

Resource ID#: 3978

**HIV/AIDS and Hispanics of the Southwest:
Recommendations for Change**

**HIV/AIDS and Hispanics of the Southwest:
Recommendations for Change**

Developed by the



**Southwest AIDS Information, Education, and Training Project
Center for Health Policy Development, Inc.
6905 Alamo Downs Parkway • San Antonio, TX 78238
(210) 520-8020 • 1-800-847-7212 • FAX: (210) 520-9522**

HIV/AIDS and Hispanics of the Southwest: Recommendations for Change

The Center for Health Policy Development (CHPD), a private, non-profit community-based organization, was founded in April 1978 as the Chicano Health Policy Development. CHPD evolved out of a growing recognition that the health concerns of Chicanos could only be addressed by combining health professionalism, organizational change strategies, and community activism. The **Southwest AIDS Information, Education, and Training Project (SWAIETP)**, one of twenty seven National Minority Organizations (NMOs) funded by the Centers for Disease Control and Prevention (CDC), was established in 1988 to increase the availability, accessibility, acceptability, and accountability of culturally-based methodologies for the effective prevention of HIV/AIDS among Hispanics in the states of Arizona, Colorado, New Mexico, and Texas.

There are an estimated 21 million Hispanics in the United States today. Mexican Americans comprise approximately 64% of the total Hispanic population, followed by Puerto Ricans (14%), Central/South Americans (11%), and others (12%). Additionally, 63% of all Hispanics reside in the states of Arizona, New Mexico, Texas, and California. Our recommendations for Hispanics and HIV/AIDS focus on Mexican Americans of the Southwest and do not attempt to address the concerns of other geographic regions or national-origin groups.

The health profile of the Hispanic population compared to that of non-Hispanics reflects socioeconomic disparities, such as poverty levels (1 in 4 Hispanics lived in poverty in 1989) and educational attainment (only 51% of Hispanics have completed 4 years of high school compared with 80% of non-Hispanics). The top ten killers of Hispanics include homicide, AIDS, and perinatal conditions, none of which are major killers of non-Hispanic whites (GAO Report, January 1992).

We wish to underscore that, given their limited access to social and economic resources, Mexican American communities and families are amazingly healthy, and they cope fairly effectively in the face of an unresponsive health care system. The success of Hispanic HIV/AIDS community-based prevention models depends to a great extent on the awareness and skills of policy makers to respond to the cultural strengths and resources found within our communities. This includes focusing on "Nuestro Bienestar" (our well being), i.e. healthy Mexican American family lifestyles and behaviors which combat the negative environmental forces that encourage high risk behaviors which put our communities at risk for HIV disease.

As the HIV/AIDS and the related substance abuse epidemics continue to plague our communities, it is imperative that, in this the thirteenth year of the epidemic, Hispanics look at the policy changes necessary to not only prevent the spread of the disease, but concurrently to address the policy changes necessary in issues of access to health care, applied research by and for Hispanics, and the provision of culturally compatible services. The over-riding issue, however, for Hispanics in the fight against AIDS, is to develop and sustain the leadership necessary to effect change, to hold systems, agencies, institutions, and individuals accountable for the services they provide, and to ensure that Hispanic families continue to thrive amidst an era of racial hatred and continued discrimination.

HIV/AIDS in the Southwest

As of October 1992, the four states of Arizona, Colorado, New Mexico, and Texas had a total AIDS case load of 21,059. This number represents approximately 10 % of the national total of AIDS cases. Significant to note, however, are the following points:

- Arizona and Texas both lie on the U.S.-Mexico border. These states bear a burden unique to border communities when it comes to the provision of health care. First, health care systems must care for Mexican nationals who come to the U.S. nationals who are medically indigent often seek inexpensive but non-comprehensive care south of the border. Third, the economy, as well as health problems on the side of the border effects the other side equally. Fourth, the cultural "intactness" of U.S. border cities is weighed more heavily toward the Mexican side than the Anglo side, which is a critical issue in the development of prevention/health promotion materials. Last, because of the transient nature of border populations, it is difficult to assess, and thus adequately fund, HIV services, especially given the current funding formula mechanism proscribed by the federal government.
- Texas has the largest migrant/seasonal farmworker population, who are perhaps one of the most medically unsupported and neglected group of Americans. These families travel through New Mexico and Colorado, on their way north to find work, often engaging in high risk behavior along the way. Whose responsibility are they? If they happen to be diagnosed with AIDS in Washington State or Kentucky, those states place them in their case counts, receiving "credit" for them, when in reality, the majority return to their place of birth (usually one of the southwestern states) to live out their lives. These laborers often lack basic health insurance in either location, and often face incompatible and insensitive health services, not returning for follow-up. It is interesting to note that while much attention has been given to the "re-surgence" of multi-drug resistant strains of tuberculosis, it is a problem that never left the migrant/seasonal farmworkers.

These geographic specific issues of the Southwest merely form the overlay for the more crosscutting HIV issues facing the Hispanic community. Add to this:

- The lack of culturally based methodologies of interventions for Hispanics;
- The lack of culturally competent health personnel, which is compounded by the failure of federal and state government to provide culturally appropriate program development services including staff development and board training with Hispanic CBOs and non-Hispanic organizations serving largely Hispanic populations;
- The lack of knowledge and incentives within predominantly White/Anglo academic communities that block efforts to undertake culturally focused research essential for the conceptualization of sound prevention programs and strategies;
- The inadequate amount of dollars and other resources available to design, develop, implement, and maintain targeted Mexican American community-based programs in the southwest;
- The lack of comprehensive service centers which are family focused and provide services on a continuum of care (prevention-intervention-treatment);
- The inadequate funding for clinical trails in the Southwest and the inappropriate design of the clinical trails that do exist, as they relate to Hispanic women and children.

Policy Recommendations

In order to assure that Hispanics of the Southwest receive and develop the adequate resources to continue fighting the spread of HIV in out communities, the following policy change recommendations are presented within the following conceptual framework:

- Hispanic communities must influence the development of bilingual/bicultural based programs and initiatives to combat HIV/AIDS at the local, state, regional, and national level.
- Institutions must listen to the Hispanic community and respond through more efficient, effective, and reciprocal partnerships.
- A process of Hispanic health resource development and education must be supported and maintained.

RECOMMENDATION #1 - FUNDING

Targeted Dollars for Hispanic Community-based Prevention Strategies, Models, and Services

The current mechanism for the distribution of HIV/AIDS treatment and intervention dollars through the HRSA Ryan White Consortiums, has negatively impacted Hispanic communities, and specially, community based, grassroots efforts. CBOs are now having to compete with hospital districts and health departments, who have trained personnel dedicated solely to fundraising. The federal and state governments, must by design assure that Hispanic and other minority communities receive the dollars needed to combat HIV/AIDS, particularly in the ever broadening spectrum of the disease. Therefore, we recommend that the federal government designate monies for the design, implementation, evaluation and validation of community strategies, models, and services for the Hispanic communities of the Southwest.

RECOMMENDATION #2 - TRAINING AND TECHNICAL ASSISTANCE

Establish a Multifaceted, Interdisciplinary Training and Technical Assistance System for Hispanics designed to increase the number and caliber of service providers who are culturally competent in working with Hispanics and are willing to take on leadership roles in HIV/AIDS. Additionally, the federal and state bureaucracies must become more responsive to the needs of Hispanic communities. Thus, a network of Health Professional/Leaders who are knowledgeable about the HIV/AIDS prevention, education, and treatment needs of the Hispanic community in the Southwest, can provide training and technical assistance to the government in order to begin to establish a more responsive health care system.

The Following Components are Essential:

- Hispanic Resource Center for the design, testing, production, and dissemination of culturally based materials. This will include a directory of Hispanic HIV/AIDS prevention and treatment programs regardless of funding sources; a repository of bilingual/ bicultural training and education materials; research instruments; planning guides; audio, visual and audio-visual materials, etc.
- Regional Training Centers which will provide Hispanic CBOs with training in project design, staff development, board training, organizational development, community outreach techniques, administration and management, documentation, and evaluation, etc.

- Regional Technical Assistance Services that are consistent and long-term, to build the capacity of Hispanic CBOs to provide HIV/AIDS services that are responsive to the needs of the community. Services would be provided by those knowledgeable about Hispanic communities and HIV/AIDS. Key areas of concern are in the formulation of successful grant applications and continued support after funding has been received.
- Leadership Initiative to develop a network and think-tank of Hispanic HIV/AIDS researchers, service providers, and community based professionals. This can be accomplished through Forums and Seminars on key Hispanic issues as well as through workshops for technical skills development. These initiatives will link new and experienced leadership in providing managerial and administrative skills for these programs.

RECOMMENDATION #3 - RESEARCH

Support basic and applied Research for longitudinal, culturally appropriate research and evaluation projects which will contribute and enhance information and knowledge on HIV disease and AIDS among Hispanics. Additionally, support research training which provides expanded opportunities for Hispanics to be educated, trained, and adequately represented on review panels, Particularly those related to clinical trials, research on Hispanic families, and the evaluation of community based efforts.

RECOMMENDATION #4 - HISPANIC REPRESENTATION

Include significant Hispanic representation in all areas of Federal Government Structure related to HIV/AIDS, especially in the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and National Institutes of Health (NIH), the National Institute of Allergy and Infectious Diseases (NIAID), and the National Institute on Drug Abuse (NIDA), including all Internal Review Groups. An Hispanic Advisory Committee (HAC), composed of both individual representatives and representatives from national, regional, and state Hispanic organizations, can provide direct input to CDC, HRSA, etc. and all other key agencies mentioned above, assisting their decision making processes.

RECOMMENDATION #5 - FEDERAL/STATE PARTNERSHIPS

Establish accountability for state block grants as they impact upon minority populations, specifically Mexican Americans. Working together to develop consistent data collection mechanisms will provide us with databases needed to formulate effective federal policy. The establishment of federal and state "set-asides" would emphasize regional technical assistance efforts to local Hispanic community-based organizations. This technical assistance should be comprehensive and of a longitudinal nature, including specific training to enable community-based organizations to follow federal guidelines and conform to federal practices when responding to RFPs and other grant opportunities. The number of sound ideas and concepts that are not approved by the present system could be significantly reduced with even minimal assistance.