

National Latino/Hispanic HIV/AIDS Action Agenda



NATIONAL
LATINO
AIDS ACTION NETWORK



INTRODUCTION

The time to end the HIV/AIDS epidemic is now. In the U.S., many strides have been made in the fight against HIV/AIDS, from the development of medical treatments to advances in behavioral research aimed at reducing risky behaviors. Progress is also evident in policies and initiatives that prioritize prevention and healthcare access services, such as the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program first enacted in 1992, the Ryan White HIV/AIDS Treatment Extension Act of 2009, the lifting of the federal HIV travel and immigration ban in 2010, the Patient Protection and Affordable Care Act (the Affordable Care Act) signed into law in March 2010, and the National HIV/AIDS Strategy (the Strategy) released in July 2010.

However, the HIV/AIDS epidemic remains a serious public health challenge and continues to affect many Americans and their families, friends, and communities. This is particularly true for Latinos/Hispanics, who bear a large burden of the HIV/AIDS epidemic in the country. Latinos/Hispanics not only represent a disproportionate number of new cases of HIV, they also test at later stages after infection, and experience higher rates of premature death due to AIDS when compared to their counterparts in other racial/ethnic communities (Losina et al. 2009). These undesirable health outcomes are rooted in persistent structural barriers to health, including socioeconomic inequalities.

In July 2012, the Centers for Disease Control and Prevention (CDC) released a comprehensive analysis indicating that only 80 percent of Latinos/Hispanics living with HIV are aware of their HIV positive status; of those a mere 26 percent have the virus under control. These estimates demonstrate a gap in care and retention and serve as a clear call for stakeholders to make measurable steps in addressing the continuum of care from diagnosis to viral suppression.

Two-years after the release of the Strategy, federal agencies are currently joining efforts to effectively achieve the Strategy's goals of: 1) reducing new HIV infections; 2) improving health outcomes for people living with HIV; 3) reducing HIV-related

health disparities; and 4) achieving a more coordinated national response. A recent report from the Administration on the Strategy detailed the following progress made towards creating a sustainable response to the epidemic: realignment of HIV prevention resources, increased emphasis on evidence-based interventions, implementation of more efforts to address stigma and discrimination, and formation of new partnerships across government agencies and communities.

Progress is also evident in the impact the Affordable Care Act has already had on the number of Americans with health insurance coverage. The U.S. Census Bureau released a report indicating that in 2011, the overall rate and number of people without insurance coverage dropped for the first time since 2007. The sweeping changes to the health care system will uniquely impact Latino/Hispanic communities by significantly increasing access to health care services through increased access to insurance coverage. By 2016, it is estimated that 5.4 million Latinos/Hispanics, who would otherwise be uninsured, will be able to attain coverage (The Affordable Care and Latinos 2012). Access to care, particularly antiretroviral treatment (ART), is critical for the health of Latinos/Hispanics living with HIV and benefits public health. Current research by the National Institutes of Health demonstrates that ART significantly reduces the risk of HIV transmission from an HIV positive to an HIV negative individual.

In light of these efforts, the National Latino AIDS Action Network (NLAAN) – a diverse coalition of community-based organizations, national organizations, state and local health departments, researchers and concerned individuals – developed the National Latino/Hispanic HIV/AIDS Action Agenda (the Agenda). The goal of the Agenda is to prioritize and heighten awareness of the current state of HIV/AIDS in Latino/Hispanic communities. The Agenda seeks to enhance and support the lived experience of Latinos/Hispanics in the U.S. and Puerto Rico regardless of their HIV status, socioeconomic position, age, sexual orientation, gender identity, and immigration status.

The Agenda identifies a set of priorities and issues specific recommendations to key stakeholders to

effectively address the devastating impact of HIV/AIDS in Latino/Hispanic communities. By facilitating the exchange of ideas and strategies and providing opportunities for our ownership at the federal, state, and community levels, the Agenda seeks to leverage individual and organizational strengths so that together we can achieve an AIDS-free generation.

The success of the Agenda will depend on how effectively the items outlined in this document are actively incorporated into mainstream conversations and policy initiatives that focus on the many dimensions of Latino/Hispanic life in the United States. While the heart of the Agenda centers on HIV/AIDS among Latino/Hispanic communities, the Agenda aims to serve as a catalyst for leveraging opportunities for collaboration and strategic alliances among other groups (racial/ethnic, LGBTQ, women, immigrant) and across other health conditions (mental health, substance abuse, chronic diseases). If we are to continue to prosper politically, economically, and culturally as a nation, Latinos/Hispanics must thrive in all of these areas.

Latinos/Hispanics possess strengths and skills that can make a difference in their own lives, and, together with their fellow Americans, represent a powerful force for positive change in their communities.

We invite you to join us in this effort.

OUR COMMUNITIES
OUR LIVES
OUR AGENDA

Developing OUR National Latino/Hispanic HIV/AIDS Action Agenda

The National Latino/Hispanic HIV/AIDS Action Agenda builds on a foundation of countless HIV/AIDS efforts (research, program and policy) addressing the disproportionate burden on Latino/Hispanic communities. Through the development and implementation of the Agenda, NLAAN stands committed in meeting the challenges in this new era by cultivating partnerships across sectors, racial/ethnic communities, issue areas, and geographic borders to build on the legacy and many strengths of a collective community.

NLAAN emerged from a series of meetings that began in 2006 with key Latino/Hispanic leaders working in the field of HIV/AIDS. In 2008, NLAAN solidified its mission and goals at a historic National Latino/Hispanic AIDS Leadership Summit held in Washington, DC. The formation of NLAAN provided a vehicle for a national community-driven participatory process that identified key priorities and recommendations, leading to the development of the Latino/Hispanic HIV/AIDS Federal Policy Recommendations. Released in 2009, this policy document outlined issues related to eight topics: immigration/migration, prevention, access to care, epidemiology/data and surveillance, funding and resources, research, leadership, advocacy/education.

The release of the Strategy and the Affordable Care Act brought forth a change in the landscape of HIV/AIDS. In light of this, NLAAN felt that the tools and priorities must also continue to evolve and embarked upon a yearlong multi-dimensional process to update the 2009 policy document.

On November 11, 2011, NLAAN facilitated a Latino/Hispanic HIV/AIDS Institute at the United States Conference on AIDS (USCA) in Chicago, Illinois to begin the development of the Agenda. The Institute was followed by a series of activities aimed at better understanding the breadth and depth of the HIV/AIDS epidemic among Latinos/Hispanics across the United States and Puerto Rico.

What ensued was a series of roundtable discussions held in eleven cities throughout the U.S. and

Puerto Rico. This effort provided an opportunity to engage service providers and community leaders in an active dialogue regarding their opinions of needed programing and policy priorities aimed at addressing HIV/AIDS in diverse Latino/Hispanic communities. In chronological order, the cities included:

- Seattle, WA
- Los Angeles, CA
- New Orleans, LA
- Denver, CO
- Philadelphia, PA
- Fort Lauderdale, FL
- San Juan, PR
- Tucson, AZ
- New York City, NY
- Austin, TX
- Chicago, IL

The roundtable discussions were moderated by members of NLAAN and held at partnering Latino/Hispanic-serving organizations and health departments. Participants represented diverse perspectives from service providers and health departments to researchers and community leaders. Conversations covered a wide range of topics related to the federal, state and local implementation of the Strategy for Latino/Hispanic communities in the U.S.

On August 15, 2012, NLAAN launched a national, web-based community needs assessment. The assessment remained open for a month and aimed to identify perceived knowledge and capacity related to HIV/AIDS-related efforts across the U.S. and Puerto Rico. Key stakeholders from various regions of the country, representing various racial/ethnic and professional backgrounds, were encouraged to participate. The assessment solicited responses on several topics, including prevention, health care access, research, leadership, and organizational capacity. Over 400 responses were received from 40 states and Puerto Rico.

The development of the Agenda was also informed by a review of various sources capturing the latest trends in HIV/AIDS among Latinos/Hispanics in the country. Policy initiatives were also reviewed to identify priorities related to HIV/AIDS and Latinos/

Hispanics and determine how they address issues raised in the roundtable discussions and community assessment.

Lastly, NLAAN hosted a Latino HIV/AIDS Seminar on September 30, 2012 at the United States Conference on AIDS (USCA) in Las Vegas, Nevada to get additional feedback from key stakeholders on the draft of the Agenda. The seminar included both formal presentations to review the components of the Agenda as well as breakout discussions to discuss and prioritize the recommendations. This also provided an opportunity to share the overall dissemination strategy and to identify hosts for city launches of the Agenda.

It is noteworthy to mention that in a time of fiscal dependency for many HIV/AIDS efforts, the development of the Agenda was completed with no funding; rather, the political will and voluntary spirit of Latinos/Hispanics invested in ending the HIV/AIDS epidemic funded the creation of the Agenda.

Purpose Statement

The purpose of the Agenda is to provide a contribution to the national discourse of ending the HIV/AIDS epidemic in the United States through the collective lens and voice of Latino/Hispanic communities. Public health officials, service providers, community members and other key stakeholders should use the recommendations set forth in this document to develop, prioritize and measure specific action items to address the unique needs of their Latino/Hispanic communities. The Agenda intends to help communities reflect on their capabilities, increase awareness and successfully apply new perspectives to the fight against HIV/AIDS.



NLAAN member Evelyn Ullah at the press conference for the 2008 National Latino/Hispanic AIDS Leadership Summit



NLAAN Chair Francisco Ruiz and NLAAN Past-Chair Britt Rios-Ellis with U.S. Secretary of Health and Human Services Kathleen Sebelius at a White House reception marking the historic signing of President Obama's National HIV/AIDS Strategy

“Good health is fundamental to opportunity. The healthier we are, the more freedom we have to pursue OUR dreams and contribute to OUR families, OUR workplaces and communities.”

*Kathleen Sebelius
Secretary of the U.S. Health and Human Services
Statement on Hispanic Heritage Month
September 17, 2012*

OUR COMMUNITIES

Latino/Hispanic communities are an integral part of the fabric of the nation. However, Latinos/Hispanics that reside in the U.S. are a heterogeneous population and the diversity within various Latino/Hispanic groups is as pronounced as differences between Latinos/Hispanics and other ethnic groups. These differences include language nuances, cultural values and beliefs, socioeconomic status, and attitudes towards HIV/AIDS and other health issues. Additionally, there are often significant differences between individuals from different regions within the same country.

Nonetheless, there are common threads across Latino/Hispanics communities contributing to the HIV/AIDS epidemic that offer insight to potential solutions that could help reduce the incidence of new HIV infections and enhance health care access to Latinos/Hispanics living with HIV/AIDS.

This section seeks to highlight strengths, opportunities and asset-based approaches that acknowledge and situate the HIV/AIDS response in the larger context of Latino/Hispanic lives.

“The American dream is not a sprint, or even a marathon, but a relay. OUR families don’t always cross the finish line in the span of one generation. But each generation passes on to the next the fruits of their labor. My grandmother never owned a house. She cleaned other people’s houses so she could afford to rent her own. But she saw her daughter become the first in her family to graduate from college. And my mother fought hard for civil rights so that instead of a mop, I could hold this microphone.”

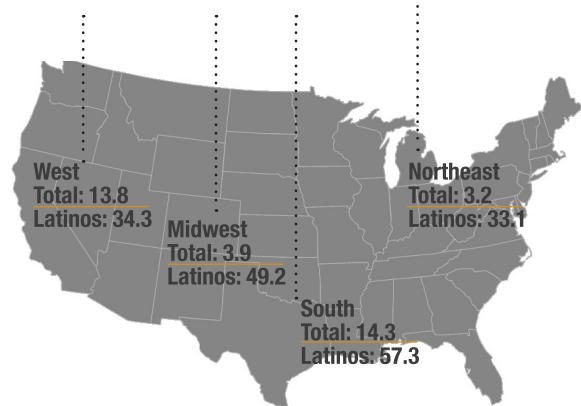
*Julian Castro, Mayor, San Antonio, Texas
Keynote Speech at the 2012 Democratic National Convention
September 4, 2012*

Growing Population

Data collected from the 2010 U.S. Census indicate that Latino/Hispanic communities now stand at more than 50.5 million (or 16 percent) strong. The representation of Latinos/Hispanics increased by 15.2 million between 2000 and 2010, accounting for more than half of the growth in the total population of the nation. Reports show the growth was propelled by a surge in births in the U.S., rather than immigration, pointing to a growing generational shift in which Latinos/Hispanics continue to gain political clout. In 2010, Latinos/Hispanics made up 23 percent of people under the age 18, compared with 17 percent in 2000. Furthermore, by 2050, Latinos/Hispanics are projected to make up a third of the U.S. population.

Percent Change in Population by Region,
2000 to 2010, for Latinos/Hispanics

**All U.S.
Total: 9.7
Latinos: 43.0**



Source: Pew Hispanic Center analysis of the October 2010 and 2011 Current Population Surveys.

According to U.S. Census data, the majority (75 percent) of Latinos/Hispanics live in Arizona, California, Colorado, Florida, Illinois, New Mexico, New Jersey, New York and Texas. Most notably, the data also indicate that we are amidst a geographical shift: from 2000-2010, the Southeast, in particular, Kentucky, Alabama, Mississippi, Arkansas, South Carolina, and North Carolina, experienced the highest increase of Latinos/Hispanics. The surge of Latinos/Hispanics in the southeastern part of the country cannot go unnoticed by HIV/AIDS prevention efforts. Adequate public health and medical infrastructures are needed and we have the opportunity to develop these structures based on lessons learned from states with long-standing Latino/Hispanic communities.

Diverse Identities

A recent report by the Pew Hispanic Center indicates that Latinos/Hispanics most often identify by their family's country of origin. Fifty-one percent of the respondents of a nationwide survey noted that they most often identify themselves by their family's country of origin and only 24 percent preferred a pan-ethnic label. Moreover, by a ratio of more than two-to-one (69 percent versus 29 percent), survey respondents noted that the more than 50 million Latinos/Hispanics in the U.S. have many different cultures rather than a common culture (Taylor, Martinez, and Velasco 2012). In addition to cultural differences, generational differences, particularly among foreign-born and U.S.-born Latinos/Hispanics, exist.

Given the tremendous amount of diversity that exists among Latino/Hispanic individuals, it is important to understand the impact that this diversity has on Latinos/Hispanics seeking HIV/AIDS prevention, care and treatment services. Public health and social service systems must reflect and respond to the diversity of this group and unique needs of each individual to effectively reduce the impact of HIV/AIDS on Latino/Hispanic communities.

Education

Education has long been recognized as a gateway to success. Over the past few years, educational attainment among young Latinos/Hispanics has progressed significantly and has led to the narrowing of the education gap between Hispanics

and other racial and ethnic groups, particularly in postsecondary education. What is more, estimates derived from both the Current Population Survey (CPS) and the American Community Survey (ACS) indicate status dropout rates declined for Latinos/Hispanics (from 32 percent to 15 percent) between 1990 and 2010. The gap between Whites and Hispanics narrowed from 23 percentage points in 1990 to 10 percentage points in 2010.

According to a Pew Hispanic Center analysis of recently released data from the U.S. Census Bureau, the number of Latino/Hispanic 18- to 24-year-olds attending college in the United States hit an all-time high of 12.2 million in 2010. The share of Latino/Hispanic 18- to 24-year-olds who have completed high school increased to 73 percent in 2010 from 70 percent in 2009, and the share of young Latino/Hispanic high school graduates who are attending college increased to 44 percent in 2010 from 39 percent in 2009.

The increased number of Latinos/Hispanics attaining formal education highlights a strong desire to learn and thrive as a growing community. HIV prevention efforts must seize this hunger for knowledge to narrow a gap in HIV and health literacy. For instance, adequate, linguistically accessible, and comprehensive sex education for Latino/Hispanic youth, of all sexual orientations and gender identities, can deter risky behaviors during their youth and adulthood.

College Enrollment of 18- to 24-Year-olds, 2010-2011

(in thousands)

	2010	2011	Change	Percentage Change
All	12,213	12,570	357	3%
Hispanic	1,814	2,079	265	15%
White	7,663	7,882	219	3%
Black	1,692	1,639	-53	-3%
Asian	811	748	-63	-8%

Note: "White" includes only non-Hispanic whites. College enrollment includes two-year and four-year college enrollments.

Sources: <http://www.census.gov/newsroom/releases/pdf/cb07-ff14.pdf>; http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff19.html

Workforce

As of June 2012, a report by the Bureau of Labor Statistics indicates that Latinos/Hispanics represented 16 percent of the U.S. labor force, at nearly 25 million workers. At 83.7 percent, Latinos/Hispanics are significantly more likely to work in the private sector than their White (78.5 percent) and Black (76.9 percent) counterparts. These numbers speak to the will, expertise and potential of Latinos/Hispanics to contribute to the growth of the nation's economy.

Moreover, recent survey findings of business owners by the U.S. Census Bureau indicate that businesses owned by Latinos/Hispanics are the fastest growing in the small business sector, expanding at nearly twice the rate of the national average between 2002 and 2007. According to the most recent data, businesses owned by Latinos/Hispanics produced \$350.7 billion receipts in 2007, which is an increase of 58 percent since 2002. Latino/Hispanic-owned small businesses are a potentially untapped resource for HIV/AIDS organizations serving Latino/Hispanic communities. Partnerships to adapt successful business models, strengthening finance and management capacity and facilitating innovation, branding, and marketing could serve to strengthen current HIV/AIDS mobilization efforts geared for Latinos/Hispanics.

Same-Sex Support

In 2012, the National Council of La Raza released a report that shines a fresh light on the prevalence of homophobia in Latino/Hispanic communities. Despite perceptions of higher levels of homophobia, U.S.-based Latinos/Hispanics were found to be slightly more likely than the general public to support legalizing same-sex marriage, to endorse provision of protection from hate crimes, and to support civil union options for same-sex couples. However, these and other similar topics are not widely discussed in media outlets with large Latino/Hispanic audiences. If topics affirming the lives of lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals were embedded in mainstream discourses, Latinos/Hispanics could further serve as leaders in eradicating stigma and discrimination.

Often these beliefs transcend U.S. borders and are prevalent throughout other regions. While public opinions polls and legislative policies toward same-sex unions vary widely in Latin America, seven countries recognize some type of same-sex unions (Argentina, Brazil, Colombia, Ecuador, Mexico, Uruguay and Venezuela). Also, almost every poll in the region has found growing support for same-sex unions among younger people, women and people with a higher education level.

- **Argentina:** A November 2009 poll conducted in the six biggest cities of Argentina found support for same-sex marriage at 63.3 percent, opposition was at 23.1 percent.
- **Brazil:** According to a nationwide poll in June 2010, 45 percent of Brazilians were in favor of same-sex marriage.
- **Chile:** 52 percent of Chileans were in favor of granting legal rights to same-sex unions according to a nationwide poll in July 2011.
- **Colombia:** A poll conducted between December 2009 and January 2010 in Colombia's capital, Bogota, showed that 63 percent of the city's population was in favor of legalizing same-sex marriage while 36 percent was against it.
- **Uruguay:** A nationwide poll conducted in November 2011 found support for same-sex marriage at 52 percent, while only 32 percent of the population was against it.

In addressing HIV/AIDS and LGBTQ issues, U.S. legislators, health officials and service providers need to consider policies, programs and beliefs in Latin America and the Caribbean. Similarly, researchers must work to promote excellence in cross-border, comparative and interdisciplinary research to increase the understanding of the contexts and situations that put Latino/Hispanic LGBTQ individuals at risk for HIV transmission. Exploratory research on the possible effects of policy changes in promoting sexual health in immigrant populations and the role of policy makers in supporting HIV prevention work needs to be done.

Voting

It is reported that there are 21.3 million eligible Latino/Hispanic voters in the U.S., yet only an estimated 9.7 million voted in the 2008 election. Of the estimated 13.1 million legal permanent residents or green card holders living in the United States in 2011, 8.5 million were eligible to naturalize and become voters. Latino/Hispanic voters already make up at least 5 percent of potential voters in almost half of all states, and they comprise more than 10 percent of adult citizens in 11 states. With dense populations in a number of battleground states, including Florida, Colorado, Nevada, and New Mexico, and 50,000 Latinos/Hispanics turning 18 years old, and becoming eligible to vote, Latinos/Hispanics already hold the power to swing elections (U.S Department of Homeland Security 2011).

The Latino/Hispanic vote also has the power to shape the focus of political platforms. According to a 2012 USA Today/Gallup poll, healthcare, unemployment and immigration are, almost equally, the top issues of most importance to Hispanics in the U.S (Saad 2012). Health needs to be at forefront of political discourse addressing Latinos/Hispanics. Increasing awareness of the plight of Latinos/Hispanics concerning disparities in access to care and health inequalities must occur. HIV prevention efforts will prove ineffective unless our current healthcare infrastructure is modified to expand healthcare access to Latinos/Hispanics at affordable costs.

Immigration

While certainly not new, anti-immigrant sentiments are very visible in our society today either through the breach of decorum during a Presidential address to the joint session of Congress or with the passing of Arizona's draconian SB 1070. Despite these unfortunate events, Latino/Hispanic immigrants have witnessed some positive news. In June 2012, President Obama issued a two-year moratorium on the deportation of at least 800,000 undocumented immigrants brought here as children. Additionally, there are several immigration-related state laws affirming the lives of immigrants. Furthermore, fourteen states, including Texas under Governor Rick Perry, have passed so-called state DREAM acts, allowing undocumented students to qualify for in-state college tuition.

Amidst the anti-immigrant sentiment, the voice of undocumented Latino/Hispanic immigrants is publicly being heard louder than ever before. HIV/AIDS efforts need to seize the opportunity to collaborate with leaders in immigrant communities, an often hard to reach population. For instance, community-based organizations need to work with newly arrived immigrant Latinos/Hispanics and provide safe spaces to address potential trauma related to migration, including separation from family, changes in the cultural environment, homelessness, poverty, and social isolation. All these factors make immigrants vulnerable to risky behaviors for HIV transmission. Latino/Hispanic leaders can serve as community navigators and share practical information to help immigrants settle into everyday life in their new communities.



NLAAN member David Munar and colleagues from the Black AIDS Institute at the joint reception for the XIX International AIDS Conference

“Focusing simplistically on condom use, or on a promising vaccine, or on rapid access to antiviral treatment shortly after exposure—while disregarding the social forces that limit individuals’ ability to protect themselves—amounts to treating only the symptom. It would be poor prevention work and poor medical practice. If we are to be effective in OUR fight against AIDS and any other public health tragedies that feed on human powerlessness, HIV prevention workers and advocates must also be agents of social and cultural change.”

*Rafael Diaz and George Ayala
Social Discrimination and Health:
The Case of Latino Gay Men and HIV Risk*

OUR LIVES

Latinos/Hispanics bear a disproportionate burden of HIV/AIDS in the nation. According to the latest HIV surveillance reports from CDC, in 2009, Latinos/Hispanics accounted for 20 percent of all new HIV cases in the U.S., while representing 16 percent of the total U.S. population. This is a persisting trend. CDC reports no statistically significant changes in the number of new cases of HIV among Latinos/Hispanics from 2006 through 2009: the rate of new infections remained constant during this time period (CDC, “Estimates of New HIV Infections” 2011). It is noteworthy that instead of an increase in incidence the impact of HIV on Latinos/Hispanics from 2006-2009 remained stable. We applaud all efforts preventing an increase in incidence, but stability should not be our goal. Eradication of HIV/AIDS should be the impetus of all efforts.

This section underscores the challenges in addressing HIV/AIDS in Latino/Hispanic communities. More importantly, it presents opportunities to curb the epidemic and to guarantee the health and prosperity of our nation.

Epidemiological Overview

The diversity of the Latinos/Hispanics is reflected in who within the communities is most affected by HIV and AIDS (CDC, “Estimates” and “HIV among Latinos” 2011).

- Latino/Hispanic men who have sex with men (gay and non-gay-identified) experienced 81 percent of all HIV infections among Latino/Hispanic men and the majority are under age 30
- Latino/Hispanic men born in Puerto Rico have a significantly higher percentage of HIV infections from injection drug use compared to Latino men born in other countries
- Latino/Hispanic men experience HIV infection rates almost three times higher than White men
- Latina/Hispanic women experience HIV infection rates four times higher than White women
- The majority of Latina/Hispanic women (87 percent) are mostly affected through heterosexual contact

HIV-related health disparities among Latinos/Hispanics, unfortunately, extend beyond incidence. Latinos/Hispanics are more likely than Whites to die earlier from AIDS.

HIV Testing

CDC estimates that approximately 20 percent of Latinos/Hispanics living with HIV are undiagnosed. Among those who are HIV positive, CDC data indicate that over a third of Latinos (36 percent) were tested for HIV late in the course of their illness; by comparison, 31 percent of Blacks and 32 percent of Whites were tested late. The percentage of undiagnosed HIV cases among Latinos/Hispanics can be ascribed to a gap in testing services and grave lack of culturally and linguistically relevant information targeting this population.

The majority of respondents to our community assessment indicated that local health departments and clinics offered HIV testing, so why are Latinos/Hispanics not getting tested? A report by the National Alliance of State Territorial AIDS Directors (NASTAD) sheds some insight through a consumer’s narrative on the process:

“Getting tested is one thing, and finding out is one thing. But it’s the ten days afterwards, and then even after, that’s the part that I felt there was absolutely nothing. And I can see why a lotta people just give – they just say, ‘Screw it. I don’t wanna deal ’cause it’s too much of a headache. It’s too much of a hassle. I can’t devote 10 hours to sitting in an office hoping to get seen for 20 minutes.’ That’s the hardest part.”

Data Collection

According to data from the CDC, Latinos/Hispanics have the second highest rate (432.3 per 100,000 population) of people living with HIV (CDC PowerPoint). Both the high rate of infection and a limited understanding of the full scope of the problem the data provide are pressing concern to Latino/Hispanic communities throughout the U.S. and Puerto Rico. The truth is that current surveillance data most likely only capture a fraction of Latinos/Hispanics with HIV due to gaps in access to comprehensive HIV testing and diagnosis. Also, while efforts are underway to improve systems, national surveillance reports do not always include Puerto Rico and other dependent areas in their analysis.

Also, there is limited HIV/AIDS epidemiological data for transgender populations. In the few studies that have been conducted, HIV rates have been found to be consistently high among transgender women, notably among Latinas and African-Americans. Rates of HIV among transgender women have been reported in the ranges of 14 percent to 68 percent, depending on which subgroup of transgender women were sampled (Rodriguez-Madera 2005 and Herbst 2008). A meta-analysis of studies conducted across the U.S. found that 28 percent of transgender women tested positive for HIV. Public health systems must expand current data collection mechanisms to include information on transgender individuals to reduce HIV incidence among this population (CDC, “HIV Prevalence” 2005).

Socioeconomic Status

The rate of poverty among Latinos/Hispanics is increasing. Poverty fosters conditions conducive to poor health by limiting access to health services or enabling participation in risky health behaviors. Low and limited income can hinder the ability to purchase health insurance, often leading individuals to not purchase coverage in order to afford other necessities, such as food. Purchasing health insurance is particularly difficult for people whose employer does not offer health insurance and those who are ineligible for government-subsidized insurance plans due to income caps and immigration status. Many Latino/Hispanic migrant workers, in particular, face challenges in acquiring health insurance due to their immigration status and temporary work tenures. Considering the inherent link between poverty and health, HIV prevention efforts need to look beyond biomedical interventions and address the causes of poverty. Increasing access to health insurance coverage for immigrants as well as adequate education and housing are all important components in the fights against HIV/AIDS.

Health Care Access

Having health insurance coverage increases access to preventative services, such as testing, and medical treatment for people affected with HIV. The rate of Latinos/Hispanics without health insurance slightly decreased from 31.6 percent in 2009 to 30.7 percent in 2010. While post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) are increasingly referred to as great advances in biomedical strategies for preventing HIV-infection, the dearth of health insurance and culturally and linguistically relevant care drastically limit Latinos/Hispanics access to these preventive interventions. Expanding access to health insurance is imperative to effectively address the HIV/AIDS epidemic in the U.S., especially among Latinos/Hispanics.

Unfortunately, it is estimated that more than 10 million undocumented immigrants in the U.S. will not reap any benefit from the implementation of the Affordable Care Act. Newly arrived and undocumented immigrants are prohibited from purchasing insurance from the exchanges, receiving subsidies for exchange coverage, or enrolling in full-scope Medicaid or Children’s Health Insurance Program (CHIP). Their access to primary and other forms of outpatient care will depend on the ability and willingness of local safety net providers, such as community health centers, to serve them, which will likely vary from area to area. Excluding a segment of the population from health insurance exchanges is bad public health practice and will only serve to further cripple the U.S. health system.

Workforce

Latinos/Hispanics are far less likely to have a government job, and the gap widens at the senior executive level in the public sector. A report from the U.S. Office of Personnel Management indicates that Latino/Hispanic federal employees represent 8.1 percent of the government workforce. Representation in the Senior Executive Service (SES), where budgets are approved and decisions are made, remains even lower. Latinos/Hispanics accounted for 2.7 percent of the SES workforce in fiscal year 2010 and 5.4 percent in fiscal 2011. These statistics are alarming. It is important to increase Latino/Hispanic leadership at the federal level, particularly among the various agencies under the auspices of the U.S. Department of Health and Human Services.

Latinos/Hispanics are needed in all levels of public health. In 2008, NASTAD issued a report outlining the findings of a leadership and workforce development needs assessment of state and local health departments. Across the categories, respondents felt their staff was more diverse by age and gender, and slightly less so by race/ethnicity and sexual orientation. Specifically for racial/ethnic diversity of senior management, only six said that their senior management was extremely diverse and 22 stated that their teams were diverse (a total of 25 percent of respondents, combined).

Furthermore, Latinos/Hispanics continue to be grossly underrepresented in elected positions in proportion to their population numbers. According to the National Association of Latino Elected and Appointed Officials, 96 percent of Latino/Hispanic elected officials serve in states or regions that are traditional centers of Latino/Hispanic populations, including California and the southwest, Florida, New Jersey, New York, and Illinois. Yet, Latinos/Hispanics hold only 3.3 percent of elected seats nationally, in spite of the fact that they make up 16 percent of the overall population.

Stigma and Discrimination

Historically, the populations most affected by HIV are socially stigmatized and victims of discrimination. At the beginning of the epidemic, the majority of HIV cases were reported among White gay men/MSM, a stigmatized group battling homophobic sentiments. As researchers learned more about HIV transmission, and individuals publicly announced their HIV status – most notably, Ryan White was young boy who publicly disclosed how he was infected with HIV through a blood transfusion – the face of HIV and AIDS changed, but the stigma remained intact. Many continue to perceive HIV as a disease perpetuated by and affecting only gay men.

The face of HIV/AIDS has indeed changed. Today, people of color, especially African Americans/Blacks and Latinos/Hispanics, account for the greatest number of newly diagnosed HIV cases. It is no coincidence that people of color are also victims of racism. Some Latinos/Hispanics encounter additional forms of discrimination because of their immigration status and lack of English language skills.

A 2010 report by Pew Hispanic Center indicated that Latinos/Hispanics as a group felt increasingly targeted by ethnic bias. More than six-in-ten (61 percent) said that discrimination against Latinos/Hispanics is “a major problem” that prevents members of their ethnic group from succeeding in America, up from 47 percent who felt this way in 2002.

Stigma of gay men coupled with discrimination creates a volatile recipe for men, women, and youth in need of health and social services to prevent HIV and treat AIDS. For some, the risk of being stigmatized for having HIV may be greater than not knowing their status. Stigma and discrimination are, undoubtedly, socially-rooted impediments to HIV/AIDS efforts for Latinos/Hispanics that need to be dismantled. Otherwise, stigma and discrimination will perpetuate and continue to hinder the success of HIV/AIDS-related interventions and policies, especially HIV testing programs.



NLAAN members Guillermo Chacon, Soraya Galeas and Dennis deLeon at the press conference for the 2008 National Latino/Hispanic AIDS Leadership Summit



NLAAN member Jose Ramírez at the 2009 National Latino AIDS Awareness Day Congressional Briefing

Immigration Legislation

According to an analysis by Mother Jones of the anti-immigration laws passed by state legislatures in 2010 and 2011, the number of restrictive laws jumped last year. Only seven states (Alaska, Connecticut, Delaware, New Hampshire, Ohio, Wisconsin, and Wyoming) failed to pass anti-immigration laws in 2010 and 2011. Most states passed anywhere from 1 to 6 such bills—on everything from driver's license eligibility to the mandatory use of E-Verify—while a few (Arizona, Utah, and Virginia) passed 11 or more. Including Arizona's SB 1070, 36 states considered wide-ranging anti-immigration laws; 6 were successful. Five states—Alabama, Georgia, Indiana, South Carolina, and Utah—were successful in passing Arizona-style bills.

The impact of anti-immigrant laws transcends restrictions on transportation. Without a valid driver's license or a state-issue identification card, it is difficult to acquire employment and access resources available to citizens and residents. Anti-immigration laws are a slippery-slope: the passage of one bill can lead to other bills, augmenting the restrictions imposed on immigrants. These restrictions ultimately further marginalize this population, which is detrimental to their health.

A recent study examining the demographic profile of people diagnosed with HIV in the U.S. across 46 states and five U.S. territories from 2007 through 2010 found that 42.2 percent of Latinos/Hispanics diagnosed with HIV were born outside of the U.S (Prosser, Tan, and Hall 2012). Compare to other racial/ethnics groups, Latinos/Hispanics accounted for the highest percentage of foreign-born individuals diagnosed with HIV. Anti-immigration laws could potentially perpetuate, if not exasperate, this disparity in HIV incidence among foreign-born Latinos/Hispanics since the fears, marginalization, and restrictions created by these laws have a profound effect on the emotional and physical health of immigrants as well as their likelihood to seek preventative medical services.



NLAAN members from BIENESTAR at the XIX International AIDS Conference

"Since I was 18 years old, I've been doing this education across the country, and I remember when I started doing it how angry I was. I remember I promised myself never to stop doing it; down to my last breath, I would continue to educate my community. Now I spend more and more time worrying about my doctor appointments. And I wonder, now, as I look around me, who is going to pick up my torch?"

Pedro Zamora, AIDS Activist



NLAAN members Daniella Yaloz and Robert Contreras with James Albino from the White House Office of National AIDS Policy and Wesley Tashir-Rodriguez from the Health Resources and Services Administration (HRSA) at NLAAN's Community Forum at the 2011 National HIV Prevention Conference

OUR AGENDA

Consistent with our mission to mobilize, educate, and advocate on behalf of our communities, NLAAN is committed to the vision and implementation of the National HIV/AIDS Strategy and the Affordable Care Act. While there are many noted successes with these initiatives, NLAAN recognizes the need to take immediate action to witness a decrease in new HIV infections among Latinos/Hispanics and to promote healthier lives for those living with HIV/AIDS. NLAAN seeks to mobilize our network of community leaders and service providers to facilitate efforts that will result not only in the prevention of new HIV cases among Latinos/Hispanics, but also eradicate HIV/AIDS.

The Agenda highlights the importance of going beyond approaches that focus solely on individual behaviors and recommends that HIV prevention, care and treatment and research efforts must take into account the context in which HIV risk takes place in order to be effective. Moreover, the Agenda urges that HIV/AIDS services must be developed, delivered and evaluated within a framework that considers the intersections of class, gender, race, and sexual orientation, as opposed to having them operate as distinct realities.

It is with this understanding that the overarching goals of the National Latino/Hispanic HIV/AIDS Action Agenda are to prevent new HIV infections, adequately care for those living with HIV/AIDS, and address the intersectional realities that impact the health and lives for Latino/Hispanic communities. The Agenda offers specific action steps for each stakeholder in the fight against HIV/AIDS.



NLAAN Leadership Committee members working on the National Latino/Hispanic AIDS Action Agenda



NLAAN members Edwin Espinel, Melissa Faith Ramirez and Carlos Torres at the 2010 National Latino AIDS Awareness Day Congressional Briefing

Community Members

- Become informed about HIV/AIDS-related issues affecting you and your community, and your rights
- Get tested and know your HIV status
- Take the necessary precautions to reduce risk when engaging in high-risk behavior such as sex or drug use
- Maintain an open dialogue with sexual partners about your HIV and STI status, when safe and possible
- Maintain an ongoing list of questions for your health care provider so that you feel prepared and confident when attending medical appointments
- Seek health information and adhere to treatment regimens if you are living with HIV/AIDS
- Participate in state and local community planning groups and councils organized by health departments, school districts and community-based organizations
- Volunteer at local HIV/AIDS and LGBTQ service organizations and health centers
- Serve as a mentor or guide for Latinos/Hispanics in your community, particularly young people, newly diagnosed HIV-positive individuals, and recent immigrants
- Participate in vaccine trials and other local research efforts to help inform the development and implementation of new HIV prevention modalities
- Strengthen partnerships across racial and ethnic minority communities, including Black, Native American, Asian, Pacific Islander and Native Hawaiian communities
- Encourage religious leaders in your community to support HIV/AIDS prevention efforts and to develop multi-denominational collaborative ministries that focus on HIV/AIDS from a spiritual, medical, public health and ecumenical point of view
- Participate in state and local coalitions to advocate and monitor the implementation of health care reform, including the expansion of Medicaid

- Work to ensure that the needs and concerns of Latinos/Hispanics living with HIV/AIDS are included in the implementation of health care reform
- Vote and support candidates that openly endorse causes and issues important to you, such as HIV/AIDS

Meet with your state and local elected officials on a regular basis and advocate for the:

- Increase in federal, state and local funding for HIV/AIDS prevention, care and treatment, and research programs
- Implementation of comprehensive sexual health education
- Lifting of the federal ban on funding for syringe exchange programs
- Removal of state and local policies that prohibit, hinder or limit the provision and availability of clean needles and syringes
- Elimination of local, state, and federal policies that restrict civil rights based on sexual orientation and gender identity, such as statutes prohibiting gay marriage and civil unions, or employment discrimination of LGBTQ individuals
- Implementation and monitoring of anti-bullying policies
- Removal of the Helms Amendment, which censors HIV prevention materials
- Elimination of restrictive state and local policies targeting immigrant communities
- Repeal of state and local HIV-specific criminal statutes and practices that impose penalties for alleged nondisclosure, exposure, and transmission

Health and Social Services Providers

- Carry out outreach efforts, through health fairs and mobile clinics, aimed at increasing the number of Latinos/Hispanics tested for HIV
- Develop outreach efforts for Latinos/Hispanics integrating HIV testing and prevention information within other health and social concerns (e.g., diabetes and high blood pressure)
- Conduct HIV/AIDS and LGBTQ sensitivity trainings and workshops with local Latino/Hispanic leaders (e.g., faith-based leaders, local business owners, civic organizations)
- Conduct cultural sensitivity trainings and workshops for all staff members, including those who identify as Latino/Hispanic
- Develop adequate programs that support the lives of Latino/Hispanic older adults and address issues related to HIV and aging, co-morbidities, housing, economic security and other relevant topics
- Partner with community-based organizations, health centers, and other partners to establish a seamless and consistent healthcare system linking Latinos/Hispanics to quality care and support services
- Provide young Latinos/Hispanics with information and education surrounding positive sexual health and prevention, self-esteem, self-efficacy and the ability to manage high-risk situations
- Ensure that culturally appropriate medical adherence support, through peer and professional counseling, is provided for Latinos/Hispanics living with HIV/AIDS
- Hold flexible hours on weekends, in the evenings and during holidays
- Involve a diverse group of Latinos/Hispanics (e.g., gay men, women, youth, transgender) in the planning, delivery and evaluation of your programs
- Enhance opportunities for professional development of current Latino/Hispanic staff members and provide outlets for promotions to senior level positions
- Provide paid or volunteer opportunities for HIV+ and HIV- young people, transgender individuals and new immigrants to work in community-based organizations and community health centers, particularly as peer educators and counselors
- Develop relationships with local newspaper editors and producers of select radio and/or television shows

Develop, implement and evaluate programs in diverse settings addressing the intersectional realities and needs of Latinos/Hispanics, particularly those aiming to:

- Promote HIV testing, viral hepatitis and STD screening
- Encourage linkages to care and retention in treatment for Latinos/Hispanics living with HIV/AIDS
- Provide a safe space for those identifying as LGBTQ to disclose and explore their sexuality and gender identity
- Integrate sexual pleasure and wellness in clinical and non-clinical settings
- Address the social determinants of health, particularly those related to HIV/AIDS, affordable and adequate housing, poverty, mental health and substance abuse

State and Local Health Departments

- Strengthen quality data collection and reporting efforts by capturing sexual orientation, gender identity, and country of origin in electronic health records and other relevant state funded surveys
- Recruit, retain and support the participation of Latinos/Hispanics in advisory boards, community planning groups and coalitions
- Increase internal cultural and linguistic competency by actively recruiting, training and retaining Latino/Hispanic staff
- Work to improve communication and coordination of services within and between state and local agencies and key entities, such as correction facilities, school districts, colleges and universities
- Conduct community forums and town-hall meetings to educate local providers and the general public about new HIV prevention priorities and modalities, such as high-impact prevention and pre- and post-exposure prophylaxis (PrEP and PEP, respectively)
- Provide technical assistance to community-based organizations and health centers serving Latino/Hispanic communities to better ensure

programmatic and organizational capacity (e.g., grant writing, budget management and program evaluation)

- Create funding incentives during solicitation processes to enhance cooperation and collaboration among service providers
- Adapt partner notification services to recognize, respect and reflect the cultural norms of Latino/Hispanic communities
- Provide appropriate and confidential transportation services to care for Latinos/Hispanics living with HIV/AIDS in rural areas
- Review and reconsider HIV-specific policies and practices that actively criminalize people living with HIV/AIDS, are inconsistent with current knowledge of HIV transmission, and hinder public health efforts to screen for, prevent and treat HIV
- Enhance and promote confidentiality of HIV test results and medical records in order to encourage and support individuals to be tested, learn their status and enter services if HIV-positive
- Create, fund and sustain prevention, care and treatment services tailored to monolingual Spanish-speaking Latinos/Hispanics that are accessible without regard to immigration status
- Encourage all funded agencies to provide translation services and materials

Create, disseminate and evaluate targeted health education campaigns that:

- Focus on subpopulations and intergenerational realities
- Encourage HIV testing and STI screening
- Eliminate various forms of stigma and discrimination
- Increase linkages to prevention, care and treatment services
- Promote and cultivate leadership and civic responsibility
- Dispel HIV/AIDS-related myths, misconceptions and inaccurate information

Federal Government Agencies

- Fund the development, diffusion and evaluation of home-grown interventions that address issues specific to Latino/Hispanic communities
- Include sexual orientation and gender identity metrics in health surveys, disease surveillance registries, and any other federally-funded data collection efforts
- Replace the use of any language using “illegal” and/or “alien” with “undocumented” to refer to individuals who have entered the U.S. without an immigrant visa or who have overstayed the period of time allowed
- Examine collaborations within U.S. Department of Health and Human Services (HHS) agencies to ensure a holistic and comprehensive provision of services addressing the multitude of health and social issues faced by Latinos/Hispanics (e.g., mental health, incarceration)
- Provide guidance to medical, nursing, dental and other professional health schools in developing curriculum that teaches future clinicians competence in providing HIV prevention, care and treatment services
- Expand federal investment in disease and overdose prevention, care and treatment programs
- Strengthen enforcement of civil rights laws, which requires an examination and report by the U.S. Department of Justice on HIV-specific sentencing laws and implications for people living with HIV
- Create funding opportunities that promote partnerships between community-based organizations and university-based researchers
- Fund translational research efforts to better understand efficacy of efforts related to HIV/AIDS policies and interventions for Latino/Hispanic communities
- Enhance opportunities for professional development of current Latino/Hispanic staff members and provide outlets for promotions to senior level positions
- Adopt non-discriminatory employment policies and provide incentives to jurisdictions to reform state and local employment policies and practices that do not discriminate based on sexual orientation and gender identity

Private Industries and Local Businesses

- Sponsor local HIV/AIDS campaigns and activities that raise awareness on the impact of the epidemic on Latino/Hispanic communities
- Provide pro bono or low-cost consulting services to community-based organizations to address capacity gaps (e.g., financial management, program development, marketing, evaluation)
- Donate or provide low-cost information and communications technology to community-based organizations and health centers
- Invest in television series and films that integrate HIV/AIDS messages into the plot
- Engage in public policy dialogue and advocacy efforts related to HIV/AIDS and other emerging issues for Latino/Hispanic communities
- Integrate HIV/AIDS issues into policy platforms of national and local business coalitions, chambers of commerce and other similar institutions
- Make strategic philanthropic donations to efforts addressing the HIV/AIDS epidemic among Latino/Hispanic communities
- Fund scholarships and fellowships for Latinos/Hispanics interested in the field of public health and political science
- Sponsor innovative research initiatives for new Latino/Hispanic investigators
- Develop a coalition of local businesses to help fundraise and increase awareness among Latino/Hispanic communities around HIV/AIDS
- Partner with and recruit national and local media outlets to foster support and involvement in educating Latino/Hispanic audiences about HIV/AIDS, and leverage financial support for these campaigns
- Start a workplace giving campaign to generate support for specific local HIV/AIDS programs and double your employee's donation with a matching program

Elected and Appointed Officials

- Remove the ban on using federal funding for syringe exchange programs, which reduce the spread of HIV/AIDS, hepatitis C, and other infectious diseases
- Pass legislation and policies granting conditional permanent residency to certain undocumented residents of good moral character who graduate from U.S. high schools, arrived in the country as minors, or lived in the U.S. continuously for at least five years
- Eliminate the cap on Medicaid funding for people living with HIV/AIDS in Puerto Rico and other dependent areas
- Pass comprehensive immigration reform that includes a rigorous, but fair process, by which undocumented immigrants can gain legal status
- Lift the Helms Amendment that censors HIV prevention materials
- Increase funding for Ryan White CARE Act and related programs to facilitate a successful implementation of the National HIV/AIDS Strategy
- End punitive laws that single out HIV over other sexually-transmitted diseases or impose penalties for alleged non-disclosure, exposure and transmission
- Endorse a comprehensive review of federal and state laws, policies, and regulations regarding criminal prosecution under HIV-specific or HIV-related offenses
- Repeal federal and state Defense of Marriage Acts and nullify legal or statutory provisions denying benefits to families of lesbian, gay, bisexual and transgender people
- Honor and recognize the marriages of same-sex couples performed in other countries
- Support local HIV/AIDS events and publicly take the HIV test to combat fear, stigma and discrimination
- Issue proclamations on national HIV/AIDS awareness days throughout the year
- Participate on caucuses that support and advance issues related to HIV/AIDS, Latinos/Hispanics, LGBTQ equality, women's rights, and immigration

Academic and Research Institutions

- Carry out culturally appropriate research efforts that include meaningful participation of Latino/Hispanic communities at the development, implementation and analysis stages
- Conduct trainings and workshops for Latino/Hispanic-serving organizations to strengthen their capacity to implement and utilize research efforts
- Identify opportunities and incentives to increase the participation of Latinos/Hispanics in HIV vaccine trials and other ethically-sound treatment research
- Invest in the communities where studies are being conducted by providing monetary grants and other forms of support to community-based organizations and health centers
- Create programs that recruit, retain and develop new Latino/Hispanic investigators across research disciplines
- Develop comprehensive research training curriculum to increase awareness among researchers about the impact of HIV/AIDS and other social determinants of health on Latino/Hispanic communities
- Develop standards or protocols that promote timely dissemination of research findings to community partners and stakeholders
- Create a network of researchers to share best practices and lessons-learned around the development and implementation of effective HIV/AIDS programs for the diverse segments of Latino/Hispanic communities
- Develop collaborative projects with researchers in Latin America and the Caribbean to identify successful strategies promoting coordination and continuity of HIV/AIDS prevention and care services for Latinos/Hispanics traveling between U.S. cities and countries of origin, particularly women, gay men, and transgender populations

“All of us know that LGBT equality is not about creating “special rights;” It is about ensuring the individual rights we all share as we fight for equality and justice.

As Republicans, we believe that OUR individual rights are not granted by OUR government. They are OUR birth-right. We also believe individuals should be judged on their merits and accomplishments and not by their race, religion or sexual orientation.”

*Ileana Ros-Lehtinen, U.S. Representative, Florida
Remarks at Log Cabin Republican PAC Reception
September 20, 2011*

Develop pipeline research opportunities taking into consideration cultural and socioeconomic aspects of Latino/Hispanic communities, including

- Barriers and facilitators to medical regimen adherence among diverse Latinos/Hispanics living with HIV/AIDS
- Impact of acculturation, religion, immigration, national and transnational experiences, stigma and discrimination
- Engagement in biomedical HIV prevention and AIDS treatment strategies, including PrEP, PEP, and vaccine trials
- Links between sexuality, migration and health for Latinos/Hispanics



U.S. Congresswomen Lucille Roybal-Allard (CA-34) and Ileana Ros-Lehtinen (FL-18) at the 2010 National Latino AIDS Awareness Day Congressional Briefing

Media Outlets and Personalities

- Support Latino/Hispanic celebrities in television, music and sports to openly champion the cause of addressing stigma and discrimination based on HIV/AIDS, sexual orientation, gender identity and immigration status
- Develop and adopt guidelines for reporting HIV/AIDS and other relevant topics in all newsrooms, including: television, radio, and online and print media
- Provide expertise in the development and diffusion of public service announcements in television, radio, and print media aimed at Latino/Hispanic audiences, through regularly established channels as well as special events and campaigns focused on HIV/AIDS
- Partner with local community-based organizations to promote the availability of HIV/AIDS services on daily radio and television media shows, such as hotlines, HIV testing locations and condom distribution sites
- Develop and implement peer-based training and educational opportunities for Latino/Hispanic journalists, editors, and journalism students to strengthen their commitment to reporting on HIV/AIDS-related issues
- Support trainings, press club meetings and a Media Fellowship Program to reinforce the important role that mass media in general and journalists in particular play in educating the public about the epidemic
- Ensure accurate, comprehensive, and ongoing coverage of HIV/AIDS, including its growing impact on Latino/Hispanic communities, the human rights of people living with HIV/AIDS, and access to ARV treatment
- Create visible platforms to give a public voice to Latinos/Hispanics living with HIV/AIDS and include their greater involvement in training programs and resources
- Utilize the influence and expertise of commercial media groups to target a variety of audiences with messages related to the Latino/Hispanic HIV/AIDS epidemic

Here are some examples of correct terms and phrases for reporting on HIV/AIDS and Latino/Hispanic communities.

USE	DON'T USE
HIV	"AIDS" if the intention is to refer to HIV
AIDS	Full-blown AIDS, AIDS virus
Person living with HIV/AIDS (PLWHA)	HIV infected, AIDS victim, AIDS patient
Affected communities, High-risk behavior	High-risk group
Blood, semen, pre-ejaculate, vaginal fluids, breast milk	Body fluids
Sex worker	Prostitute
Person who injects drugs	Junkie, drug addict
Gay or lesbian	Homosexual
Sexual orientation	Sexual preference, sexual identity, gay lifestyle
Transgender person	Transgendered, transgenders
Gender identity, gender expression	Transgender identity, sexual identity
Transition	Sex change, pre-operative/post-operative
Undocumented	Illegals, illegal aliens



Rosie Perez, Actress and Member of Presidential Advisory Council on HIV/AIDS (PACHA), with Frank Oldham and Mary Hess at the 2007 Conference on Latinos and AIDS in Miami

ACKNOWLEDGMENTS

The National Latino AIDS Action Network (NLAAN) is immensely appreciative of all individuals and organizations involved in the development of the Agenda. NLAAN would like to thank the primary authors Francisco Ruiz from the National Alliance of State and Territorial AIDS Directors (NASTAD) and Angela Villanueva from Community-Oriented Research and Solutions Company. NLAAN is also grateful to Melawhy L. Garcia-Vega and Maria Victoria Rojas from the NCLR CSULB Center for Latino Community Health, Evaluation and Leadership Training, for their time and dedication to the Agenda. Special thanks to the many NLAAN members and partners, particularly members of the Leadership Committee, whose input and continuous support was invaluable throughout the development process.

We would like to acknowledge all the organizations and staff that hosted our roundtable discussions throughout the U.S., and assisted us with the dissemination of and recruitment for the community assessment. Finally, we would like express many thanks to all individuals that participated in our roundtable discussion and the community assessment; your voice is the spirit of the Agenda.

LEADERSHIP COMMITTEE

The Leadership Committee (LC) serves as the governing body of the National Latino AIDS Action Network (NLAAN). The LC is responsible for the ongoing development, implementation, and evaluation of NLAAN programmatic and advocacy efforts.

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NLAAN Leadership Committee at the XIX International AIDS Conference

National Latino/Hispanic HIV/AIDS Action Agenda

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