itself, some informants point out, makes it difficult to talk about the risk factors for HIV/AIDS. Other informants indicated that programming that targets Latinos must address issues of self-esteem, depression, and anxiety, pointing out that all of the education in the world will not make a difference if individuals do not value themselves. Informants in Imperial County indicated the need for support groups for people with HIV/AIDS. In fact, informants across the regions, noting the importance of a robust self-esteem in the prevention of HIV, discussed the need to provide support groups for higher-risk people who are HIV negative in order to help them maintain that status.
- **Finding flexibility.** Informants discussed the need for flexibility in the provision of services to their target Latino subpopulations. Informants talked about the need for evening clinics, where Latino clients could receive care and prevention services. Other informants talked about the need to bring testing to sites where day laborers congregate. For example, the Orange County informants indicated the need for more mobile health clinics to reach various populations where they congregate. Other informants from urban centers talked about the need for extending working hours so outreach services could be available after

Service-Level Challenges

- Client-support/empowerment
- Services during non-traditional hours, methods of outreach, and alternative services (e.g., acupuncture) are not widely available
- Lack of bicultural/bilingual staff
- Insufficient risk assessment training
- Lack of services for the IDU population
- Lack of training for prison guards

midnight, when the clubs are in full swing. Finally, informants identified targeted areas for outreach, such as places where public sexual activities take place. Informants discussed their desire to offer incentives to encourage people to come in for testing, emphasizing the need to have medical care and support available for those who test positive. Some clients brought their perspectives about flexibility in the service system, indicating they would like access to non-traditional services, such as acupuncture and nutrition.

- **Linguistic needs.** The issue of needing bilingual/bicultural staff was discussed in the context of staff turnover being high in nonprofit agencies. Informants pointed out that Contra Costa County and Orange County, in particular, needed to bring in more bilingual/bicultural staff to meet the needs of the Latino clients. In Orange County, informants noted that staff is difficult to find and retain because the exorbitant cost of living in relation to the relatively low salaries. Informants in Imperial indicated they also had difficulty finding qualified and credentialed staff. Some providers discussed how staff turnover was problematic in key positions like case management, with some clients disengaging from services when staff turn over. Some informants suggested that this could in part be addressed by partnering with colleges to create a “pipeline” between the services and the colleges to attract an educated bilingual workforce. Additionally, one informant suggested the need to provide incentives to bilingual/bicultural staff to pursue undergraduate and graduate degrees. Linguistic needs were also discussed in the context of medical records that are in Spanish, with one informant suggesting a central translation service for such records. While the use of third party interpreters may be used when a provider does not speak the same language as their clients, providers in Fresno indicated that some of their clients were concerned that utilizing interpreters would compromise their confidentiality. Finally, the shortage of medical providers who speak Spanish was discussed as a major gap in effectively serving Latinos across the geographic areas included in the Needs Assessment. Informants in Orange County indicated that the community clinics have sufficient bilingual staff to handle the demand, but that hospitals, still “bring in janitors” to translate for patients because they do not have a sufficient number of bilingual staff or interpreters on staff.
- **Provider risk assessment training.** Informants discussed the need for risk assessment trainings for providers, indicating they need to be doing a better job of screening for HIV/AIDS.
- **Outreach to the IDU population.** Informants were clear that IDU outreach programs have proven effective in many regions. The program in Imperial County, however, could not be sustained because of the lack of resources. Informants from Orange County voiced their frustration at not being allowed to launch needle exchange programs in that county. While IDU outreach was seen as a priority, outreach to users of methamphetamines was also perceived as a great need, given the risky behaviors taking place under that substance’s influence.
- **Training for Prison Guards.** Informants indicated the need to sensitize prison and jail guards to issues related to HIV/AIDS and the prison system is an essential location for prevention efforts.

Provider Perspectives on the HIV/AIDS Prevention Needs of Latinos

Service providers such as prevention case managers, outreach workers, HIV testing counselors, as well as health service providers are an important source of information about the HIV/AIDS prevention needs of Latinos. Key findings from seven focus groups, and sixteen interviews done with individuals who provide services to Latinos at risk for HIV/AIDS in all six key regions, as well as responses from the Provider Survey are presented in this section. More detailed information about the number of provider focus groups and interviews can be found in the Methods section of this report on page 3. This section summarizes the provider feedback that was provided that centered around:

- the importance of provider competency, both in being culturally competent, and in having up-to-date knowledge about HIV/AIDS;
- the need for a more system-wide engagement in the conversation about HIV/AIDS prevention;
- recommendations for tailoring prevention activities to the cultural, linguistic, economic, and political diversity that is found within the Latino community.

Although many of the issues highlighted by providers are discussed in the previous section, they are reiterated here to illustrate what providers see as the key prevention needs of Latinos. The geographic accessibility of services throughout the various rural, urban, and binational communities in California is also addressed.

Diverse At-Risk Populations

A wide variety of sub-populations within the Latino community are served by the providers involved in the Needs Assessment. For example, Exhibit 5 reports sub-populations served by respondents to the Provider Survey.

Providers in the Bay Area cited many sub-populations that are most at-risk, including non-gay identified MSM, people who have sex with transgender individuals, youth and those over 50, women, transgender individuals, substance users and individuals newly arrived to the US.

Providers in San Francisco also shared that there are indigenous populations from Guatemala and Chiapas that speak mainly Mayan and do not identify as gay, and may not socialize with other Latinos.

In addition, providing services to gay-identified men and non-gay identified MSMs can be challenging. Providers in Orange County and the Coachella Valley shared this as a barrier to services (see below). In areas such as San Diego, trans-border populations also provide challenges to providers on both sides of the border. As one

Sub-Population	n	%
Substance Users	170	82.5
Women	160	77.7
HIV-positive	157	76.2
Homeless	157	76.2
MSM	157	74.3
Monolingual	145	70.4
People Living with AIDS	141	68.4
Transgender	138	67.0
Sex Workers	130	63.1
Newly Arrived Immigrants	121	58.7
Day Laborers	105	51.0
Farm workers	74	35.9
Transnational	70	34.0

provider noted, one size does not fit all; therefore, services must be tailored to meet the needs of diverse populations.

Collaboration

Further collaboration between public health departments and local community based organizations was cited in Imperial County as a way to broaden points of entry for individuals at-risk or infected with HIV/AIDS, and also noting that some populations may be more comfortable receiving services from community-based organizations as opposed to public health or clinic systems. For more information on collaborations, please see page 23.

Public Policy

Providers in Orange County and Imperial County noted that there is a need for action in the public policy arena, such as advocating for more financial resources allocated to Latino populations. One informant from Orange County described that the needs of Latinos have become a difficult issue for political leaders, and leaders in general, to grapple with due to the debate in California surrounding immigration. This sentiment was shared by a key informant in San Diego who noted the challenge of educating public policy and political figures about HIV/AIDS while at the same time being sensitive to controversial issues such as substance abuse, legal status, and sexuality, as well as controversial interventions such as needle exchange or sexual education. In Imperial County, providers noted that HIV/AIDS is not a policy priority, nor a visible issue.

Provider Competency

Cultural competency and the understanding of the diversity of Latino populations within regions, as well as levels of acculturation, education and socio-economic status were highlighted across all geographic areas. Another issue highlighted was the need to understand that prevention is not part of the culture for many Latinos, necessitating that other interventions be devised. A provider in Orange County shared that often, it is not until an illness becomes an impediment in daily functioning that some Latinos seek care.

San Francisco providers described the concept of “cultural humility” and the importance of being conscious of the subtleties of culture such as class and ethnicity within Latino culture. Contra Costa providers also suggested not making the assumption of thinking that knowledge of Latino culture can be assumed, based upon knowledge of Mexican Latinos.

Provider Recommendations for Service Improvement

The following were identified as overarching recommendations to service improvement:

- Improve collaboration between service providers.
- Adapt the service system to anticipate loss of funding.
- Funding agencies should allow providers to “think outside the box” in prevention messages and services.
- Have Latino leaders agree to get tested for HIV to encourage others to get tested.
- Prevention messages and services should be culturally appropriate and targeted in order to take into account the diversity of Latino populations.
- Testing and services should be geographically accessible to all, especially those who live in rural areas. This can be accomplished by improving public transportation and by placing services near public transport lines.
- De-stigmatize HIV/AIDS information by incorporating it into general health information and at health fairs.
- Put mechanisms into place to ensure quality of trainings, prevention efforts and services remains high.

Providers in Los Angeles pointed out that a lack of knowledge among providers about HIV/AIDS is exacerbated by staff turnover and the difficulty of retaining bilingual and bicultural personnel due to low salaries, high travel and the stigma that is attached with the position. This observation was shared by providers in the Central Valley.

Provider Challenges

The following were identified as challenges to providers in providing prevention and care services to Latinos:

Recruitment and Retention of Bilingual and Bicultural Staff

Some agencies find it difficult to recruit and furthermore retain bilingual staff. High turnover was noted in Imperial County in positions such as bilingual outreach workers and counselors. This creates a challenge in building trust with clients who are not used to new faces and may require stability in service provision. Additionally, a program manager shared that there was a disconnect between HIV workers and other frontline staff who may not be aware of the HIV-related services at their organization.

While the Provider Survey did not measure turnover, it did measure how long participants had been working in the field of HIV/AIDS. Results from the Provider Survey showed that 32% of respondents had seven or more years of experience working in the field of HIV/AIDS, while only 19% had less than one year of experience. Further study might be needed in order to identify strategies for maintaining staff over time.

Provider Survey Responses: Unmet Testing Needs	n
Cultural/Language Barriers	48
Knowledge/Awareness/Education	28
Organizational Capacity of Agencies	7
Funding	6
Social Marketing/Media	5
Stigma/Fear	5
Other*	26
*Other includes: transportation, materials, border issues, and correctional populations	

Balancing the Needs of Multiple Risk Groups

Providers must balance the needs of multiple high-risk populations and also need to target each population, such as MSM, MSM/W, IDUs, sex workers, and monogamous married women effectively. Providers in the Coachella Valley suggested that mechanisms be put in place to ensure the quality of trainings, prevention efforts, testing and counseling remains high and constant.

Additionally, in regions such as San Diego there are limited resources to reach high-risk populations directly. Some interventions such as drop-in centers have worked well in local regions, but there is a lack of funding to implement and replicate this intervention throughout the region.

Highly Mobile Populations

In San Diego, there is an additional challenge of serving a binational client population who may receive services on both sides of the border. Certain populations within San Diego are transient either due to being transnational and working on both sides of the border, or because they work in the agricultural industries and move seasonally with crops. This migration was also noted in agricultural areas, such as the Central Valley. These facts make services and prevention a difficult undertaking.

Lack of Best Practices

Providers in the Coachella Valley highlighted the lack of best practices interventions for working with Latinos. One provider in San Diego has a family model that has proven effective in the border community of San

Ysidro. One priority for this provider is in having assistance in the evaluation of their curriculum and tailoring DEBIs¹⁰ since they have no time or personnel to do so.

Barriers to Services

The following were identified by providers as barriers to services for Latinos. Although each region has its own challenges in terms of the populations they encounter (e.g., farm worker, rural, urban, acculturated, newly arrived), many shared similar challenges.

Stigma

The issue of stigma was highlighted by providers as a primary reason for providing prevention messages to broader audiences, not only individuals at high risk. One suggestion by a provider in the Central Valley for reducing stigma around HIV/AIDS was to incorporate HIV/AIDS prevention messages with other health issues. This notion was also brought up in Los Angeles in regard to trust-building to improve testing rates and utilization of other prevention services. Similarly, providers in Orange County use health fairs to destigmatize the dissemination of HIV/AIDS information by incorporating it into general health information. The issue of stigma in Orange County has also surfaced in the context of the difficulty faced by small organizations that focus on HIV/AIDS to secure donors and volunteers.

Transportation

Providers in Fresno, Orange County, and Imperial County spoke of making services more accessible to individuals not located geographically near services. One suggestion by providers in Orange County was to place services near bus lines to make them more accessible to individuals. For Latinas in Orange County, the issue of transportation is exacerbated if they travel with children to receive services.

Providers in Orange and Imperial counties cited the centralization of services in densely populated areas being a challenge for some populations due to transportation concerns. Services tend to be concentrated in one agency or one location and are difficult to access, especially since public transportation is often not easily accessible, resulting in prolonged travel time. There is an emphasis on bringing the services to the clients in targeted high-need areas throughout these counties, rather than having clients come to services.

Gender

Of concern in Orange County was the issue of disempowerment of Latinas in relation to their male partners, making it difficult for them to adopt protection practices. Providers also indicated that the issue of confidentiality is very important to Latinas in their caseloads. In this same vein, providers in San Diego noted that Latinas are often unaware they are at high risk, and issues of religion and gender come into play when disseminating prevention information. The recommendation was made that wide-net testing be available and done for all women in order to inform and treat women that are HIV-positive.

Provider Survey Responses: Unmet Prevention Needs

	n
Accessible Locations	40
Cultural/Language Barriers	27
Utilization of Services	5
Funding	4
Awareness/Education	10
Rapid Testing	10
Other*	24
* Other includes: Outreach, Information, Pre-counseling, Bilingual Staff, Social Marketing, Collaboration, Needs of Special Populations	

¹⁰ DEBIs (Diffusion of Effective Behavioral Interventions) are interventions identified by the Centers for Disease Control as science-based programs that can be used at the state and local level to build provider capacity, reduce the spread of HIV and STDs and promote healthy behaviors. For more information, see <http://www.effectiveinterventions.org>.

MSM-Centric Services

Orange County and Coachella Valley both cited a need to expand services to reach non-gay identified and unacculturated MSMs, as well as to move away from providing services for just acculturated MSM populations. Providers recommended not only using prevention efforts for high-risk populations, but also outreaching to all Latinos in order to de-stigmatize prevention messages, and reach as many people as possible.

Provider Survey Responses: Unmet Treatment Needs

	n
Cultural/Language Barriers	33
Organizational Capacity	14
Access to Treatment	14
Fear/Stigma	9
Availability of Services	8
Awareness/Knowledge/Education	6
Needs of Special Populations (e.g., Women, Day Laborers, Transgender, Substance Users)	6
Other*	14
*Other includes: mental health services, outreach, social marketing	

Availability of Testing Sites

Although there may be a large number of testing sites in counties such as Fresno, they may be hard to reach by people that live in rural areas, and testing sites may not have extended hours to meet the needs of migrant farm workers. Providers in San Francisco also suggested taking testing sites to where sub-populations are located, such as to day laborers, and also to bars and clubs where sexual activity takes place. In some areas, like Contra Costa, providers felt there are an adequate number of testing sites, but that people need to be further encouraged through incentives to get tested. They also need to be informed of the availability of medical care and support if they are diagnosed as HIV-positive. In Imperial County it was noted that it is important to connect health service providers to Latino populations at testing sites and thus broaden healthcare entry points for Latinos. This is especially important for those late-testers, whose HIV may be more advanced and require immediate treatment.

Effective Distribution of Prevention Messages

According to providers, messages need to be more open about sexuality and broadened to focus on self-esteem. These messages also need to be holistic and target the Latino family-unit rather than individuals. More needs to be done in targeting women, and specifically mothers who can then pass prevention messages on to children. Providers in the Central Valley talked about providing messages for youth via the media, such as via the internet.

Another issue raised by providers was that prevention messages need to break stigmas and misconceptions about HIV/AIDS affecting only men who have sex with men, and further highlight other at-risk populations such as transgender individuals, and drug users. This can also be accomplished through innovative methods such as utilizing Spanish language Telenovelas for women, and going to soccer fields, labor fields, and forums on migration, as well as bailes (dances).

Tailored Prevention Messages

Providers in San Francisco and Coachella Valley cited a need to make prevention messages not only bilingual and bicultural, but Latino-centric. They noted that materials should be developed in Spanish and translated to other languages such as English when needed (instead of the current manner of developing materials in English and translating into Spanish). They also highlighted that even when materials are developed in Spanish, they need to be culturally appropriate. One example cited both in Orange County and Coachella was going beyond prevention for acculturated and gay-identified MSMs. A key informant in San Diego highlighted the need to have information for sero-discordant couples. This could be done by having social marketing strategies that target sub-groups specifically.

Client Perspectives on the HIV/AIDS Prevention Needs of Latinos

Six focus groups were conducted with Latino clients of agencies that serve the needs of individuals at risk for HIV/AIDS in the following areas: Mendocino, San Francisco, Fresno, Los Angeles, Orange County, and San Diego. More detailed information about focus group participants can be found in the Methods section of this report on page 3.

Summary of Client Perspectives

Although being regionally different, and living with HIV/AIDS in different situations, clients throughout all six areas shared similar notions of what they looked for in a provider; who should receive prevention messages, and how; and ways in which those prevention messages should be shared.

For many clients, location and accessibility of clinics were important. There were differences in the way this was reported. For example, clients in Orange County stated they prefer services close to home for ease of use while those in San Diego may require service provision away from their home community in order to maintain confidentiality. Similarly there were differences in the ways clients across regions perceived their access to care. Clients in San Diego, Orange County, Los Angeles, and San Francisco had many options to receive care and could “pick and choose” their services, while individuals in rural areas such as Mendocino and Fresno reported having limited access and therefore are relegated to using only the services that are at their immediate disposal.

For many clients, HIV/AIDS was only one of their health-related concerns, with housing, employment, immigration issues and access to general health care being other and sometimes competing priorities. It was noted that it is important that providers understand how HIV/AIDS among Latinos affects not only the individual infected, but the family unit as a whole as often there is a lack of discussion about topics such as sex, sexuality, condom use, and HIV/AIDS. Services that are relevant to families are important in this area in order to bridge that gap.

It should be noted that some clients reported only receiving services when they became ill. Transportation, especially in rural communities such as Mendocino, continues to be a barrier for receiving services and clients identified that it was important to have services where there is bus service available in urban areas such as Los Angeles and Orange County.

Access to Services

Many clients reported traveling throughout their region, and across the state to receive services. Clients in Fresno reported traveling to other areas such as Sacramento and San Diego both due to the availability of services covered by insurance and for the reputation of services in other areas. Clients in San Diego confirmed this. They reported that individuals from other counties such as Fresno come to San Diego to receive services.

It was reported in Orange County and San Diego that individuals may choose to go across the border to Tijuana to receive services. In the case of transgender individuals, they may elect to go to Tijuana to receive

Focus Group Sites

- Bienestar Human Services, Los Angeles
- The Center, Orange County
- Migrant Camp, Mendocino
- The San Diego Lesbian, Gay, Bisexual and Transgender Community Center
- San Francisco Department of Public Health
- Westcare California, The Living Room, Fresno

lower cost surgical procedures. In San Diego, participants reported that they may access general health services in Tijuana, but would not go there to receive HIV services or HIV medications.

In other areas such as Orange County, there is a level of comfort with services close to home, and many go to one specific clinic for service.

Client Sub-Populations Represented in Focus Groups

- Migrant Farm workers
- MSM Youth
- Transgender (Male to Female)
- HIV+

Role of Family (Familismo)

Clients identified the role of the family as being crucial in the success of prevention messages, as well as in the reception of services and minimization of stigma. When asked about challenges faced by Latino families or communities in receiving HIV/AIDS care or information about care, one client in Orange County said, “obstacles are not in the community, obstacles are in the family,” noting that family values or expectations might prevent individuals from seeking care. It is often difficult to discuss HIV/AIDS in the family setting, because sex and condom use are culturally and religiously taboo. One individual in San

Diego shared that when he disclosed to his family that he was HIV-positive, his family pulled away: “All of these people I live with are now my family, but when the holidays come I feel very sad.”

Integrating the family in prevention messages was also addressed by participants across all sites, by noting that educating parents on normalizing sex and speaking to their children about safe sex could reduce high risk behavior. Beyond *familismo*, youth in Los Angeles noted that “kids are raising kids [and] aren’t being taught the habit of seeking care and do not pass it on to their children,” providing some insight on emerging types of families within the Latino Community.

Provider Competency

Clients discussed that they are more likely to access services if they can work with a non-judgmental and experienced provider who knew their language and shared their culture. Clients also expressed that providers need to have the most up-to-date information in terms of treatment and prevention, so that they can pass this on to the community and be aware of new advances.

Populations in Need of Prevention

Participants across all sites stressed that youth need to be educated at an early age, and that families, specifically mothers, need to be educated in order to pass on the information to their children. It was also mentioned at two sites (San Diego and San Francisco) that it is important to reach men who have sex with men who may have wives in their country of origin. Other populations identified included individuals recently arrived from other countries, the transgender population and their partners. Doctors were also identified at one site as needing prevention information, and education on cultural competence.

Barriers to Services

The chart in Exhibit 6 addresses barriers to receiving services as identified by client participants. Common themes include stigma and shame, cultural issues such as language and religion, access to insurance and medical care, transportation, and legal status.

Exhibit 6: Barriers to Service Reported in Client Focus Groups Participants

Barriers to Services	Total	Region					
		Fresno	Los Angeles	Mendocino	Orange County	San Diego	San Francisco
Cultural/ Language Barriers	✓✓✓✓		✓	✓	✓	✓	
Knowledge/Ignorance/No Information	✓✓✓✓	✓	✓		✓	✓	
Apathy	✓✓✓	✓			✓		✓
Immigration Concerns	✓✓✓		✓		✓	✓	
Access to Services (e.g., lack of insurance, limited testing and care)	✓✓✓		✓	✓		✓	
Provider Competence	✓✓✓		✓		✓	✓	
Alienation/Fear/Embarrassment	✓✓	✓				✓	
Disclosure/Knowledge of HIV/AIDS Status	✓✓	✓	✓				
Lack of Family Support	✓✓				✓	✓	
Machismo	✓✓			✓	✓		
No Transportation/Time	✓✓		✓	✓			
Stigma	✓✓		✓				✓
Denial	✓				✓		
Finances/Housing	✓					✓	
Lack of Quality Medical Attention	✓					✓	
Multiple Risk Factors	✓						✓

Stigma

A key barrier identified across all sites was stigma within the Latino community, both in receiving prevention messages and in receiving services. Issues such as sexuality, gender identity, HIV/AIDS status, legal status, culture and religion, age, substance use, and language are all stigmatized.

The role of stigma as noted in some literature may be an indicator of the need for mental health services for these high risk populations. One such study suggests that “the negative mental health outcomes observed in [the] study are deeply connected to a lifelong history and current experiences of social discrimination owing to sexual orientation and racial/ethnic diversity, as well as to high levels of financial hardship due to severe unemployment and poverty”¹¹. Such implications of stigma’s effect on mental health imply that self-esteem and empowerment continue to play a role in HIV prevention and care.

¹¹ Diaz, R.M., et al. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health, 91(6)*, p. 931.

Fatalismo

Another issue identified by clients is *fatalismo*, “the belief that the individual can do little to alter fate”¹². When mixed with the stigma associated with receiving HIV prevention services (such as testing), as well as providers who may not be sensitive to the needs of Latinos, this feeling can translate into avoiding HIV prevention or health services, or not adhering to HIV/AIDS medication regimens. One HIV-positive male client from San Diego disclosed: “I felt like a dirty person at the moment that I knew I was living with HIV, and [these feelings] lasted many months, since it is something preventable, and it’s for that reason I felt dirty and I was punishing myself and that is the reason I didn’t solicit services quickly, thinking it was my fault.”

Delayed access to HIV Treatment

Clients cited cultural barriers such as *machismo*, language, fear of immigration, lack of confidentiality, as well as perceived racism at service providers. “I had to be hospitalized in order to get medications” shared a San Francisco client who moved from North Carolina, then Stockton, then San Francisco until he received the services he needed. Others said individuals are just closed off to information. Clients across all sites cited a lack of information about prevention, and education about how HIV is transmitted. It was also mentioned in Orange County that some heterosexual men and women do not believe they are at risk and still perceive HIV/AIDS as a disease “for prostitutes, homosexuals, [and] drug addicts.”

Effective Distribution of Prevention Messages

Across all sites, recommendations about effective means for dissemination of prevention messages involved mass media, including television and radio. The use of beauty pageants such as “*Hermosa y Protegida*” at The Center Orange County¹³ was cited as a good way to incorporate an engaging activity with a prevention and education message. Participants in San Francisco cited using popular education techniques such as skits on the streets that address safer sex and drug use practices. MSM youth in Los Angeles also pointed to access to technology as a means of receiving information since the internet is so information rich. They also suggested that using a Latino celebrity or role model could be effective with youth. Additionally they recommended having youth give other youth prevention

Client Recommendations for Service Improvement

The following were identified as overarching recommendations to service improvement:

- Both providers and individuals at risk for HIV/AIDS need to act on recommendations.
- Providers should have the most up to date data and treatment information about HIV/AIDS.
- Providers should help identify basic services for clients such as housing, transportation, and help identify health-related basic needs that may be more pressing.
- Providers should use various strategies to engage individuals at risk with information such as through media, social functions, and popular education, as well as provide incentives.
- Prevention messages and services should be culturally appropriate, and take into account the diversity of Latino populations.
- Linguistically appropriate education materials should be provided to disseminate information.
- Mental health concerns should be addressed in order to minimize high risk behavior.

¹² Murphy, D.A., et al. (2003). Barriers and successful strategies to antiretroviral adherence among HIV-infected monolingual Spanish-speaking patients. *AIDS Care*, 15(2), p. 218

¹³ The Center Orange County. (2006). *Latino/a Program*. Retrieved August, 17, 2007 from <http://www.thecenteroc.org/Programs/Latino/>

messages, because they trust and listen to their peers. Finally, clients also shared that it is imperative to engage youth at all ages both at home and in educational settings, and to conduct outreach in high schools, as well as bars, clubs, and other places young people can be found.

All client groups recommended prevention messages that address taboos about sex (in Mendocino it was recommended this be done via public service announcements later at night when kids were asleep). They suggested that the messages be explicit, exhibiting the devastating effects of HIV/AIDS and STDs, such as conversations with clients, tours of hospital wards, or video diaries of individuals with HIV/AIDS and their deterioration. One HIV-positive client in San Francisco spoke of keeping his own video journal and using it as a tool to keep fighting for his health. He notes, "If it helped me, it could help a lot of people: in the end, you're going to end up taking care of yourself, or you're going to die."

When distributing prevention messages it is important that the information is the most up to date and accurate. One client noted being at a conference recently and having 2004 data presented: "gosh we are in 2007, and what happens is that the statistics are not the same from two years ago and medication and treatments are not the same as two years ago." Also, prevention messages need to be culturally appropriate and address the diverse populations affected by HIV/AIDS. One such recommendation alluded to earlier was by having members of the target population disseminate information, such as youth giving information to youth.

Recommendations

The Needs Assessment identified several areas where training and capacity building can improve the ability of health care providers, agencies that specialize in HIV/AIDS prevention, as well as local health departments to meet the HIV/AIDS prevention needs of Latinos. The following are recommendations for future trainings and technical assistance:

- + **Make Connections to Improve Collaboration.** Informants across the state highlighted examples of interagency collaboration. In general, these efforts tended to be within each region, while efforts across regions could be strengthened. Agencies that have success with particular strategies and/or populations can share their knowledge and experience with other agencies. In addition, sharing resources or referring clients to one another can extend the reach of services and minimize overlap.

Making connections between regions that are close to each other or are similar in size and population can create opportunities to share resources and communicate best practices. For example, providers discussed the need to connect resources in San Francisco to the East Bay- this includes referral networks since there is so much movement throughout the region. Strengths and challenges in each area can be compared to match deficits with resources and expertise.

It is also important to recognize that although some regions border each other, they may not share the same needs. San Diego and Imperial Counties border one another, yet their populations, available resources, etc. vary widely. It is important that training efforts consider these differences so that they can be tailored to meet specific training needs.

- + **Follow up on Training Needs.** Key informants and providers shared detailed information on what trainings they thought were most important within each region as well as across the state. Key informants identified the need for organizational capacity building. The fact that individual staff did not highlight this as an area of need shows that there may not be a high level of understanding of ways that capacity can be expanded, indicating an opportunity for growth for many agencies.

According to individual providers who responded to the Provider Survey, topics under Cultural Competency, Basic Skills, and Infrastructure appeared to be most desired. Additionally, many participants highlighted the need for ongoing basic training regarding HIV/AIDS and Cultural Competency. This is especially important when there is high staff turnover. Preparing overall training materials and adopting a “train the trainer” curriculum where high-level managers and staff have the resources they need to provide new staff with an overview of the basics might be one way PCI can mitigate this need.

Additionally, providers were clear that the cost and staff time required for trainings can prohibit participation. This is especially true in more rural areas where a large amount of travel is required. These areas could benefit from tailored individual technical assistance where materials from established trainings are brought to individual agencies or staff members to enhance capacity.

- + **Enhance Cultural Competency of Providers.** Throughout the state, the need for qualified bilingual service providers was highlighted. In addition, the clients who participated in the Needs Assessment articulated the need for staff who do not just speak their language but are aware of the diversity within the Latino community and are well-equipped to meet individual needs.

In general, providers displayed an understanding of cultural competency but did not have as much training *specific to Latinos*. The feedback obtained from the interviews and site visits, as well as the literature review, shows the importance of tailoring services to the specific needs of sub-populations. Needs may vary according to the place of origin of Latinos. This includes understanding the specific needs of those that have become acculturated versus those that live in more isolated communities, as well as issues such as gender roles (*machismo and marianismo*), the role of the family (*familismo*), the types of provider-patient encounters that maximize trust, and the concept of *fatalismo*.

- + **Address Stigma.** Participants highlighted the social barriers that are specific to the Latino community. While stigma is a barrier that is shared by all populations, there are specific issues that need to be taken into account when working with Latinos. This includes cultural and social perceptions of HIV/AIDS, homosexuality, and sexuality in general.

In addition, it is important to improve provider understanding of HIV/AIDS. This is especially true in the rural areas where individuals may access general health services rather than going to an agency or clinic that specialize in HIV prevention or care. Incorporating HIV/AIDS prevention into general health messages requires that healthcare providers are educated about HIV/AIDS and are able to respond to social stigmas rather than perpetuate them. In addition, incorporating prevention messages into general health education and activities will ensure that clients are more willing to participate as it eliminates the fear of being identified as attending a program that is specifically related to HIV/AIDS.

- + **Tailor prevention messages to Latino populations most at-risk.** Participants highlighted many at-risk populations within the Latino community that need tailored interventions. These include youth, substance users, men who have sex with men but don't identify as gay, transgendered individuals, and women. Although much work has been done in identifying best practices in the HIV/AIDS prevention fields, these interventions need to be tailored to the needs specific to the Latino community. This includes designing messages and curricula for Latinos, rather than translating general information into Spanish.

In addition, it is important to help educate providers on the specific needs of various populations. For example, providers in the rural areas discussed the importance of making HIV testing and prevention activities available at night so that farm workers could participate.

A key need within the Latino community is increased attention to mental health issues surrounding self-esteem and decision-making. Many providers and clients talked about the importance of empowering individuals to have the tools they need for prevention of HIV transmission. Stigma and other cultural barriers related to HIV and sexuality prohibit many from having the self-esteem to prioritize HIV prevention.

- + **Improve access to testing.** As highlighted in the literature review, up to 27% of Californians are estimated to be infected with HIV yet unaware of their status. Additionally, Latinos who test positive are usually older and more likely to be symptomatic. Early identification of HIV through testing is a key to HIV prevention. Additionally, testing sites can provide important prevention counseling and referrals to risk-reduction services. It is therefore important to work with individual agencies, health departments, and policy experts to ensure there is sufficient access to testing, particularly for migrant populations living in rural areas.

Appendix A: Participating Provider Agencies

Geographic Region	Agency Name	
Bay Area	Aguilas	
	Bay Point Family Health Center	
	Clinica de la Raza	
	Contra Costa Health Services AIDS Program	
	Familias Unidas	
	Group AIDS Foundation	
	Hermanos de Luna y Sol	
	Instituto Familiar de La Raza	
	La Clinica Esperanza	
	Mendocino County AIDS Volunteer Network	
	Mission Neighborhood Health Center	
	San Francisco Department of Public Health	
	Central Valley	Fresno Community Hospital and Medical Center
		Fresno County Department of Community Health
Westcare/The Living Room		
Imperial and Coachella Valley	Clínicas de Salud Del Pueblo	
	Imperial Valley Methadone Clinic	
Los Angeles	Altamed Health Services	
	Bienestar	
	El Proyecto del Barrio	
	Long Beach City Department of Health and Human Services	
	St. Mary's Care	
	The Wall – Las Memorias Project	
Orange County	AIDS Services Foundation	
	Orange County Health Care Agency	
	R.E.A.C.H	
San Diego	San Diego Lesbian, Gay, Bisexual, Transgender Community Center	
	San Ysidro Health Center	

Appendix B: Literature Review

The literature review was a key element of the Latino HIV/AIDS Prevention Initiative Needs Assessment, as it provided understanding of the HIV/AIDS epidemic and its impact on Latinos as well as informed the design of the Needs Assessment data collection activities. A wide variety of epidemiological data, journal articles, statewide reports, as well as Prevention Plans from local health jurisdictions were reviewed to identify the diverse and complex facets of the Latino populations in California.

This section contains the key literature used as a reference throughout this needs assessment organized into three areas:

- Incidence and Prevalence of HIV/AIDS among Latino/as
- Barriers to Prevention and Care for Latino/as
- Socio-Cultural Contexts of Latino/as and HIV/AIDS

Additional sources not highlighted in the literature review, but contribute to the body of knowledge of HIV/AIDS among Latinos, are also included for reference on page 48.

Incidence and Prevalence of HIV/AIDS among Latino/as

The following summarizes literature about HIV/AIDS incidence and prevalence rates in the Latino population. Much of the literature was obtained from the California Department of Health Services (DHS) through various publications and fact sheets. Also referenced is a fact sheet from the Henry J. Kaiser Family Foundation. Full citations can be found in Works Cited on page 47.

Latinos and HIV/AIDS in the United States

According to the *HIV/AIDS Policy Fact Sheet*, published by the Henry J. Kaiser Family Foundation there are approximately 1.2 million people living with HIV/AIDS in the US, including about 200,000 Latinos. As the largest and fastest growing ethnic minority group in the US, addressing the impact of HIV/AIDS in the Latino community takes on increased importance in efforts to improve the nation's health (Henry J. Kaiser Family Foundation, 2006). The following additional information is also from this source.

Although Latinos represent approximately 14% of the overall US population, they account for 19% of the AIDS cases diagnosed in 2005 and 16% of the AIDS cases diagnosed since the start of the epidemic. Furthermore, Latinos account for 18% of HIV/AIDS cases diagnosed in 2005 in the 33 states with confidential name-based reporting. The AIDS case rate per 100,000 among Latino adults/adolescents was the second highest of any racial/ethnic group in the US in 2005 – 3.5 times that of Whites, but about 1/3 that of Blacks (Henry J. Kaiser Family Foundation, 2006).

Latinos in the United States account for a greater proportion of AIDS cases than their representation in the US population overall, and have the second highest AIDS case rate in the nation, by race/ethnicity. Estimated AIDS prevalence among Latinos increased by 33% between 2001 and 2005, compared to a 21% increase among Whites. The epidemic has had a disproportionate impact on Latinas and young adults, and the impact of HIV/AIDS among Latinos varies across the country and by place of birth. Latinos account for a growing share of AIDS diagnoses over time, rising from 15% in 1985 to 19% in 2005; in recent years, this share has remained relatively stable. The number of Latinos living with AIDS has also increased over time, in part due to treatment advances but also due to the new infections (Henry J. Kaiser Family Foundation, 2006).

Barriers to Care

Studies have shown that Latinos with HIV/AIDS may face additional barriers to accessing care than their White counterparts. The number of deaths among Latinos with AIDS remained stable between 2001 and 2005, while both Blacks and Whites experienced slight decreases. HIV was the 6th leading cause of death for Latinos aged 25-34 in 2002, the same ranking as for Whites. HIV was the third leading cause of death for Blacks in this age group. In 2003, HIV deaths rates per 100,000 population, aged 25-44, were higher among Latinos (10.3 for men and 3.8 for Latinos) compared to Whites, although they were highest for Blacks (Henry J. Kaiser Family Foundation, 2006).

Country of Origin

According to *What are U.S. Latinos' HIV Prevention Needs*, published by UCSF's Center for AIDS Prevention Studies (CAPS), the majority of AIDS cases among Latinos in 2000 were concentrated among those born in the continental US (35%), Puerto Rico (25%), followed by those born in Mexico (13%), Central or South America (8%) and Cuba (2%), with 18% unknown or other.

Routes of Transmission

In 2000, 47% of AIDS cases among Latino men were attributed to sex with men, 33% to injection drug use, and 14% to sex with women. In the same year, 65% of AIDS cases among Latina women were attributed to sex with men, and 32% to injection drug use (UCSF, 2002).

Among both male and female Latinos, as with most other groups, unprotected sex with an HIV+ man is the most common route for becoming infected with HIV, followed by the sharing of an unclean syringe/needle with an HIV+ person (UCSF, 2002).

Women/Latinas and HIV/AIDS in the United States

Nationwide, women represent close to 19% of cumulative AIDS cases and 27% of new AIDS cases diagnosed in 2004. There has been a steady increase in the proportion of women diagnosed with AIDS over the last 20 years. In 2002, HIV/AIDS was the fourth leading cause of death for Latinas ages 35-44 (California DHS, 2006d).

Cumulative HIV/AIDS Cases in California

There are 139,094 AIDS diagnoses and 39,717 HIV infections reported in California, the second largest number of people living with AIDS (PLWA) after NY (California DHS, 2006c). As of November 30, 2005, there were 57,961 adults living with AIDS in CA, and the number of PLWA in California has grown steadily across all demographic groups since 1990; PLWA have increased 263% since 1990 with 89% of cases being men and 11% women. 51% of men living with AIDS are White; 29% Latino/Hispanic. As of November 30, 2005, there were 39,692 adults and adolescents with HIV in California. Their demographic is similar to those with AIDS; mostly males (84%), and White (52%) or Latino (25%). Additionally, the number of reported cases is lower than the estimated prevalence by the Office of AIDS, and up to 27% of PLWH in California do not know their status. Men who have sex with men (MSM) have been the largest transmission group since the beginning of the epidemic, and continue to comprise the majority of newly diagnosed AIDS cases (California DHS, 2006c).

Latinos in California

Over 25% of California residents were born in another country (11% nationally), and 40% of Californians speak a language other than English at home. 32% of Californians are Latinos – a proportion that has changed since the 1990s from 1:4 to close to 1:3. As of July 31, 2005, there were over 25,000 California Latinos living with HIV and AIDS. Through July 31, 2005, 30% of Latinas and 23% of Latino males in California were younger than 30 when diagnosed with AIDS. Throughout the HIV/AIDS epidemic, California Latino AIDS cases have been significantly younger at diagnosis than other ethnic/racial groups (California DHS, 2005).

Women/Latinas and HIV/AIDS in California

Latinas make up 26% of AIDS cases compared to 32.4% of the population in California – African-American women are impacted even more severely. An estimated 12,000 women are currently living with HIV/AIDS in California (California DHS, 2006d). Through July 31, 2005, Latinas represented 29.4% of reported HIV infections among women, second only to African American women (36.5%), and slightly more than White women (27.8%) (California DHS, 2005).

For women, sex with an HIV-infected male is the most common route of infection in California (46% of AIDS cases). 83% of women diagnosed with AIDS are of childbearing age. Latinas are 1.3 times more likely to test positive for HIV than White women, and they account for a growing share of reported HIV infections among women in California (California DHS, 2006d).

The Geography of HIV/AIDS

The HIV/AIDS epidemic began in San Francisco & Los Angeles; PLWH are still clustered in those areas. San Francisco has the highest prevalence rate (1,149 PLWH per 100,000 population) but Los Angeles has the largest total number, second to New York City. The rapid growth in agricultural counties in the Central Valley has brought an increase in PLWH (California DHS, 2006c). In California, more than ¾ of all Latino AIDS cases resided in one of four counties at the time of diagnosis: Los Angeles, San Francisco, San Diego, and Orange (California DHS, 2006c)

Barriers to Prevention and Care for Latino/as

The literature contains much research into the barriers to HIV prevention and care for Latinos. Much of the information in this section comes from the 2006 California's Ryan White Grantees' Statewide Coordinated Statement of Need published by the California Department of Health Services, Office of AIDS. Lopez-Quintero et al.'s analyses from the 2000 National Health Interview Survey is also included to further examine barriers to testing among Latinos in the United States.

Barriers to Testing

The most common barrier to HIV testing found in the 2000 National Health Interview Survey was not considering oneself to be at risk (75%) (Lopez-Quintero et al., 2005). Eighty-eight percent of Hispanics expressed negative future testing intentions. Men were significantly more likely than women not to have been tested, and Mexicans and Mexican-Americans were more likely never to have been tested compared to Puerto Ricans. Moreover, less acculturated respondents were more likely to never have been tested than more acculturated respondents. Mexican-Americans, Cuban/Cuban Americans, and other Hispanic subgroups were more likely to have negative future testing intentions. Acculturation, economic and structural factors did not influence respondents' attitudes toward future testing (Lopez-Quintero et al., 2005).

System Barriers to Care

Issues that affect the quality and availability of care include (California DHS, 2006c):

- culturally responsive services;
- data collection, evaluation, and outcomes tracking;
- integration of care;
- quality management; and
- staff turnover and burnout.

Integration of Care

According to the 2006 California Coordinated Statement of Need published by the California Department of Health Services, the quality, scope and coordination of care for PLWH in California is affected by the ability

of providers to plan and develop collaborative, multidisciplinary approaches to HIV service and care. This is especially salient in light of the changing, complex needs of those affected by the epidemic (California DHS, 2006c).

Culturally Responsive Services

Lack of culturally responsive services can cause PLWH to be hesitant to seek services or support. In California, ensuring linguistic competence is not limited to providing services in English and Spanish but also translation for the hearing impaired and for individuals who speak other languages (California DHS, 2006c).

Data Collection, Evaluation and Outcomes

Many believe problems with data reporting and lack of effective evaluation of care services and client outcomes are serious issues for care providers. These issues can prevent care providers from identifying successes, disseminating successful models, accurately demonstrating need, and being fully accountable to funders. Coordinated data collection, program evaluation, and targeted research can help identify emerging issues, identify service gaps and disparities, maintain quality care, and improve client outcomes (California DHS, 2006c).

Quality Management

The effectiveness or appropriateness of HIV services can sometimes be compromised where there are not quality measures to assess whether or not services are being provided according to established standards of care, or if they are being provided in a manner that is appropriate to each individual's condition (California DHS, 2006c).

Staff Turnover and Burnout

Many HIV service organizations have problems in retaining staff members over long periods of time and in rapidly filling key positions. Staff turnover disrupts trusting relationships developed over time between clients and staff members and creates ongoing training needs. Contributing factors can include low pay, long hours, the emotionally draining nature of the work, job instability caused by a lack of multiyear funding commitments, and competition in certain professional fields such as nursing and social work (California DHS, 2006c).

Socio-Cultural Contexts of Latino/as and HIV/AIDS

Academic journals, as well as government studies, were used to obtain information about the socio-cultural contexts of Latinos and their impact on HIV/AIDS prevention and care. Studies done on transborder populations, women, rural populations, and gay and bisexual men presented information that contextualize the various Latino experiences in confronting the epidemic.

Estimate of Unmet Need

It's estimated that 41% of people living with AIDS and 54% of people living with HIV (total 47% of all PLWH/A) are not in care and have an unmet need of HIV medical care. Various reasons include: insufficient funds for medical care, lack of insurance, inadequate transportation services in rural areas, a shortage of providers who speak a language other than English, a lack of physicians who are knowledgeable about HIV treatment and PHS standards of care, stigma, homelessness, substance abuse, mental health, rural issues, and communities of color (California DHS, 2006c).

Factors Impacting the Health of California Latinos

Latinos in California face disparities in access to health insurance health care, and other essentials. Monolingual Spanish-speakers have linguistic barriers to care, as well as cultural concerns, while Latinos who have been living in the United States for generations have needs and concerns that may not overlap with those of more recent immigrants. Latinos with HIV are also less likely to have health insurance, and therefore are more heavily reliant on CARE Act funding services than other groups (California DHS, 2006c).

Immigration/Migration

Latino immigrants to California come from all parts of Latin America (Mexico, Central and South America) as well as the Caribbean. Recent immigrants from Mexico, as well as Central and South America are likely to be monolingual Spanish speakers, and many are not literate in any language. Undocumented immigrants may be reluctant to access services for fear of being deported for being HIV positive, or fear that accessing services may result in being found a “public charge.” Fear of deportation may prevent immigrant populations from seeking HIV services. There is also an assumption that they are not eligible for services (California DHS, 2006c).

Staying in medical care is especially challenging for migrant workers, particularly those who travel between Mexico and the United States. Movement of people living with HIV between states and regions can also cause disparities; CARE Act funds are allocated based on case reporting that identifies the number of people who received an initial HIV/AIDS diagnosis in a given region, rather than the number of people actually living with HIV/AIDS and using services in a given region. Movement between California and Mexico is even more problematic because of the comparative lack of HIV care in Mexico (California DHS, 2006c).

Rural Latinos

Disparities and challenges for PLWH in rural and frontier areas include transportation (long distances to services), stigma, confidentiality concerns, lack of providers or specialists, and fewer services. Rural clinics may lack state-of-the-art instruments and testing equipment to allow adequate on-site diagnosis and treatment; referrals to medical specialists to deal with specific health and medical problems are difficult (ex: Sonoma County reports steady decrease in medical specialists – high cost of living, closure of some medical provider groups, and low Medi-Cal reimbursement rates). Patients travel over an hour to services in the San Francisco Bay Area or are treated by physicians who end up performing specialty procedures. There is a need for sensitive and understanding rural physicians to address needs of communities of color and gay/bisexual men (California DHS, 2006c).

Border Health

Mexican Nationals and Mexican Americans are the largest segment of Latinos. Among Mexican immigrants, an increasing number are indigenous peoples, many of whom are not fluent in English or Spanish. Some Latinos prefer to access health care in Mexico, due to familiarity with language/culture and lower costs. Many travel back and forth across the border, and seek medical care across the border where services may not be coordinated, there are varying levels of care, and the potential contradictory medical advice. Border area residents, particularly those in San Diego, have high rates of uninsured and unemployment, and high poverty rates (California DHS, 2006c).

Transborder Latina Health

The California Department of Health Services surveyed 513 Latinas aged 18 to 35 in San Diego and Tijuana. In-depth interviews found that the prevalence of HIV was higher among women from San Diego than Tijuana (4.9% versus 0.3%); however, rates for STDs were higher for Tijuana rather than San Diego participants. Rates for Hepatitis B (HBV) and Hepatitis C (HCV) were similar in both sites (3.7% and 3.6%; and 6.2% and 6.0% respectively).

Women in San Diego were more likely to report having been tested for HIV than women in Tijuana. In addition, women from San Diego were more likely to suspect they were HIV-positive than those in Tijuana. San Diego women were also more likely to report transborder sex partners than women from Tijuana (California DHS, 2006a).

Risk Behaviors among Latino MSMs in San Diego and Tijuana

The California Department of Health Services conducted a survey of young Latino MSM living in the San Diego-Tijuana border region in order to estimate HIV prevalence and assess the prevalence of drug and sexual risk behaviors (California DHS, 2006c). The following are highlights from this study's findings:

- 7.4% of SD participants indicated ever injecting drugs; 41.5% of Tijuana participants
- 3.3% of SD participants indicated injecting drugs in the past 4 months; 25.4% of Tijuana participants
- 75% of SD participants who injected drugs in the past 4 months had shared needles; 93.7% of Tijuana participants
- 35% of the SD participants were found to be infected with HIV; 20.1% of Tijuana participants
- 67.3% of SD participants had tested for HIV; 46.2% of Tijuana sample
- 45.9% of SD participants reported 26+ lifetime male sex partners; 13.3% of Tijuana sample
- 78.8% of SD participants reported history of unprotected insertive anal sex; 72.7% of Tijuana sample
- 77.5% of SD participants reported history of unprotected receptive anal sex; 29% of Tijuana sample

Delayed Presentation of HIV among Immigrants

Levy et al. conducted a retrospective analysis of active HIV patients in San Mateo County as well as in-depth interviews with 20 newly diagnosed Latino patients. Their study found that immigrant status was significantly and independently associated with HIV presentation. For instance, immigrants who presented with HIV-related symptoms were more likely to be hospitalized at presentation. Lack of English language proficiency was not associated with a higher risk of HIV presentation in this study; however, stigma and poor knowledge of condom use were identified as contributing to delayed presentation. Lack of HIV knowledge and stigma are transformed into significant risk factors among some immigrants who move from low prevalence HIV areas to high prevalence ones (Levy, 2007).

Opportunistic Infection

Wohl, et al. examined opportunistic HIV-related infection rates among U.S., Mexican, and Central American-born Latinos. Higher rates of opportunistic infection among U.S.-born Latinos were reported compared to Central America-born Latinos (not statistically significant). Reasons for the increase relate to acculturation, loss of social support systems, and adoption of negative lifestyle changes by US-born Latinos, such as smoking, drug and alcohol use, and poor nutrition. U.S.-born Latinos in the study more often identified as MSM/IDU than foreign-born Latinos (Wohl, et al., 2003).

Medication Adherence

Murphy et al. identified five cultural values unique to the Latino population that may affect medication adherence and interactions with providers among monolingual HIV-positive Spanish-speakers. These were: familismo (family unity), personalismo (personal interactions), respeto (respect), simpatia (smooth social relations), and fatalismo (fatalism). Social support networks were seen as important as barriers to adherence as well as a strategy for adherence. Lack of belief in efficacy of antiretroviral medication was also seen as an impediment to adherence (Murphy, et al., 2003).

Additionally, fear of taking medications in front of others was reported. Health care providers proactive in caring for patients and who explain medication side-effects aided adherence. Conversely, when complaints were dismissed about medication side-effects, patients discontinued their regimen. Lack of linguistically appropriate providers was detrimental to medication adherence. It was also found that interpreters were not readily available, or perceived as sometimes having inaccurate information (Murphy, et al., 2003).

Stigma and Mental Health

Ramirez-Vallez et al. explored the effect of community involvement on stigma among HIV-positive Latino gay men in NYC and Washington, DC. Findings indicate that community involvement mitigates against (or compensates for) the negative impact of stigma on Latino gay men: depression and isolation as well as self-esteem. Community involvement may be an effective way to defy stigma, and may help to cope with the effects of stigma, while engaging in actions to change stigma's roots (Diaz, et al, 2005).

In a different study, Diaz et al. assessed the relationship between experiences of social discrimination (homophobia, racism, and financial hardship) and symptoms of psychological distress (anxiety, depression, and suicidal ideation) among self-identified gay and bisexual Latino men in New York, Miami, and Los Angeles. A large proportion of gay and bisexual identified Latino men in US urban centers have a high frequency of psychological distress symptoms.

Symptoms which compromise mental health and well-being cannot be understood as being due only to individual pathology, but also related to experiences of social discrimination. Findings have implications for mental health, and for prevention programs to a population that has some of the highest risk of sero-prevalence, sero-conversion, and sexual risk behaviors (Diaz, et al., 2001).

Stigma and Other Cultural Issues

Gay men and MSM of color often face more stigma related to both their sexual behavior and HIV. They are less likely to access care. The Los Angeles Needs Assessment found that the most common barrier to care for MSM of color were lack of knowledge, provider insensitivity, and discrimination (California DHS, 2006c).

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Appendix C: Data Collection Tools¹⁴

Latino Advisory Board Informal Phone Interview

Project Concern International (PCI) is currently carrying out the Latino Health Initiative Needs Assessment with the support of the Office of AIDS Latino HIV/AIDS Prevention Initiative. This process will determine the priority training and Technical Assistance needs of health, social service, and other providers that serve the Latino community.

As a member of the Latino Advisory Board we consider you to be an expert in *HIV education, prevention, care, treatment, research, and/or epidemiology services*.

I would like to ask you a few questions that will inform our process and provide us with information that will make this needs assessment a success.

What, if any, region do you represent in the Latino Advisory Board?

Do you have an agency affiliation outside of the Latino Advisory Board?

What, if any, do you consider the needs of the Latino community to be as they pertain to HIV/AIDS in the areas of prevention, care and/or treatment in your region?

What agencies and providers act as key entry points to care for and or/directly serve Latino populations at risk for HIV/AIDS in your region?

Who should we be speaking with in your region about the needs of Latinos at risk for HIV/AIDS and the providers and agencies that serve them?

Thank you very much for your time and for helping make this a successful process.

¹⁴ To obtain copies of the data collection tools in Spanish, please contact Project Concern International.

PCI Key Informant Phone Interview

Hi, my name is _____ and I am with Project Concern International, (PCI). PCI is working with the State of California Office of AIDS to conduct a Latino HIV/AIDS Health Initiative Needs Assessment. We're conducting a series of key informant interviews to better understand the training and technical assistance needs of health and social service providers who serve the Latino community.

You were selected to participate in this interview because we consider you an expert with valuable "big picture" insight into HIV/AIDS prevention and the Latino population. The interview will take between 45 minutes and an hour. The findings from the interviews are going to be used for planning training, technical assistance, and capacity building programs that will be useful to providers that serve Latinos in California.

Before I start with my questions, do you have any for me?

1. Could you explain briefly how you are involved with HIV/AIDS in your region? [PROBE: Which agencies are you affiliated with? How are you involved with these agencies?]
2. What services, if any, does your particular organization offer to Latino/as pertaining to HIV/AIDS?
3. Do you participate in HIV/AIDS Community Planning Groups? [PROBE: If so, briefly explain your role]
4. We will be reviewing Office of AIDS data for specific prevalence among Latinos in the region, but from your local vantage point, in terms of severity, how does the HIV/AIDS epidemic among Latinos in your region compare to the epidemic among other ethnic or racial groups? [PROBE: Is the prevalence/incidence of HIV/AIDS among Latinos increasing or decreasing, and why?]
5. Which agencies or providers act as key entry points to prevention services for Latino/as at risk for HIV/AIDS in your region? [PROBE: Where do Latino/as seek HIV/AIDS prevention services in your region?]
6. Do Latino/as living outside of your region access HIV/AIDS services within your region? And, do Latino/as living within your region access HIV/AIDS services outside your region?
7. What do you see as the barriers to HIV/AIDS prevention among Latino/as in your region?
8. What are the strengths of the HIV/AIDS prevention network for Latino/as in your region?
9. What are the challenges of the HIV/AIDS prevention network for Latino/as in your region?
10. What are the primary HIV/AIDS prevention needs of the Latino community in your region?
11. What are the primary HIV/AIDS testing needs of the Latino community in your region?
12. What are providers doing **right** in terms of meeting the prevention needs of Latino/as in your region? [PROBE: Overall, in what ways are providers effectively meeting the prevention needs of Latino/as in your region?]
13. How do providers **need to improve** when it comes to meeting the prevention needs of Latino/as in your region?
 - a. In your opinion, what would be the best way to make these improvements? [PROBE: facilitation, technical assistance, external or internal support?]

14. Which types of technical assistance or trainings related to **HIV/AIDS prevention among Latino/as** have been offered in your region in the past 12 months? [PROBE: Who provided the training/TA? What topics were covered? Is there a contact person for the TA/training?]
15. Which types of technical assistance or training related to **organizational cultural competence in HIV/AIDS prevention among Latino/as** have been offered in your region in the past 12 months? [PROBE: Who provided the training/TA? What topics were covered? Is there a contact person for the TA/training?]
16. What are **the barriers to providers and staff** in agencies attending trainings or receiving technical assistance? [PROBE: Please describe any training(s) you have wanted to attend, or wanted staff to attend in the last 12 months but could not attend. Why couldn't the training be attended?]
 - a. What needs to happen to address these barriers? [PROBE: Are they internal (time-management, additional support, etc.), or external (funding opportunities, etc.)?]
17. What would be most useful to providers in terms of trainings or technical assistance related to HIV/AIDS prevention among Latino/as in your region? In other words, what are the **gaps in training** ?
18. Who do you believe is in most need of technical assistance or training as it relates to Latinos and HIV/AIDS? [PROBE: policy makers, executive management, outreach workers? What types of TA/Trainings do these individuals require? What would be the most effective method of providing TA/Training for these individuals?]
19. Who else, besides you, would have a system-wide perspective on the needs of Latinos at risk for HIV/AIDS and the system of prevention in your region? [PROBE: Who else should I be speaking to about these issues?]

In the case that we need additional information, we may want to contact these individuals. Could you provide us with their contact information, such as a phone number or e-mail address? Please know that there is also a possibility that we do not contact them.

Name: _____ Phone: _____ E-mail: _____

20. Anything else on your mind? Anything to add related to HIV/AIDS and Latinos or your region?

Thank you very much for giving so generously of your time. We look forward to sharing the results of the needs assessment with you and your agency.

Discussion Questions
CBO Site Visit

1. What's been the best experience that you've had working in HIV/AIDS, one that's motivated you to continue working in this field?

2. What are some of the internal challenges and/or difficulties that your organization has faced as a service provider to the Latino Community?

3. What are the primary needs of your organization in terms of resources in order to train your organization and to offer better quality services? (Probe: Cultural Competency, language, etc.)

4. If you could prioritize the main needs of your organization in order to improve its organizational development, what would be the three main categories, from the list below, that you would consider as essential to continue offering services to the community? Is there something else (coalition building)?

Organizational Structure
Project Design
Human Resources
Proposal Development
Financial Management
Monitoring and Evaluation
Staffing

5. What are your recommendations, for this project in particular, on how to best meet the needs of providers working with Latinos?

Client Focus Group Protocol

Hi, my name is _____ and I am with Project Concern International, (PCI). This is my note-taker _____ . PCI is working with the State of California Office of AIDS to conduct a Latino HIV/AIDS Health Initiative Needs Assessment. What this means is that we are here to learn about HIV/AIDS prevention among Latinos in this community. We would like to talk to you because as residents in your community you have the knowledge and expertise about what the needs are in your communities. We will not use your names on any of the notes that we take today, and this is separate from any services you currently receive. With this in mind we would like to ask you to be as open as possible in your answers. The findings from the focus groups are going to be used to design trainings for providers, to report to our funders, and to look for future funding related to HIV/AIDS education and prevention services.

Any questions? (*Answer all questions*)

And now, let's go over 6 ground rules for focus groups. You'll see that all of the rules are about respect.

1. First, there are no right or wrong answers;
2. Everything you say in the group will be confidential, meaning we won't be using your name in any of our reports, and we ask that what is said in the group stays in the group;
3. Please talk one at a time;
4. Everyone has an equal chance to speak, no one individual should dominate the conversation;
5. Because we value your opinion and want to give it full attention, interruptions are not acceptable; this includes cell phones, please turn them off;
6. As a facilitator, I now ask for your permission to manage the time that we have, which could mean speeding things up so we are able to get to all of the questions. I may also ask that we come back to a question or topic at the end of the focus group.

Anything else you would like to add? Did I miss anything? Does everyone agree with these rules?

Do you have any questions before we start with the focus group? If everyone agrees, we will be taking notes and recording this conversation just so we can have a backup of what was said.

Do we have your permission to tape-record?

Thanks. Let's start with the focus group questions, then.

1. To start, please tell us a little bit about yourselves. Please tell us your name, and how long you've been living here in _____?
2. What services do you or your family use on a regular basis? What is it about these services that encourage you to return? What, if anything, do providers do to encourage you and others to come back?
3. Where do you go most often for medical care? Are there times when you travel outside of your community to get medical care? (Probe: go to other areas in California or across the border to Mexico)
4. What do you look for when choosing a clinic or a social services agency? How important is the location of the agency in your decision to use services? How important is it that there be staff there that speak your language or share your culture?
5. Who in your community needs information about HIV/AIDS prevention and education?
6. What kinds of things do people need to hear to help them not get HIV/AIDS? What types of messages are Latinos likely to listen to?
7. For this next question I'd like you to think about how Latino people in your community get new information about health concerns. In your opinion, what would be the most effective ways to reach you, your families, and other Latino people in your community with HIV/AIDS prevention messages and information about testing and counseling services? [PROBE: Family members; doctors; other providers, Media such as: TV, radio, newspapers, billboards, brochures, fotonovelas; friends]
8. What should we keep in mind about the Latino people in this community when we develop ways to reach your families and community with HIV/AIDS prevention and testing?
 - a. What are the barriers or challenges that your families or people in the Latino community may face in getting information about HIV/AIDS prevention or testing and counseling services?
9. Studies done on HIV/AIDS in California also indicate that the Latino people may be getting care for their HIV/AIDS later than other groups, sometimes after the virus has progressed from HIV to AIDS. Does that sound right? Why do you think that is?
 - a. What are the barriers or challenges that your families or people in the Latino community may face in receiving care or information about care? [PROBE: What are some of the challenges Latinos may face that perhaps other populations don't face?]
10. What HIV/AIDS prevention needs do you and Latinos in your community have that have not been met? Do you have any other recommendations for improving the HIV/AIDS prevention services in this region to better reach you, your families, and other Latinos in your communities?
11. Would you like to add anything else?

Thank you for your help!

PCI HIV/AIDS Prevention Initiative Needs Assessment Provider Survey

Project Concern International (PCI) is currently carrying out the Latino HIV/AIDS Health Initiative Needs Assessment (LHHINA) with the support of the Office of AIDS Latino HIV/AIDS Prevention Initiative. The purpose of the Needs Assessment is to identify what technical assistance and capacity building the Latino HIV/AIDS Prevention Initiative can offer HIV/AIDS providers to increase their ability to effectively serve Latinos living with or at risk for HIV/AIDS. To this end, we are asking providers to help us understand the population served, the service the agency provides, and the agency's training gaps related to serving the HIV/AIDS-related needs of Latinos in various parts of the state. We ask that you take the time to help us by completing this survey.

As you respond to each question, please keep in mind that the Latino HIV/AIDS Prevention Initiative will be focused on reaching those Latinos most at risk for HIV/AIDS. The literature and epidemiological evidence identifies the following sub-populations as being at greatest risk:

- **Day Laborers**
- **Farm workers**
- **HIV Positive**
- **Homeless**
- **Monolingual**
- **Men who have sex with men (MSM)**
- **Newly arrived immigrants**
- **People living with AIDS**
- **Sex Workers**
- **Substance users**
- **Trans-national**
- **Trans-gender**
- **Women**

We are intentionally not asking for your name on the survey, so that you will feel comfortable answering the questions, and in no way will your name be associated with anything that we write about the findings from the survey. Agreeing to assist with the survey in no way means that you have to answer every question. If you don't want to answer a question, simply mark the "decline to answer" option and move to the next question. Please feel free to contact xx at xx (phone or e-mail) if you have any questions about the survey or its content. Thank you so much for your help.

1. Where is your agency located?

- City (*specify*): _____
- County (*specify*): _____
- Local Health Jurisdiction (*specify*): _____

2. What type of agency is this?

- Non-profit community based organization
- Public Health Clinic
- Other (*specify*): _____
- Other Clinic (*specify*): _____
- Decline to answer
- Don't Know
- Not applicable (*specify*): _____

3. What services does the agency provide? (Check all that apply)

- Health prevention education (*specify*): _____
- Testing
- Medical treatment
- Case management
- Medical case management
- Basic needs assistance (food, shelter, power, etc.)
- Mental health services
- Other (*specify*): _____
- Not applicable (*specify*): _____
- Don't Know
- Decline to answer

4. How long has this agency been providing HIV/AIDS services?

- Less than 1 year
- 1 – 3 years
- 4 – 6 years
- 7 – 10 years
- More than 10 years
- Not applicable (*specify*): _____
- Don't Know
- Decline to answer

5. What is this agency's annual budget?

- \$1 – \$50,000
- \$50,001-\$100,000
- \$100,001-\$250,000
- \$250,001-\$500,000
- \$500,000-\$1,000,000
- Over \$1,000,000
- Not applicable (*specify*)

- Don't Know
- Decline to answer

6. What are this agency's primary sources of funding? (Check all that apply)

- California Office of AIDS
- Section 330/FQHC
- Private donations
- Grants through foundations
- Fee for services
- Other State: _____
- Other Federal: _____
- Other County: _____
- Other (*specify*): _____
- Not applicable (*specify*) _____
- Don't Know
- Decline to answer

7. Approximately how many clients does the agency serve a year?

- 1-250
- 241-500
- 501-1000
- 1001-1500
- 1501-2000
- 2001 +
- Not applicable (*specify*) _____
- Don't Know
- Decline to answer

8. What percentage of this agency's clients are Latino?

- <10%
- 10 – 25%
- 26 – 50%
- 51 – 75%
- 76 – 100%
- Not applicable (*specify*): _____
- Don't Know
- Decline to answer

9. Please identify the following sub-populations served by your agency: (check all that apply)

- Day Laborers
- Farm workers
- HIV Positive
- Homeless
- Monolingual

- MSM
- Newly arrived immigrants
- People Living with AIDS
- Sex Workers
- Substance users
- Trans-national
- Trans-gender
- Women

10. From your perspective as a health provider, please tell us about the unmet needs of Latinos in your area in regards to HIV/AIDS prevention, testing, and treatment in the spaces below:

a. Prevention:

b. Testing:

c. Treatment:

11. Please tell us what trainings or technical assistance, if any, you or others at your agency have attended that are specifically related to providing HIV/AIDS related services to Latinos, in particular vulnerable Latino populations. Please provide as much information as possible, including dates and places, and name of the conference, and contact information.

Training Name	Training Provider	Date	Place	Contact info

12. Below, please indicate what trainings or technical assistance, if any, you think would be useful to you or others at your agency related to issues of HIV/AIDS among Latinos. Also indicate how helpful the following training or technical assistance topics might be in the agency by marking an X in the appropriate column. Please suggest others in the blank spaces and mark the appropriate column.

Proposed topic	Not helpful	Somewhat helpful	Very helpful
Institutional Capacity building			
Budgeting			
Organizational Development			
Proposal Development			
Social Marketing			
Strategic Planning			
Cultural Competency			
Indigenous Latinos			
Latina Women and HIV/AIDS			
Latino HIV/AIDS 101			
Latinos and Gender			
Latinos and Mental Health			
Transgender Latino/as			
Latinos, Drug use & HIV			
Stigma and Discrimination			
MSM Latinos			
LGBTQ Latinos			
Basic Skills			
Medication Adherence			
Nutrition			
Epidemiology			
Transnational Latinos/Border Issues			
Infrastructure			
Advocacy for Latinos			
Epidemiology			
Transnational Latinos/Border Issues			
Others (Specify)			

Please tell us about yourself...

13. How long have you been working at this agency?

- < 1 year
- 1 – 3 years
- 4 – 6 years
- 7 – 10 years
- > 10 years
- Not applicable (*specify*) _____
- Don't Know
- Decline to answer

14. How long have you been working in the field of HIV/AIDS?

- < 1 year
- 1 – 3 years
- 4 – 6 years
- 7 – 10 years
- > 10 years
- Not applicable (*specify*) _____
- Don't Know
- Decline to answer

15. Which of the following best describes your position at the agency?

- Program Manager/Director/Administrator
- Health Educator
- Outreach Worker
- Case Manager
- RN Case Manager
- Social Worker
- Mental Health Clinician
- HIV Test Counselor
- Medical Provider (Specify RN, NP, PA, MD, HHP)
- Other: _____
- Not applicable (*specify*) _____
- Don't Know
- Decline to answer

Thank you for your time completing this survey!

Appendix D: Client Focus Group Demographics

Demographics*	Fresno (n=4)	Los Angeles (n=15)	Mendocino (n=14)**	Orange County (n=3)	San Diego (n=5)	San Francisco (n=9)	Total (n=50)
Gender							
Male	100%	93.3%	100%	33.3%	100%	77.8%	90.0%
Transgender (Male-to-Female)	0%	6.7%	0%	66.7%	0%	22.2%	10.0%
Age							
Under 20	0%	60.0%	21.4%	0%	0%	0%	24.0%
21-30	0%	40.0%	35.7%	0%	20.0%	11.1%	26.0%
31-40	25.0%	0%	42.9%	66.7%	40.0%	22.2%	26.0%
41-50	75.0%	0%	0%	33.3%	20.0%	44.4%	18.0%
51-60	0%	0%	0%	0%	20.0%	11.1%	4.0%
Over 60	0%	0%	0%	0%	0%	11.1%	2.0%
Language							
English	50.0%	50.0%	0%	33.3%	33.3%	14.3%	26.7%
Spanish	0%	42.9%	100%	66.7%	33.3%	42.9%	57.8%
Both	50.0%	7.1%	0%	0%	33.3%	42.9%	15.5%
Country of Origin							
United States	100%	53.3%	N/A	0%	60.0%	11.1%	44.4%
Mexico	0%	33.3%	N/A	100%	20.0%	66.7%	41.7%
Central America	0%	6.7%	N/A	0%	0%	0%	2.8%
South America	0%	6.7%	N/A	0%	20.0%	22.2%	11.1%

*Percent is presented as proportion of valid responses.

**Country of Origin not collected for this group.