

***ADELANTE* Arizona:
Strengthening the Response to HIV/AIDS and
Viral Hepatitis in our Latino Communities**



MEETING SUMMARY

August 13-14, 2009
Phoenix, Arizona



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EXECUTIVE SUMMARY

Building on NASTAD's Call to Action, [ADELANTE! Strengthening the Response to HIV/AIDS and Viral Hepatitis in Latino Communities](#), the goal of the **ADELANTE Arizona** meeting was to strengthen the ability of the Arizona Department of Health Services and its partners to effectively implement HIV and viral hepatitis programs targeting Latino communities.

This meeting, supported by cooperative agreement funding from the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP), provided a platform for participants to review state-specific trends in Latino communities in respect to HIV, STD and viral hepatitis transmission and acquisition. In addition, the meeting was designed to increase synergy between programs within health departments and among other key stakeholders, to identify potential programmatic gaps in state and local services, and to build capacity and infrastructure to effectively address these diseases.

Meeting Objectives

- Convene a meeting of health department staff and community stakeholders to heighten awareness of the current state of HIV/AIDS and viral hepatitis in Latino communities;
- Provide a platform for participants to share strategies and lessons-learned around the implementation of effective and culturally and linguistically appropriate HIV/AIDS and viral hepatitis prevention, care and treatment services for Latino communities;
- Support participants in the development of an action plan to help guide their efforts to address the impact of HIV/AIDS among Latino communities in their jurisdiction;
- Establish a year-long comprehensive technical assistance relationship between NASTAD and participants around issues impacting the implementation of HIV/AIDS programs targeting Latino communities; and
- Support the recommendations outlined in the NASTAD Call to Action, [ADELANTE! Strengthening the Response to HIV/AIDS and Viral Hepatitis in Latino Communities](#).

The meeting agenda was structured to provide the participants the opportunity to hear from regional and national experts and engage in discussions relevant to the impact of HIV/AIDS on Latino communities throughout the state of Arizona. There was a combination of panel presentations, roundtable breakout discussions and facilitated process oriented forums.

Prior to the meeting, participants completed a brief survey on HIV prevention, care and treatment activities directed toward Latino communities in Arizona (Appendix C). The survey was developed to garner a firm understanding of the level of capacity and investment in activities directed toward Latino communities in Arizona. The results of the survey were presented during the meeting and provided participants a greater detail into state-level and community-level responses to the HIV and viral hepatitis epidemics among Latinos and Latinas in Arizona, and helped identify potential facilitators and barriers to service provision, acquisition and adherence (Appendix D).

During the meeting, participants deemed it critical to develop a statewide network that is both regionally and demographically inclusive of the various stakeholder entities.

With the guidance and support of NASTAD and the Arizona Department of Health Services, it was agreed that the ownership and maintenance of the statewide network would be community driven.

Two chairs were nominated to lead the network: Carmen Hair (Maricopa County) and Dave Martinez (Southern Arizona AIDS Foundation). The co-chairs were tasked with convening a follow-up conference call with all of the meeting participants to further discuss next steps and to identify other means of communication and opportunities to engage more key stakeholders in the process. Prior to this first conference call, it was decided that the co-chairs were responsible with the development of draft mission and vision statements. On the first conference call, meeting participants will provide feedback and help shape the final structure and objectives of the network.

In addition, the process of establishing an effective network would include analyzing current services, potential gaps, and identifying priorities and next steps. Each step will require the active collaboration of network members.

EVALUATION METHODOLOGY

NASTAD evaluated **ADELANTE Arizona** using two data collection tools: The overall meeting evaluation survey (Appendix E) and individual breakout session evaluation surveys (Appendix F). Quantitative data was collected by asking participants to respond to questions using a five-point scale where, 5=Excellent, 4=Good, 3=Fair, 2=Poor and 1=Unsure. In addition to more traditional questions, NASTAD measured the meeting's effects on participants using retrospective pre-test questions that asked participants to rate their current and pre-meeting abilities and levels of understanding. Qualitative data was collected by presenting meeting participants with open-ended questions in which to respond.

The surveys were designed to aid in determining the extent to which the meeting objectives were met, as well as the strengths and weaknesses of the meeting format. Surveys were collected by NASTAD staff and facilitators of each roundtable breakout discussions at the end of the meeting.

EVALUATION FINDINGS

Respondents

Of the 36 participants who attended the **ADELANTE Arizona** meeting, 18 overall meeting evaluation surveys were returned and analyzed by NASTAD staff. Respondents reflected the diverse range of meeting participants. Five participants indicated they were affiliated with the state department of health, four with a community-based organization, two as youth, one with a county department of health and six as "other", which included those affiliated with a university or as a community member. Nine respondents reported traveling to the meeting from Phoenix and six from Tucson. Finally, six respondents identified as Latino/Hispanic, three as Caucasian, two as multiple ethnicities and one as African-American/black.

Meeting Agenda Strengths and Weaknesses

The overall meeting survey asked participants to rate the quality of the meeting's agenda items. The items that respondents rated the highest were Wrap-up, Final Thoughts and Closing, with an average rating of 4.53 out of 5, and Report Backs: Focused Conversations for Targeted Responses (4.47). The items that respondents rated the lowest were Facing the HIV/AIDS and Viral Hepatitis Epidemics in Latino Communities: Trends and Epi Data Overview, with an average rating of 3.94 out of 5, and Shared Realities among Diverse Latino Communities: Understanding the Social Determinants of Health (4.12). Finally, 12 respondents indicated that the amount of time spent on each agenda item was appropriate, while only four felt that it was not appropriate.

Retrospective Pre-test Results – Meeting and Breakout Sessions

As mentioned previously, one way in which NASTAD measured whether meeting objectives were met was by using retrospective pre-test questions where participants were asked to rate current abilities and levels of understanding and pre-meeting/pre-breakout session abilities and levels of understanding. The results illustrated below show an increase across all meeting objectives:

Meeting Objective	Number of Respondents	Pre-test Average	Post-test Average	Average Difference
Ability to meet the HIV/AIDS prevention and care needs of Latinos	18	3.44	4.00	0.56
Level of synergy/cooperation between key stakeholders and respondent	18	3.50	3.94	0.44
Understanding of key challenges related to serving/reaching Latinas	4	3.50	4.50	1.00
Understanding of what can be done to address the needs of Latinas	4	3.50	4.50	1.00
Understanding of key challenges related to serving/reaching Latino gay men/MSM	6	3.33	4.33	1.00
Understanding of what can be done to address the needs of Latino gay men/MSM	6	3.33	4.33	1.00

Meeting Strengths

Meeting participants indicated that what they liked most about the meeting was the opportunity to share and receive information, networking and the opportunity to collaborate. One respondent stated: "This meeting was truly needed – to be able to return to my community and bring forth what was shared". Another respondent stated: "This was a hopeful process and beginning". Additionally, all 18 respondents indicated that the meeting should be repeated for other states.

Meeting Weaknesses

However, there is always room for improvement. Respondents noted that what they liked least about the meeting were time limitations and confusion regarding the mission/purpose of the meeting. For example, one respondent stated the “overarching missions/purpose [of the meeting was] still vague” and another felt a “push to start an organization”. Criticisms around time centered on respondents who stated the presentations felt rushed and more time was needed for the breakout session discussions.

Breakout Session Strengths and Weaknesses

Breakout sessions were a time for focused, small group discussion. NASTAD received four surveys from the breakout session focusing on Latinas. The quality of the breakout session facilitation and the amount of time provided were rated the highest, with an average rating of 4.75 out of 5. Three respondents indicated that topics discussed in this breakout session would aid in their work with Latinas while one was unsure. The qualitative responses to this breakout were mixed. One participant stated that “this will help shape directions/special projects we do” while another stated that the session brought forth “no new solutions.” NASTAD received six surveys from the breakout session focusing on Latino gay men/MSM. Again, the quality of the breakout session facilitation was rated the highest, with an average rating of 4.67 out of 5, followed by comfort level sharing ideas with the group (4.5). All respondents indicated that what was discussed in this breakout session would aid in their work with Latino gay men/MSM. The qualitative responses were primarily positive, with the critiques being a lack of time for discussion and the need to engage community member participants not fluent in English. Respondents highlighted appreciating the opportunity to learn, with one respondent stating: “Not only did it aid in my work for the Latino community but for the entire Gay/MSM Community.” Another respondent, reflecting on his/her workplace, stated: “It shows that we need to be more proactive in ‘changing up’ our ongoing prevention messages”.

NEXT STEPS

1. Develop statewide network

The meeting participants deemed it critical to develop a statewide network that is both regionally and demographically inclusive of the various stakeholder entities. This network is intended to increase synergy and ensure efficacy of efforts targeting Latino communities throughout the state of Arizona. With the guidance and support of NASTAD and the Arizona Department of Health Services, it was agreed that the ownership and maintenance of the statewide network would be community driven.

To that end, two chairs were nominated to lead the network: Carmen Hair (Maricopa County Department of Public Health) and Dave Martinez (Southern Arizona AIDS Foundation). The co-chairs were tasked with convening a follow-up conference call with all of the meeting participants to further discuss next steps and to identify other means of communication and opportunities to engage more key stakeholders in the process. Prior to this first conference call, the group decided that the co-chairs were responsible with the development of draft mission and vision statements. On the first conference

call, meeting participants will provide feedback and help shape the final structure and objectives of the network.

Benefits, Roles and Objectives of Network:

- Provide vision, and long-term direction for the state of Arizona in regards to HIV/AIDS and viral hepatitis services for Latino communities;
- Encourage collaboration among state and local health departments, community-based organizations, community centers and other key partners;
- Decrease HIV transmission and increase HIV testing among Latinos/Latinas of Arizona through a holistic and culturally-relevant structure;
- Present opportunities to partner with existing groups and leverage work into sections to include Latino focus such as the Prevention Planning Group of Arizona (PPGA);
- Foster new Latino leadership throughout the state of Arizona;
- Listen to the needs of Latino communities and be the prominent voice of the community in general discussions throughout the state;
- Normalize conversation about sex and integrate sexual health to all HIV-related conversations and efforts;
- Promote cultural appreciation;
- Serve as the state's "clearinghouse" of successful strategies for health departments and service providers; and
- Position Arizona to be a national leader in the development of effective HIV/AIDS and viral hepatitis efforts targeting Latino communities.

2. Establish processes for regular communication and reporting of the progress of the statewide network

To ensure that the energy and motivation is maintained, the network needs to identify the processes for regular communication and reporting of its progress so that the information reflects current activity. Some suggestions include the creation of a network Facebook page, Yahoo group, Twitter account and/or blog.

3. Expand membership and establish partnerships with other key networks and planning groups

In addition to the meeting participants, the statewide network should include additional stakeholders not present at the ***ADELANTE Arizona*** meeting. Participants noted that youth and Latinos living with HIV/AIDS (of all ages) should be invited to participate in the network. Their participation in the planning process would be vital to network's success.

Meeting participants recommended that the newly establish Latino-focused network partner with the Prevention Planning Group of Arizona (PPGA) and other existing entities to maximize resources and expertise.

4. Explore ways to maintain regional conversations in the statewide network

The members of the network should explore strategies that will address and provide insight to the local and regional needs throughout the state of Arizona. For example, hosting town hall meetings, in which meeting participants convene community forums

to gauge interest and to recruit new members to participate in the statewide network, has been suggested.

Activities and events can then be developed and disseminated to provide guidance or direct assistance in appropriate circumstances in other regions of the state to other members of the network.

5. Collect and organize successful strategies in reaching Latino communities of Arizona and develop a "clearinghouse" for health departments and service providers

One of the objectives noted of the statewide network is to identify and encourage linkages between and among the provision of local and regional HIV/AIDS, STD and viral hepatitis services, placing them in a wider statewide context. Opportunities to extend these connections beyond the local or regional boundaries will be recognized and encouraged as gaps are identified and the statewide network is established.

A "clearinghouse" of successful strategies of the provision of prevention, care and treatment services for Latino communities of Arizona would serve to be a useful resource for health departments and service providers. In addition to the collection of programs and activities of statewide significance, supporting information should be made available to the network membership for easy replication.

6. Perform a statewide analysis of current services and use data to identify potential network action items.

Once formerly established, the network should perform an in-depth analysis of the current services provided throughout the different regions of the state. The initial data collected would serve to create a baseline map of existing and planned networks action items. Once the baseline maps are generated, the network, through a consensus-building process with all partners, would identify where critical gaps occur in the statewide network and where capacity-building needs are prevalent. Network partners should then determine priorities for bridging the gaps.

APPENDIX A – MEETING AGENDA



**ADELANTE Arizona:
Strengthening the Response to HIV/AIDS and
Viral Hepatitis in our Latino Communities**

Embassy Suites Phoenix-Biltmore
Phoenix, Arizona, 85016
August 13-14, 2009

Thursday, August 13, 2009

12:30 – 1:00 PM	Registration <i>(lunch on your own)</i>
1:00 – 1:30 PM	Welcome, Introductions and Overview of the Meeting
1:30 – 2:30 PM	Shared Realities among Diverse Latino Communities: Understanding the Social Determinants of Health
2:30 – 3:00 PM	Facing the HIV/AIDS and Viral Hepatitis Epidemics in Latino Communities: Trends and Epi Data Overview
3:00 – 3:15 PM	Break <i>(afternoon refreshments will be provided)</i>
3:15 – 4:30 PM	Breakout Sessions: Focused Conversations for Targeted Responses <i>Participants meet in pre-assigned tracks to discuss key issues related to the impact of HIV/AIDS on three segments of the Latino population:</i> <ul style="list-style-type: none">• <i>Latino Gay Men and other Men Who Have Sex with Men</i>• <i>Latino Youth</i>• <i>Latinas</i>
4:30 – 5:00 PM	Report Backs: Focused Conversations for Targeted Responses
5:00 – 5:30 PM	Recap of Day 1 and Review of Day 2
5:30 – 7:30 PM	Dinner and Social Activity <i>(optional - on your own)</i> Padre's Mexican Restaurant

Friday, August 14, 2009

- 8:30 – 9:00 AM** **Debrief of Day 1 and Overview of Day 2**
(morning refreshments will be provided)
- 9:00 – 9:45 AM** **The Power of Media and Technology in Reaching Latino Communities**

Participants will learn of national and local media initiatives working to address the impact of HIV/AIDS and other STDs in the Latino communities.
- 9:45 – 10:00 AM** **Break**
- 10:00 – 12:00 PM** **ADELANTE Arizona: Establishing a Sustainable Statewide Movement (Part I)**

Participants will be led through a facilitated discussion on how to build a statewide network to strategically assemble tailored responses that acknowledge the diversity within the Latino communities of Arizona.
- 12:00 – 12:20 PM** **Break**
(buffet lunch will be provided)
- 12:20 – 2:00 PM** **ADELANTE Arizona: Establishing a Sustainable Statewide Movement (Part II)**
(working lunch)
- 2:00 – 2:30 PM** **Wrap-up, Final Thoughts and Closing**

ADELANTE Arizona was made possible by the guidance and leadership of the following individuals and their respective agencies:

Carlos Torres, *Southern Arizona AIDS Foundation*
Dave Martinez, *Southern Arizona AIDS Foundation*
Francisco Ruiz, *National Alliance of State and Territorial AIDS Directors*
Gary Jenkins, *National Alliance of State and Territorial AIDS Directors*
Jim Sanchez Miller, *Arizona Department of Health Services*
Jana Lynn Granillo, *Public Health Consultant*
Janey Pearl, *Arizona Department of Health Services*
Janina Daves, *Texas Department of State Health Services*
Judy Norton, *Arizona Department of Health Services*
Luis Ortega, *Southern Arizona AIDS Foundation*
Rick DeStephens, *Arizona Department of Health Services*
RJ Shannon, *Arizona Department of Health Services*

APPENDIX B – FACILITATOR'S GUIDE

Top Ten Tips for Skilled Facilitation

"Coming together is a beginning, keeping together is progress, and working together is success." - Henry Ford

"I don't believe in just ordering people to do things. You have to sort of grab an oar and row with them". - Harold Geneen

1. **Manage Time Carefully:** Drawn-out and unproductive conversations frustrate everyone – but heavy-handedness is rarely well received either. Instead, try the following: appoint a time keeper (to share the responsibility with a group member); clarify the time available for each agenda item at the start of the discussion; and remind people of the time in a low key manner.

2. **Draw People Out and Encourage Creativity:** Group members are often fearful of introducing ideas that are not well developed, or that run counter to current wisdom. But it is important to draw those ideas out, to encourage innovation and creativity. To do this, you can: ask questions that solicit new ideas; make an explicit appeal to suspend judgment for a specified portion of discussion; use a discussion format that encourages creative thinking; and change group structure (e.g. break into small groups to create a less threatening environment for expressing new ideas).

3. **Paraphrase:** After hearing someone speak, it is often helpful to sum up what they have said. Facilitators need to be able to listen to a complex or lengthy statement and boil it down to something succinct for the benefit of the group. Paraphrasing also reassures speakers that they have been heard, and helps them know whether they have communicated clearly.

4. **Clarify and Probe (with caution):** This technique can help the speaker to be clearer as they articulate their idea. Tools for clarifying include: gently revealing apparent ambiguity in the speaker's comments; asking for examples or elaboration; and gently checking out what you think you hear people implying. Do be careful when probing that you aren't trying to subtly control group discussion, especially when it is important for you to remain non-interventionist.

5. **Summarize Key Points:** This can be challenging, and you need to strike a good balance between completeness and clarity. You can check whether your summary is correct with a statement like "Here's a quick take on what I think has been said... Have I captured most of the key points accurately? Is there anything I have missed or misconstrued?" Be careful not to open up the discussion again once it has been closed, though.

6. **Use Graphics to Summarize Ideas:** They can be a valuable tool for framing discussions and can provide a map to guide discussions that follows. Facilitators should develop advanced skills in using graphics to convey ideas. Don't be afraid to experiment, but back off if the diagram doesn't seem to be helping!

7. **Use the Flipchart:** This can fulfill several functions: it signals to the speaker that their ideas have been acknowledged; it helps to ensure that ideas are communicated and received clearly; it helps group members follow the thread of the conversation and frees them to concentrate on the present; it can help moderate the pace of discussion; and it serves as a record of the group's discussion.

8. **Even Out Participation:** The facilitator's role is to make sure that there are opportunities for all to participate, while acknowledging that different group members generally need different amounts of air time. You can do this by: reinforcing ground rules (i.e., reminding the group if they agreed to try to hear from everyone); clarifying how much time is available for this topic; encouraging those who haven't spoken; and changing the format for discussion (i.e., using a go-round, or breaking into sub-groups.)

9. **Manage the Sequence of Speakers:** The most common way to do this is with a list; however, simple lists don't work well in large groups and complex discussions. Sometimes a facilitator can strike a balance by allowing people not on the list to jump in when their comments follow directly on the previous one. Another creative option is to establish signals – for instance, a group can agree that holding up a red card indicates new ideas to be voiced, while a blue card indicates a comment that links directly to the previous speaker.

10. **Name the Process:** This is an important step towards helping groups become more effective. Ways to do this include: making observations on the fly about how the discussion is progressing; doing quick evaluations of process along the way; and doing an evaluation at the end ("How did we do today? What did we do well? What could we improve?")

Top Ten Screw-Ups for Facilitators

1. **Death Grip:** Getting tight and controlling like an insecure substitute teacher, and watching the group rebel like unruly school kids as you get more and more tight.

2. **Bystander:** Letting the group go on and on, getting nowhere, and painfully watching the life, energy and commitment drain from out of the group... and just letting it drag on, dying in front of your eyes, and you watch.

3. **Focus Point:** Allowing the interaction to become all hub and spoke with you at the centre. You try to fix it. There's a question. You answer it. There's a suggestion. You evaluate it.

4. **Fear of Being Disliked:** Being unwilling to make the tough confrontations because you want to be liked.

5. **Process Hole:** Engaging in long, long, long discussions about which process to use.

6. **Arrogant Reprimand:** Arrogantly scolding the group for not doing it right (like you had no part in it), making them feel badly, then criticizing them for getting defensive.

7. **Blind to Power:** Never clarifying where the power to decide really lies in the group, and watching everything unravel.

8. **Disconnection from Real Issues:** You join the group in descending into a bottomless pit of internal process, while all connection with the larger organization and external reality is lost.

9. **Losing Neutrality:** Subtly (or not so subtly) pushing your own point of view and agenda, while pretending to be facilitating.

10. **Drifting on Agenda:** Allowing time to be completely eaten up in the first two agenda items and never getting to the most important challenge facing the group.

Source: Hollyhock Leadership Institute, *Julian Griggs of Dovetail Consulting, 2009.*

Roles and Responsibilities of ALTF Co-Facilitator		
Tracks	ALTF Co-Facilitator	ALTF Co-Facilitator
Latino gay men and other Latino men who have sex with men (MSM)	Dave Martinez	Carlos Torres
Latino youth	RJ Shannon	Janey Pearl
Latinas	Judy Norton	Janina Daves

ALTF Co-Facilitators

- Lead the session
- Ensure the session goals and objectives are met
- Ensure that participants are actively engaged and are sharing various perspectives comfortably
- Monitor time to ensure that all questions are addressed
- Ensure room and supplies are ready
- Operate tape-recorder
- Record salient points
- Distribute and collect evaluations and give them to Janina Daves

Monitoring Time: It will be very important to gauge and monitor time efficiently. Factor in a stretch break about midway through the process. There has been **75 minutes** allocated for this session. Allow sufficient time to close out the session and to glean final comments and feedback from the group.

Helpful Hints: Please review the session format carefully. You may incorporate additional questions as long as you have addressed all provided discussion questions. If you find it helpful, post the questions on flipchart paper in the room and continue to reference them throughout the session.

Session Format – THURSDAY

I. Introductions and Session Overview (15 min)

- Establish the session environment by reviewing the session goals, objectives and time frame.
- Allow time for participants to briefly introduce themselves, giving name, place of residence and/or work, AND one thing they like most about AZ. (*feel free to change the last questions*)
- Inform the group that the session will be tape-recorded to ensure that all salient points from their discussions are captured.
- Review the “Session Guiding Principles” and ask participants if they would like to add anything to the list.
- Identify a volunteer to report the key points from the breakout sessions

SESSION GUIDING PRINCIPLES

- Seek to understand and be understood
- Be an active listener
- Participate fully in all sessions
- Share space and avoid over-participation
- Be mindful of the meeting goals and objectives
- Engage in solution finding
- Minimize side bar conversation
- Please turn off cell phones and other electronics
- Avoid sharing confidential information
- Have fun!!
- _____
- _____

II. Reaction and Reflection (10 min)

Before launching into population-specific discussions, begin with the following questions:

- Does anyone want to share their reaction to the information that was discussed this morning?
- What does the data tell you? What does it not tell you?
- What information is missing that could help tell the whole story?

III. Group Discussion (40 min)

Pose discussion questions. Make sure that you capture a diverse range of responses for each question, while being mindful of timing. If your group is engaged in rich discussion around one particular question and you don't want to stop the flow of the conversation, use your judgment; however, we ask that you attempt to address most of the provided questions.

Please see population-specific discussion questions below

IV. Closing (10 min)

- Thank the group for their interest and participation
- Ask for final thoughts/"aha's" from session participants
- Ask for a volunteer to report the salient points from the breakout sessions
- Collect evaluations and return to NASTAD staff

LATINO GAY MEN AND OTHER LATINO MEN WHO HAVE SEX WITH MEN (MSM)
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The Local HIV Epidemic

1. How would you describe the HIV epidemic among Latino Gay Men/MSM in your area? What are the specific issues or problems that put Latino Gay Men/MSM in your area at risk?
2. What are the prevalent issues among Latino Gay Men/MSM in your area?

Probe: Are any of the following issues prevalent---mental health, substance abuse, sexual communication, violence and abuse and HIV risk---among Latino Gay Men/MSM in your area? Please explain.
3. How well do Latino Gay Men/MSM in your community understand the basics of HIV/AIDS? (including prevention, testing and treatment) What could be done to increase understanding?
4. How did Latino Gay Men/MSM learn about the services available in the community for Latino Gay Men/MSM living with HIV/AIDS? (or How do Latino Gay Men/MSM in your community learn about available services for persons living with HIV/AIDS?)

Needs of Latino Gay Men/MSM

1. Name the top three needs (prevention, care and/or treatment), in your opinion, for Latino Gay Men/MSM living with HIV/AIDS.
2. Please discuss the best strategies and ideas necessary to keep Latino Gay Men/MSM who are negative from contracting HIV.
3. How important are the following factors in addressing Latino Gay Men/MSM and HIV/AIDS:
 - a. Self esteem and empowerment
 - b. Relationships and co-dependency
 - c. Masculinity and "being a man" (Machismo)
 - d. Family issues
 - e. Economic pressures and the need for survival
 - f. Mental health issues
 - g. Peers/Friends
 - h. Immigration status
 - i. others...

Probe: Do the agencies where you get services for HIV/AIDS provide information and support in these areas? If so, please describe.

4. Name some creative ways of addressing the issues discussed for Latino Gay Men/MSM in your area?
5. Are there support groups, and opportunities for Latino Gay Men/MSM who are HIV+ to work as peer counselors and mentors?

Sexual Health and Behavior

1. How does sexuality or sexual preference effect communication within the Latino community? Are Latinos ready as a community to have the conversations? How do you think this impacts HIV/AIDS prevalence and risk behavior among Latino Gay Men/MSM?
2. What are the usual places that Latino Gay Men/MSM in the community meet their sexual partners?
3. What are some of the things that help Latino Gay Men/MSM engage in safer sex practices? What are some of the things that make it hard for Latino Gay Men/MSM to engage in safer sex practices?
4. A lot of people mentioned the internet as place that many Latino Gay Men/MSM are meeting their sexual partners. What are some of the reasons that people go online to meet sex partners? What are some of the particular sites that people are using to find partners?

Mobilization and Community Engagement

1. Back to the basics of HIV/AIDS [to include prevention, testing and treatment] in your community...what needs to change in order for the knowledge to translate into behavior change among Latino Gay Men/MSM?

Probe: What is the responsibility for Latino Gay Men/MSM to better protect themselves?

Probe: Where do Latino Gay Men/MSM obtain their knowledge and updated information on HIV/AIDS?

2. How familiar are you with your local or state health department's HIV/AIDS outreach activities for Latino Gay Men/MSM?
3. How would you describe their efforts in reaching out and engaging Latino Gay Men/MSM in your area who are at risk for HIV?
4. Has the health department or other agency sponsored any special events, educational campaigns or forums to address HIV prevention for Latino Gay Men/MSM in your area? If so, describe.

Probe: Have you been involved with or attended activities such as World AIDS Day events, National Latino HIV/AIDS Awareness Day, local conferences, etc.

Public Policy

1. What are the most important political issues for Latino Gay Men/MSM today?
2. How does the political landscape impact you and your response to HIV among Latino Gay Men/MSM?

Action Steps/Moving Forward

1. What would you recommend for community members to do to assist?
2. What additional partnering agencies/leaders would you bring to the table?
3. In light of all the discussions shared today, what would you suggest for agencies, health departments and leaders to do differently to impact the HIV/AIDS epidemic among Latino Gay Men/MSM?

Additional General Questions

1. What is the attitude toward HIV among the Latino communities in Arizona?
2. How important do you think HIV/AIDS is compared to other problems people face in your community?
3. Thinking about the way the problem of AIDS is affecting local Latino communities in Arizona today, do you think AIDS:
 - a. is a more urgent problem for communities than it was a few years ago
 - b. is a less urgent problem
 - c. is about the same
 - d. has AIDS never been a problem
4. What or who do you think could be good sources of information about HIV/AIDS that people would really listen to? Why?
5. Is there anything that we didn't cover that you feel is important for me to know?
6. What are the key institutional factors that act as barriers to Latino communities accessing and using different HIV/AIDS interventions:

a. Services not being delivered?	f. Organizational & bureaucratic factors?
b. Commodities not available?	g. Poor quality of care?
c. Staff not present at facilities?	h. Service providers' attitudes?
d. Geographical accessibility?	i. Service providers lack training?
e. Financial accessibility (cost)?	
7. If you had unlimited resources to create programs you wanted for Latino Gay Men/MSM, you would...

LATINO YOUTH

The Local HIV Epidemic

1. How would you describe the HIV epidemic among Latino Youth in your area? What are the specific issues or problems that put Latino Youth in your area at risk?
2. What are the prevalent issues among Latino Youth in your area?

Probe: Are any of the following issues prevalent---mental health, substance abuse, sexual communication, violence and abuse and HIV risk---among Latino Youth in your area? Please explain.

3. How well do Latino Youth in your community understand the basics of HIV/AIDS? (including prevention, testing and treatment) What could be done to increase understanding?
4. How did Latino Youth learn about the services available in the community for youth living with HIV/AIDS? (or How do Latino Youth in your community learn about available services for persons living with HIV/AIDS?)

Needs of Latino Youth

1. Name the top three needs (prevention, care and/or treatment), in your opinion, for Latino Youth living with HIV/AIDS.
2. Please discuss the best strategies and ideas necessary to keep Latino Youth who are negative from contracting HIV.
3. How important are the following factors in addressing Latino Youth and HIV/AIDS:
 - a. Self esteem and empowerment
 - b. Relationships and co-dependency
 - c. Masculinity and "being a man" (Machismo)
 - d. Family issues
 - e. Economic pressures and the need for survival
 - f. Mental health issues
 - g. Peers/Friends
 - h. Immigration status
 - i. others...

Probe: Do the agencies where you get services for HIV/AIDS provide information and support in these areas? If so, please describe.

4. Name some creative ways of addressing the issues discussed for Latino Youth in your area?
5. Are there support groups, and opportunities for Latino Youth who are HIV+ to work as peer counselors and mentors?

Sexual Health and Behavior

1. How does sexuality or sexual preference effect communication within the Latino community? Are Latinos ready as a community to have the conversations?

How do you think this impacts HIV/AIDS prevalence and risk behavior among Latino Youth?

2. What are the usual places that Latino Youth in the community meet their sexual partners?
3. What are some of the things that help Latino Youth engage in safer sex practices? What are some of the things that make it hard for Latino Youth to engage in safer sex practices?
4. A lot of people mentioned the internet as place that many Latino Youth are meeting friends and/or potentially their sexual partners. What are some of the particular sites that people are using to find friends and/or sexual partners?

Mobilization and Community Engagement

1. Back to the basics of HIV/AIDS [to include prevention, testing and treatment] in your community...what needs to change in order for the knowledge to translate into behavior change among Latino Youth?

Probe: What is the responsibility for Latino Youth to better protect themselves?

Probe: Where do Latino Youth obtain their knowledge and updated information on HIV/AIDS?

2. How familiar are you with your local or state health department's HIV/AIDS outreach activities for Latino Youth?
3. How would you describe their efforts in reaching out and engaging Latino Youth in your area who are at risk for HIV?
4. Has the health department or other agency sponsored any special events, educational campaigns or forums to address HIV prevention for Latino Youth in your area? If so, describe.

Probe: Have you been involved with or attended activities such as World AIDS Day events, National Latino HIV/AIDS Awareness Day, local conferences, etc.

Public Policy

1. What are the most important political issues for Latino Youth today?
2. How does the political landscape impact you and your response to HIV among Latino Youth?

Action Steps/Moving Forward

1. What would you recommend for community members to do to assist?
2. What additional partnering agencies/leaders would you bring to the table?

3. In light of all the discussions shared today, what would you suggest for agencies, health departments and leaders to do differently to impact the HIV/AIDS epidemic among Latino Youth?

Additional General Questions

1. What is the attitude toward HIV among the Latino communities in Arizona?
2. How important do you think HIV/AIDS is compared to other problems people face in your community?
3. Thinking about the way the problem of AIDS is affecting local Latino communities in Arizona today, do you think AIDS:
 - a. is a more urgent problem for communities than it was a few years ago
 - b. is a less urgent problem
 - c. is about the same
 - d. has AIDS never been a problem
4. What or who do you think could be good sources of information about HIV/AIDS that people would really listen to? Why?
5. Is there anything that we didn't cover that you feel is important for me to know?
6. What are the key institutional factors that act as barriers to Latino communities accessing and using different HIV/AIDS interventions:
 - a. Services not being delivered?
 - b. Commodities not available?
 - c. Staff not present at facilities?
 - d. Geographical accessibility?
 - e. Financial accessibility (cost)?
 - f. Organizational & bureaucratic factors?
 - g. Poor quality of care?
 - h. Service providers' attitudes?
 - i. Service providers lack training?
7. If you had unlimited resources to create programs you wanted for Latino Youth, you would...

LATINAS

The Local HIV Epidemic

1. How would you describe the HIV epidemic among Latinas in your area? What are the specific issues or problems that put Latinas in your area at risk?
2. What are the prevalent issues among Latinas in your area?

Probe: Are any of the following issues prevalent---mental health, substance abuse, sexual communication, violence and abuse and HIV risk---among Latinas in your area? Please explain.

3. How well do Latinas in your community understand the basics of HIV/AIDS? (including prevention, testing and treatment) What could be done to increase understanding?
4. How did Latinas learn about the services available in the community for youth living with HIV/AIDS? (or How do Latinas in your community learn about available services for persons living with HIV/AIDS?)

Needs of Latinas

1. Name the top three needs (prevention, care and/or treatment), in your opinion, for Latinas living with HIV/AIDS.
2. Please discuss the best strategies and ideas necessary to keep Latinas who are negative from contracting HIV.
3. How important are the following factors in addressing Latinas and HIV/AIDS:

a. Self esteem and empowerment	f. Mental health issues
b. Relationships and co-dependency	g. Peers/Friends
c. Machismo	h. Immigration status
d. Family issues	i. others...
e. Economic pressures and the need for survival	

Probe: Do the agencies where you get services for HIV/AIDS provide information and support in these areas? If so, please describe.

4. What are the challenges/issues for Latinas who are involved in the criminal justice system? How does this influence the family? Community?
5. What are the challenges/issues for Latinas involved with men in the criminal justice system? How does this influence the family? Community?
6. Name some creative ways of addressing the issues discussed for Latinas in your area?
7. Are there support groups, and opportunities for Latinas who are HIV+ to work as peer counselors and mentors?

Sexual Health and Behavior

1. How does sexuality or sexual preference effect communication within the Latino community? Are Latinos ready as a community to have the conversations? How do you think this impacts HIV/AIDS prevalence and risk behavior among Latinas?
2. What are the usual places that Latinas in the community meet their sexual partners?

3. What are some of the things that help Latinas engage in safer sex practices? What are some of the things that make it hard for Latinas to engage in safer sex practices?

Mobilization and Community Engagement

1. Back to the basics of HIV/AIDS [to include prevention, testing and treatment] in your community...what needs to change in order for the knowledge to translate into behavior change among Latinas?

Probe: What is the responsibility for Latinas to better protect themselves?

Probe: Where do Latinas obtain their knowledge and updated information on HIV/AIDS?

2. How familiar are you with your local or state health department's HIV/AIDS outreach activities for Latinas?
3. How would you describe their efforts in reaching out and engaging Latinas in your area who are at risk for HIV?
4. Has the health department or other agency sponsored any special events, educational campaigns or forums to address HIV prevention for Latinas in your area? If so, describe.

Probe: Have you been involved with or attended activities such as World AIDS Day events, National Latino HIV/AIDS Awareness Day, local conferences, etc.

Public Policy

1. What are the most important political issues for Latinas today?
2. How does the political landscape impact you and your response to HIV among Latinas?

Action Steps/Moving Forward

1. What would you recommend for community members to do to assist?
2. What additional partnering agencies/leaders would you bring to the table?
3. In light of all the discussions shared today, what would you suggest for agencies, health departments and leaders to do differently to impact the HIV/AIDS epidemic among Latinas?

Additional General Questions

1. What is the attitude toward HIV among the Latino communities in Arizona?
2. How important do you think HIV/AIDS is compared to other problems people face in your community?

3. Thinking about the way the problem of AIDS is affecting local Latino communities in Arizona today, do you think AIDS:
 - a. is a more urgent problem for communities than it was a few years ago
 - b. is a less urgent problem
 - c. is about the same
 - d. has AIDS never been a problem
4. What or who do you think could be good sources of information about HIV/AIDS that people would really listen to? Why?
5. Is there anything that we didn't cover that you feel is important for me to know?
6. What are the key institutional factors that act as barriers to Latino communities accessing and using different HIV/AIDS interventions:
 - a. Services not being delivered?
 - b. Commodities not available?
 - c. Staff not present at facilities?
 - d. Geographical accessibility?
 - e. Financial accessibility (cost)?
 - f. Organizational & bureaucratic factors?
 - g. Poor quality of care?
 - h. Service providers' attitudes?
 - i. Service providers lack training?
7. If you had unlimited resources to create programs you wanted for Latinas, you would...

APPENDIX C – PRE-MEETING ASSESSMENT FORM



SURVEY OF HIV PREVENTION, CARE AND TREATMENT ACTIVITIES DIRECTED TOWARD LATINO COMMUNITIES IN ARIZONA

This survey was developed with the intent to garner a firmer understanding of the level of capacity and investment in prevention, care and treatment activities directed toward Latino communities in Arizona. The results to this survey will allow for a greater detail into state-level and community-level responses to the HIV crisis among Latinos and Latinas in Arizona, as well as help identify the facilitators and barriers to service provision, acquisition and adherence.

Please provide the best answers to the questions below. While understanding that you cannot respond to issues on behalf of all Latinos, we feel that you are a key leader in the community and your opinions and perceptions are important to help understand the realities of the Latinos/Latinas in Arizona, and propose strategies accordingly.

Please review this survey and provide the requested information to Francisco Ruiz by email at fruiz@NASTAD.org or by fax at (202) 434-8092 by Friday, August 7, 2009.

THANK YOU FOR YOUR TIME!

Name:

City, State:

Job Title / Organization:

Telephone / Email:

PART I. GENERAL LATINO CHARACTERISTICS AND DEMOGRAPHICS

1. What is the main industry employing Latinos in Arizona?

2. Where do Latinos/Latinas in your community go to get information about health?

3. What TV and radio stations do Latinos/Latinas listen to the most in your community?

4. Where do segments of the Latino population (e.g., youth, Latinas, gay/MSM) socialize?

5. For the most part, what is the religious affiliation of Latinos in your community?

6. How involved is the church with the Latino community?

7. How involved is the church on issues related to HIV and AIDS?

Not Involved

Very Involved

Not Involved

Very Involved

1

2

3

4

5

1

2

3

4

5

PART II. HIV/AIDS AND LATINO COMMUNITIES

1. How would you describe the HIV epidemic among Latinos/Latinas in your jurisdiction?

2. Why do you think some Latinos/Latinas at-risk for HIV don't get tested?

3. Would you describe the health department response to HIV infection among Latinos/Latinas in your state/jurisdiction as adequate or inadequate? Why?

4. Would you describe the community-based organization response to HIV infection among Latinos/Latinas in your state/jurisdiction as adequate or inadequate? Why?

5. Would you describe the general Latino community response to HIV infection among Latinos/Latinas in your state/jurisdiction as adequate or inadequate? Why?

PART III. LEADERSHIP, INFRASTRUCTURE, AND CONTEXTUAL FACTORS

1. List up to five factors in your jurisdiction that **facilitate** the implementation of Latino-specific prevention, care and treatment efforts:

2. List up to five factors in your jurisdiction that are **obstacles** to the implementation of Latino-specific prevention, care and treatment efforts:

3. Please describe community capacity to mount a prevention response to the prevalence of HIV among Latinos/Latinas in Arizona. (e.g., community-based organization infrastructure, community traditions, etc.)

4. Can you name 3 Latino leaders in Arizona? (By leaders we mean people that are highly visible in the community or media and are often the "go to person" in issues related to Latinos)

PART IV. RECOMMENDATIONS

1. How can HIV **care services** be improved to reach more Latinos/Latinas in Arizona?

2. How can HIV **prevention services** be improved to reach more Latinos/Latinas in Arizona?

APPENDIX D – PRE-MEETING ASSESSMENT FINDINGS

PART I. GENERAL LATINO CHARACTERISTICS AND DEMOGRAPHICS

1. What is the main industry employing Latinos in Arizona?

- Construction ****
- Produce
- Retail
- Service industry (e.g., hotels, restaurants) ***
- Tourism
- Landscaping **
- Migrant work
- Physical labor

2. Where do Latinos/Latinas in your community go to get information about health?

- Public/county health clinics (e.g., El Rio, Mariposa Health Center, Chiricahua Community Center) ***
- Spanish language media outlets (e.g., TV, radio, newspapers and flyers) ***
- Emergency rooms
- Luz Social Services
- Community centers

3. What TV and radio stations do Latinos/Latinas listen to the most in your community?

- | | |
|--------------------------|----------------|
| • Telemundo *** | • Radio XENY |
| • Telefutura | • Radio Maxima |
| • Galavisión **** | • 97.1 FM, |
| • Univisión ***** | • 102.1 FM |
| • TV Azteca | • La Campesina |
| • Canal de las Estrellas | • 93.7 |
| • Radio Campesina | • 98.3 |

4. Where do segments of the Latino population (e.g., youth, Latinas, gay/MSM) socialize?

- Sporting and cultural events
- Restaurants **
- Bars and Dance Clubs (e.g., Gay/MSM – IBT's, The Biz) *****
- Social clubs
- Private house gatherings (e.g., birthday parties) **
- Movie Theaters
- Youth-community centers **
- Parks **
- Social network sites

5. For the most part, what is the religious affiliation of Latinos in your community?

- Christianity/Catholicism

6. How involved is the church with the Latino community?

Not Involved Very Involved
1) 2) I 3) VII 4) 5) I

7. How involved is the church on issues related to HIV and AIDS?

Not Involved Very Involved
1) V 2) IIII 3) 4) 5)

PART II. HIV/AIDS AND LATINO COMMUNITIES

1. How would you describe the HIV epidemic among Latinos/Latinas in your jurisdiction?

- The number of incarcerated Latino men in prison is disproportionate to the population. It is estimated that 1/3 of all incarcerated men are HIV positive.
- Like the rest of the country, at least 25% are unaware of their status. There are few programs targeting Latinos/Latinas for prevention therefore those most at risk may not be reached.
- There is the issue of Latinos/Latinas tested in Mexico, knowing their status but not receiving treatment because of legal status and a misunderstanding regarding our commitment to take care of them.
- MSM, women are particularly at risk for syphilis, we have a big congenital syphilis problem in urban areas.
- It is a hidden issue.
- The Latino population is approximately 27% of the state population and they represent 31% of the infected population.
- Latinos make up approximately 45% of ADAP enrollment.
- Predominately among MSM
- Women affected by dual diagnosis with STD
- Transient population – US/Mexico
- On the rise, especially within the female population
- Extensive – numbers of Latinos receiving medications through ADAP is 47%

2. Why do you think some Latinos/Latinas at-risk for HIV don't get tested?

- Lack of perceived risks, gender roles, religion, homophobia (HIV is a gay "thing")
- Some may not get tested because they don't want to know – stigma is still a huge issue
- Stigma, no access to testing services
- Fear to know and the fear that others will find out
- They don't want to know or are afraid to know
- Latinas feel afraid about judgment of husband or partner – generally, a Latina woman would never accuse her husband/partner of being unfaithful. It's better not to know status because then you don't have to think about it which would be painful.
- The men don't get tested because it's MACHO
- The people are uneducated [about HIV/AIDS] which minimizes their concerns about risk or the need to get tested
- Stigma
- Lack of information
- Low perception of risk
- Stigma and HIV/AIDS (e.g., sex, homosexuality, drug use, etc.)
- Easy and affordable access to HIV testing is not available
- Don't want to know
- Don't feel they are at risk

3. Would you describe the health department response to HIV infection among Latinos/Latinas in your state/jurisdiction as adequate or inadequate? Why?

- Adequate – the health department constantly takes part in community events.
- Counseling and testing services are offered at several locations (accessible to the community) throughout the year.
- Severely inadequate – too many small entities may be offering prevention interventions, but it's not a coordinated effort and the State is unaware of all the activities taking place. Without awareness, we cannot help support or help these efforts.
- Inadequate due to lack of state funds. Federal, CDC funds are prioritized, not enough to get to each at-risk community.
- Adequate – because they do offer testing at locations/event where Latinos attend. Also they have bilingual staff.
- Inadequate – There is no program to my knowledge that specifically targets Latinos
- Inadequate – program funding is determined by the epi. Data which further determines which populations will be targeted. The emergent data doesn't indicate that the Latino population warrants prioritizing/targeting.
- More focus and resources must be allocated to serve this population.
- Inadequate – community health centers respond to HIV infection in southeastern Arizona. Regional health departments lack state funding and interest in addressing HIV issues – prevention, care or treatment.

4. Would you describe the CBO/NGO response to HIV infection among Latinos/Latinas in your state/jurisdiction as adequate or inadequate? Why?

- Adequate – the local service providers work well together to bring awareness to the community.
- Really inadequate – only 1 or 2 agencies per region made a concerted effort to address HIV/AIDS in the various regions of Arizona. Most are underfunded, non-funded and the skills required to do prevention activities are inadequate. Most of the time, the local health department takes leadership in prevention activities, but only in a limited way. There were promotores programs in the Southern and Southwestern regions of the state, but am unaware of their activities at this time.
- Inadequate – in the Phoenix metro area we only have a couple of agencies dedicated to Latino HIV issues. Most are poorly funded and not able to be greatly effective.
- Adequate, because they do offer testing at locations/event where Latinos attend. Also they have bilingual staff.
- Inadequate – due to lack of availability of funding.
- Inadequate – there are possibly two organizations, poorly funded and who work with Latinos HIV+.
- Adequate – contracts for care and treatment in southeastern Arizona are held by CBO/NGO's and they support community education and outreach for HIV/AIDS.
- A few CBO's are doing their part with limited resources; however, a better coordinated comprehensive response is necessary by all CBO's.

5. Would you describe the community response to HIV infection among Latinos/Latinas in your state/jurisdiction as adequate or inadequate? Why?

- There is lack of acceptance that HIV can affect anyone. There still is a mentality that HIV only affects certain people (gays, sex workers, sinners, etc).
- The community does not respond to HIV. Recently, Congressman Pasteur co-sponsored the Magic Johnson testing van to come test, but it only tested at a site that services MSM, in an area that does not draw Latinos/Latinas, whether straight or gay. There is a member of the Maricopa (largest county) Board of Supervisors, Mary Rose Wilcox, who has been a staunch supporter of HIV policy and Ryan White

services. We have discussed the difficulties of bringing Latino/Latina leadership to the foreground of the movement. With leadership, comes community participation.

- Inadequate, particularly now in the poor economy, AZ is being hard hit by the recession.
- Inadequate – very small funding allocated.
- Inadequate, because there hasn't been a community response or organizing effort around HIV/AIDS.
- Inadequate – the community is in denial that the infection is a problem
- I don't think the Latino community has fully embraced this issue.
- The Latino community response to HIV in Southeastern AZ varies; in general; Latinas show a sincere interest in serving their community as educators.
- I don't see much community response at all out of what is coordinated by CBO's.

PART III. LEADERSHIP, INFRASTRUCTURE, AND CONTEXTUAL FACTORS

1. List up to five factors in your jurisdiction that *facilitate* the implementation of Latino-specific prevention, care and treatment efforts:

- There is some community involvement
- We have some programs that are specific to Latino youth
- The health department and local agencies recognize the epidemic amongst Latinos in Tucson as a problem
- Community connections – geographic and social
- Many Latino/Latina-centered health centers
- Several gang and youth centered agencies
- Latino medical staff
- Public health infrastructure in tact
- Supportive local media
- Supportive political leadership
- Spanish language case management and material for clients
- Close community
- *Familismo*
- *Personalismo*
- Importance of health
- *Respeto*
- Be bilingual
- Providers are culturally competent
- Access to population
- Expertise with HIV and population
- Strong Latino leadership to address cultural aspects of HIV prevention, care and treatment
- Language – bilingual
- Promotores-style education
- Emphasis on family and healthy living

2. List up to five factors in your jurisdiction that are *obstacles* to the implementation of Latino-specific prevention, care and treatment efforts:

- Community is not in a central location
- Immigration status / immigration laws
- Lack of perceived risk
- Family structures/dynamics
- Gender roles
- Anti-Latino/Latina sentiment (not just lack of documentation)
- Sheriff Joe Arpaio
- Racist laws and rhetoric
- Gang activity and increased chances at incarceration
- Lack of state funding
- No Latino-focused HIV agency
- Competing priorities
- NOT ENOUGH PREVENTION INFORMATION

- Trust
- Immigration issues
- Lack of knowledge
- Possible perceived language barrier
- Education
- Attitude
- Accessibility
- Misinformation
- Fear of INS/Immigration
- Lack of bilingual messages
- Immigration status
- Cultural sensitivity to talking about sex
- Community and agency stigma around HIV
- Money
- Stigma
- Lack of financial resources
- Lack of community buy-in
- Sex talks taboo
- *Machismo*
- Disregard the culture

3. Please describe community capacity to mount a prevention response to the prevalence of HIV among Latinos/Latinas in Arizona. (e.g., community-based organization infrastructure, community traditions, etc.)

- In Tucson most of the service providers work well together. In the Phoenix area they do not. Strategies will have to be different for each region
- The community has all the elements necessary to mount a prevention response, including CBO's; health clinics; faith entities; and, political leadership. What they don't have is understanding leading to commitment
- Community capacity is limited. Again, bad timing with the hard hit to our economy and competing priorities
- The infrastructure exist within our health promotion department, but there is no funding
- I believe there is capacity between the community and all CBO's, there is just a lack of leadership and organization
- There are a small # of CBO's and ASO's in Phoenix and Tucson that could be ramped up to mount a prevention campaign
- Bilingual, cultural proficient model is necessary to reach the Latino community
- Strong Latino leadership
- CBO capacity is good
- Before mounting a response to HIV prevalence among Latinos in southeastern AZ, there needs to be more effort in establishing a safe and affordable HIV education and testing plan

4. Can you name 3 Latino leaders in Arizona? (By leaders we mean people that are highly visible in the community or media and are often the "go to person" in issues related to Latinos)

- Representative Gabrielle Giffords
- Representative Ed Pastor
- Representative Raul M. Grijalva ****
- Local politicians
- Media personalities **
- Mary Rose Wilcox, (Maricopa County Board of Supervisor) ***
- Dr. Elizabeth Ortiz-Valdez MD **
- Dr. John Molina
- Martha Vazquez (KVOA-NBC)
- Richard Elias (Pima County Board of Supervisor) **

PART IV. RECOMMENDATIONS

1. How can HIV care services be improved to reach more Latinos/Latinas in Arizona?

- There is a need to create awareness about care services. Latinos need to know which laws (related to immigration status) will be enforced by health care providers

- More than one message will have to be used. Messages that are part of larger health concerns, and can get the attention of entire communities or larger segments of the community
- More funding, better information from the case managers and better referrals
- Messages in Spanish, in billboards and in the media (e.g., radio, TV, newspaper)
- More visibility, bilingual ads, brochures and more collaborations
- Education, access, additional Spanish-speaking staff
- Create the infrastructure and funding to support an organization who has the passion for the Latino community not just a job
- Spanish-language brochures, outreach materials
- Targeted marketing materials
- Advertise care services in both English and Spanish
- Employ culturally-sensitive case management staff
- In general, address HIV stigma in Latino/a communities (promote education, utilize promotores model)
- Consider immigration status in relation to care and services

2. **How can HIV *prevention services* be improved to reach more Latinos/Latinas in Arizona?**

- Public service announcements
- Local community members must be part of public media campaign(s)
- More traditional and non-traditional partners need to be at the table strategizing methods for getting education and interventions to youth in and out of school; their parents and school administrators; and, more targeted outreach needed to get to MSM, both urban and rural
- More funding, prioritize Latino MSM population
- Messages in Spanish, in billboards and in the media (e.g., radio, TV, newspaper)
- Better visibility, more outreach, and more collaborations
- Create a program from ground up to reach the 'invisible'; migrant population is so moil and difficult to reach
- Must address stigma
- Must address other issues that motivate the community – e.g., housing, immigration, etc.
- Promote culturally appropriate prevention messages to youth populations
- Address HIV stigma in Latino/a communities
- Consider immigration status in relation to prevention efforts

APPENDIX E – MEETING EVALUATION FORM



**ADELANTE Arizona:
Strengthening the Response to HIV/AIDS and
Viral Hepatitis in our Latino Communities
August 13-14, 2009**

Overall Meeting Feedback

To help NASTAD improve future meetings such as this, please take a few moments to fill out this brief survey. Thank you for your feedback!

From what city did you travel? _____

Please indicate your affiliation/employment setting:

- | | |
|---|--|
| <input type="checkbox"/> State Department of Health | <input type="checkbox"/> County Department of Health |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Consumer of services |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Other: _____ |

Please rate the quality of each of the agenda items listed below:

THURSDAY, AUGUST 13	Excellent	Good	Fair	Poor	Unsure
Shared Realities among Diverse Latino Communities: Understanding the Social Determinants of Health	5	4	3	2	1
Facing the HIV/AIDS and Viral Hepatitis Epidemics in Latino Communities: Trends and Epi Data Overview	5	4	3	2	1
Report Backs: Focused Conversations for Targeted Responses	5	4	3	2	1
Recap of Day 1 and Review of Day 2	5	4	3	2	1
Social Activity – Padre’s Mexican Restaurant	5	4	3	2	1

FRIDAY, AUGUST 14	Excellent	Good	Fair	Poor	Unsure
Debrief of Day 1 and Overview of Day 2	5	4	3	2	1
The Power of Media and Technology in Reaching Latino Communities	5	4	3	2	1
ADELANTE Arizona: Establishing a Sustainable Statewide Movement	5	4	3	2	1
Wrap-up, Final Thoughts and Closing	5	4	3	2	1

Was the amount of time spent on each agenda item appropriate?

- Yes No

Please expand on any of your previous responses:

	Excellent	Good	Fair	Poor	Unsure
<i>Before this meeting, how would you rate your ability to meet the HIV/AIDS prevention and care needs of Latinos?</i>	5	4	3	2	1
<i>After this meeting, how would you rate your ability to meet the HIV/AIDS prevention and care needs of Latinos?</i>	5	4	3	2	1
<i>Before this meeting, how would you rate the level of synergy/cooperation between key stakeholders and yourself?</i>	5	4	3	2	1
<i>After this meeting, how would you rate the level of synergy/cooperation between key stakeholders and yourself?</i>	5	4	3	2	1

Should this meeting be repeated for other states?

Yes No

What did you like *most* about the meeting?

What did you like *least* about the meeting?

What else would you like to tell us?

Demographic Information – OPTIONAL

Please circle one:

Gender: Male Female Transgender

Age: Under 20 20-24 25-34 35-44 45-54 55-64 65+

HIV Status: Positive Negative Unknown Undeclared

Please circle all that apply:

Ethnicity: African-American/Black Asian Caucasian

 Latino/a or Hispanic Native American/Alaskan Native Hawaiian/Pacific Islander

APPENDIX F – BREAKOUT SESSION EVALUATION FORM



**ADELANTE Arizona:
Strengthening the Response to HIV/AIDS and
Viral Hepatitis in our Latino Communities
August 13-14, 2009**

Breakout Session Feedback

From what city did you travel?

Please indicate your affiliation/employment setting:

- | | |
|---|--|
| <input type="checkbox"/> State Department of Health | <input type="checkbox"/> County Department of Health |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Consumer of services |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Other: _____ |

Please rate the following components of the breakout session:

THURSDAY, AUGUST 13	Excellent	Good	Fair	Poor	Unsure
Quality of breakout session facilitation	5	4	3	2	1
The amount of time provided	5	4	3	2	1
Your comfort level sharing your ideas with the group	5	4	3	2	1
Your understanding of the needs of Latino gay men/MSM living in Arizona	5	4	3	2	1
<i>Before</i> this session, your understanding of key challenges related to serving/reaching Latino gay men/MSM was	5	4	3	2	1
<i>After</i> this session, your understanding of key challenges related to serving/reaching Latino gay men/MSM is	5	4	3	2	1
<i>Before</i> this session, your understanding of what can be done to address the needs of Latino gay men/MSM was	5	4	3	2	1
<i>After</i> this session, your understanding of what can be done to address the needs of Latino gay men/MSM is	5	4	3	2	1

Will what was discussed in this breakout session aid in your work with Latino gay men/MSM?

Yes

No

Please explain:

What did you like most about the breakout session?

What did you like least about the breakout session?

Please add any additional comments:

Please return to one of the facilitators after the session

Thank you for completing this survey!

APPENDIX G – MEDIA CONSENT FORM



Audio/Photography/Video Consent and Release

I have been informed and understand that the National Alliance of State and Territorial AIDS Directors (NASTAD) is producing an educational package that may include video, audio, photography and print and I agree that my name, likeness, image, voice and appearance may be recorded and made a part of this package.

I grant NASTAD and its designees the right to use my name, likeness, image, voice and appearance whether recorded on or transferred to the Internet, videotape, photographs, audio tapes or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use in whole or part as NASTAD may elect. NASTAD and its designees shall have complete ownership of the educational package in which I appear, including copyright interests, and I acknowledge that I have no interest or ownership in the campaign or its copyright. I also grant NASTAD and its designees the right to broadcast, exhibit and otherwise distribute the campaign, either in whole or in part. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection with this campaign.

I confirm that I have the right to enter into this Agreement, and that NASTAD has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my name, likeness, image, voice and appearance embodied in the educational package. I expressly release and indemnify NASTAD and its officers, employees, agents and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations, including but not limited to any and all demands for compensation and any and all claims for libel or invasion of privacy.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Name (Please print): _____

Signature: _____

Date: _____



FOR IMMEDIATE RELEASE – August 12, 2009

Contact: Francisco Ruiz – (708) 369-3446

**Phoenix to Host ADELANTE Arizona :
A Meeting to Address Latinos and HIV/AIDS**

The National Alliance of State and Territorial AIDS Directors (NASTAD), in collaboration with the Arizona Department of Health Services, is hosting a statewide meeting in Phoenix on Latinos and HIV/AIDS, August 13-14.

ADELANTE Arizona: A State Action Plan Meeting, is part of NASTAD's ongoing effort to address racial and ethnic health disparities and will further inform our national efforts to address the disproportionate impact of HIV/AIDS on Latinos/Hispanics.

Building on NASTAD's Call to Action, [ADELANTE! Strengthening the Response to HIV/AIDS and Viral Hepatitis in Latino Communities](#), the goal of this meeting is to strengthen the ability of health departments and their partners to effectively implement HIV and viral hepatitis programs targeting Latino communities within the state of Arizona.

At the end of the meeting, participants will be responsible for developing a state action plan that will outline recommendations for the implementation of HIV and viral hepatitis programs targeting Latinos/Hispanics.

What: ADELANTE Arizona: A statewide meeting addressing HIV/AIDS in Latino communities

When: August 13 -1:00 pm – 5:30 pm, August 14 – 8:30 am – 2:30 pm

Where: Embassy Suites Phoenix – Mohave Room - 2630 East Camelback Rd. Representatives will be available to speak to the media in English and Spanish.

###

APPENDIX I – PLANNING COMMITTEE BIOGRAPHIES

ADELANTE Arizona was made possible by the guidance and leadership of the following individuals and their respective agencies:

Carlos Torres, *Southern Arizona AIDS Foundation*

Carlos Torres is a native of Puerto Rico who moved to Tucson at the end of 2001, after serving more than 10 years in the US Army. In 2004, he graduated from the University of Arizona. After graduation, Carlos began his work in the non-profit sector, first as a Bilingual Advocate with the Wingspan Anti-Violence Project. Later he joined the Southern Arizona AIDS Foundation (SAAF) as a Case Manager. Currently, he works as a Program Manager for the Points of Health Project; a substance abuse, HIV and hepatitis prevention program with the Prevention Services Department at SAAF.

(520) 628-7223

ctorres@SAAF.org

Dave Martinez, *Southern Arizona AIDS Foundation*

David Martinez is a Prevention Program Manager at the Southern Arizona AIDS Foundation (SAAF) in Tucson, Arizona. He manages an Mpowerment program for men who have sex with men (MSM) in Tucson. He has worked at SAAF for over 4 years and is a graduate of the University of Arizona.

(520) 628-7223

dmartinez@SAAF.org

Francisco Ruiz, *National Alliance of State and Territorial AIDS Directors*

Francisco Ruiz joined the National Alliance of State and Territorial AIDS Directors (NASTAD) as a Manager in the Racial and Ethnic Health Disparities Program in 2007. He provides guidance on how to address the disproportionate impact of HIV/AIDS and viral hepatitis among Latino communities. His experience in the HIV/AIDS field extends to work in the US, Latin America, and the Caribbean. Francisco received a B.A. in Political Science and International Studies from Loyola University Chicago and an M.S. in Urban Policy Analysis and Management from Milano The New School for Management and Urban Policy in New York City.

(202) 434-8056

fruiz@NASTAD.org

Gary Jenkins, *National Alliance of State and Territorial AIDS Directors*

Gary Jenkins is a manager with the Racial and Ethnic Health Program at the National Alliance of State and Territorial AIDS Directors (NASTAD). In this role, Gary provides technical assistance and guidance to AIDS directors and other key stakeholder groups and recommends strategies and activities on how to increase the visibility and importance of youth issues among NASTAD's membership, particularly in black and Latino communities. Additionally, Gary is the project director for NASTAD's cooperative agreement with Centers for Disease Control and Prevention—Division of Adolescent and School Health (CDC-DASH), the National Stakeholders Collaborative (NSC).

(202) 434-8073

gjenkins@NASTAD.org

Jim Sanchez Miller, *Arizona Department of Health Services*

(602) 364-3610

millerj@azdhs.gov

Jana Lynn Granillo, *Public Health Consultant*

Jana Lynn Granillo is a native Arizonan, an ASU alumni, a United States Air Force veteran and Latina with more than 22 years of state service, 12 of which have been at the Arizona Department of Health Services. Jana has been a public speaker, trainer, facilitator, planner and community liaison. She has served as a co-chair of the Health Disparities Section for the Arizona Public Health Association and is one of the founding staff members of the Arizona Health Disparities Center. Jana currently works in the Arizona WIC program as a trainer and has trained over 400 WIC state staff on culturally competency. The next major project is an Arizona specific e-learning course on Culturally and Linguistically Appropriate Services (CLAS).

(602) 364-1490

granilj@azdhs.gov
janalynngranillo@cox.net

Janey Pearl, *Arizona Department of Health Services*

Janey Pearl is the Public Information Officer and Latino Outreach Coordinator at the Arizona Department of Health Services (ADHS). Part of her role at ADHS is to work with the Spanish and English media to get important health information out to the public. Originally from Guadalajara, Mexico, Janey completed her degrees at ASU and the Harvard Graduate School of Education. She has been nationally recognized for her service to youth and the Latino community.

(602) 364-1201

PearlJ@azdhs.gov

Janina Daves, *Texas Department of State Health Services*

Janina Daves grew up in Central America. She is a graduate from the University of Illinois at Chicago. Her work in HIV started in 1994 as a Case Manager working in a predominantly Latino area of Chicago. She has worked in the community in HIV prevention and care programs. In 1999 she brought that community expertise to the Texas Department of State Health Services (DSHS). In this position she conducted contract monitoring and technical assistance in the areas of HIV, STD, and care/social services. She has participated in many state level projects including state wide implementation of DEBIS, STD partner services, expanded testing initiatives, and post incarcerated into community care. Currently she is a team leader in the DSHS HIV Care Services group and is a member of NASTAD's Latino Advisory Committee.

(512) 533-3095

janina.daves@dshs.state.tx.us

Judy Norton, *Arizona Department of Health Services*

Judy Norton is the Chief of the Office of HIV, STD and Hepatitis Services at the Arizona Department of Health Services. The Office manages CDC HIV prevention programs, HIV surveillance and incidence programs, the STD prevention and control program and the adult viral hepatitis program. The Office is also responsible for the HRSA funded Ryan White Part B program including the AIDS Drug Assistance Program (ADAP). Judy also serves as the State AIDS Director and is currently serving as an officer, secretary/treasurer for the National Alliance of State and Territorial AIDS Directors (NASTAD).

(602) 364-4698

nortonj@azdhs.gov

Luis Ortega, *Southern Arizona AIDS Foundation*

Luis F. Ortega has been working in the HIV/AIDS field for over 15 years and has extensive experience in the planning, implementation and evaluation of prevention programs that work with diverse communities such as MSM, Latinos, Youth, people of color, and substance users. Luis is currently the Director of Prevention Services at the Southern Arizona AIDS Foundation and has worked in Tucson and southeastern Arizona on HIV/AIDS prevention and care services for 5 years. Prior to moving to Tucson, Luis was the Director of Education and Prevention at the AIDS Center of Queens County in New York City. Luis received his MPH with a concentration in Community Health Education from Hunter College in NYC and is a Certified Health Education Specialist (CHES). He is a member of the Prevention Planning Group of Arizona and the Southern Arizona HIV/AIDS Prevention Planning Group.

(520) 628-7223

lortega@SAAF.org

Rick DeStephens, *Arizona Department of Health Services*

Rick DeStephens has lived in Phoenix for 25 years. He has worked in clinical microbiology for Maricopa Medical Center and the Arizona Department of Health Services (ADHS) State Laboratory in bacteriology and HIV serology. He has worked in HIV epidemiology for ADHS since 1997 and has been the HIV Epidemiology Program manager since 2002.

(602) 364-3614,

destepr@azdhs.gov

RJ Shannon, *Arizona Department of Health Services*

(602) 364-3610

ShannoR@azdhs.gov

APPENDIX J – PARTICIPANT ROSTER

Name	Organization	City	Email
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Victor Byrd	TERROS, Inc.	Phoenix	victorb@terros.org
Marco Campillo	Community Member	Tucson	
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Carol Poore	SW Center for HIV/AIDS	Phoenix	cpoore@swshiv.org
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RJ Shannon	AZ Dept of Health Services	Phoenix	shannor@azdhs.gov
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Michelle Winscott	AZ Dept of Health Services	Phoenix	winscom@azdhs.gov

APPENDIX K – POWERPOINT PRESENTATIONS



NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS


Bridging Science, Policy and Public Health

ADELANTE Arizona: Strengthening the Response to HIV/AIDS and Viral Hepatitis in our Latino Communities
Embassy Suites Phoenix-Biltmore – August 13-14, 2009

Francisco Ruiz, MS
Manager, Racial & Ethnic Health Disparities

ADELANTE Arizona

- NASTAD
- Racial and Ethnic Health Disparities
- Latino Portfolio
- National momentum



Bridging Science, Policy and Public Health


National Alliance of State and Territorial AIDS Directors

Mission

NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV infection and on providing care and support to all who live with HIV/AIDS

Vision

NASTAD's vision is a world free of HIV/AIDS



Bridging Science, Policy and Public Health

NASTAD Programs and Priorities


- Government Relations
- Domestic Programs
 - Care and Treatment
 - Prevention and Surveillance
 - Racial and Ethnic Health Disparities
 - Viral Hepatitis
- Global Programs
 - Botswana
 - Ethiopia
 - Haiti
 - South Africa
 - Zambia



Bridging Science, Policy and Public Health

Impact on National HIV/AIDS Policy & Programs


- NASTAD staff develop policy/program recommendations based on input from the Executive Committee (EC) and members
- NASTAD operates a variety of work groups of AIDS directors and health department staff who guide programs and ensure products reflect needs and concerns of members
- NASTAD utilizes a peer technical assistance model to link AIDS directors and health department staff to share expertise across jurisdictions



Bridging Science, Policy and Public Health

Impact on National HIV/AIDS Policy & Programs

- We work with:
 - **Executive Branch agencies** to influence policies that impact state programs
 - **Congress** to influence *Executive Branch agencies*, provide funding, develop sound legislation
 - **Coalitions** to influence both *Congress* and the *Executive Branch*
- We communicate positions through:
 - Meetings, letters, position statements, issue briefs, reports, assessments of state policies and programs, etc.
- State AIDS directors visit Members of Congress and meet with the leadership at HHS, CDC, and HRSA on a periodic basis



Bridging Science, Policy and Public Health

ADELANTE Arizona

- NASTAD
- **Racial and Ethnic Health Disparities**
- Latino Portfolio
- National momentum and NASTAD's Latino Call to Action



Bridging Science, Policy and Public Health

NASTAD's Racial & Ethnic Health Disparities Program

- African American Portfolio
 - African American Leadership Team (AALT)
 - African American Advisory Committee
- Latino Portfolio
 - Latino Advisory Committee
- Native American Portfolio
 - Native American Networking Group
- Asian American, Native Hawaiian & Pacific Islander Portfolio
 - API Work Group (Ad hoc)



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African American Portfolio

- African American Leadership Team (AALT)
- African American Advisory Committee
- Policy documents and Issue Briefs
- Regional Forum Series on Addressing HIV/AIDS Among African American Women
 - Midwest (2007)
 - Northeast (2008)
 - Southeast (2009)
- Technical Assistance Meeting on Black Gay Men/MSM and HIV/AIDS: Confronting the Crisis and Planning for Action
 - Washington, DC (2008)



Bridging Science, Policy and Public Health

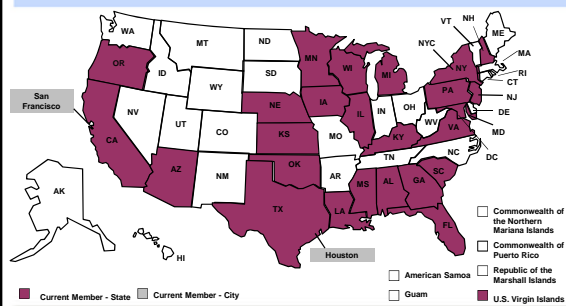
African American Portfolio: Policy Documents & Issue Briefs

- HIV/AIDS: African American Perspectives and Recommendations for State and Local AIDS Directors and Health Departments (2001)
- A Turning Point: Confronting HIV/AIDS in African American Communities – A Call to Action (2005)
- Black MSM Issue Brief Series (2006 – 2008)
- Why We Can't Wait: The Tipping Point for HIV/AIDS Among African Americans (2007)
- African American Women Issue Brief Series (2008 – part 1 of 3)
- Issue Brief on Young Black and Latino Gay Men and Other Men Who Have Sex with Men (MSM) (2009)



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NASTAD's African American Advisory Committee (AAAC)



Bridging Science, Policy and Public Health

Native American Portfolio

- Native American Networking Group
 - Share info about meetings, events and strategies underway to address HIV/AIDS and viral hepatitis in Native American communities
 - Quarterly calls of these groups on specific topics
- Policy documents and reports
 - Native Americans and HIV/AIDS: Key Issues and Recommendations for Health Departments (November 2004)
 - Technical Assistance Report: Activities to Address HIV/AIDS In Native American Communities (March 2008)
- Participate in national and regional Native American initiatives
- Seeks to increase linkages with IHS, HIV and STD programs



Bridging Science, Policy and Public Health

Asian American, Native Hawaiian & Pacific Islander Portfolio

- Policy document
 - Breaking Through the Silence: Key Issues to Address the HIV/AIDS Epidemic Among Asian Americans, Native Hawaiians and Pacific Islanders in the United States (2007)
 - In collaboration with the Asian Pacific Islander American Health Forum (APIAHF)
- Support collaboration among APIAHF and the Council of State and Territorial Epidemiologist (CSTE) HIV/AIDS surveillance coordinators work group
- Quarterly calls between NASTAD, NCSD, CDC and HRSA project officers for the Pacific jurisdictions
- Provide Technical Assistance for members in the Pacific
- Developed a listserv for specific for the Pacific jurisdictions



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ADELANTE Arizona

- NASTAD
- Racial and Ethnic Health Disparities
- Latino Portfolio
- National momentum



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Latino Portfolio

- Latino Advisory Committee
- Policy documents and Issue Briefs
- ADELANTE Technical Assistance meeting series
- Participate on National Latino AIDS Action Network
- Upcoming Projects (e.g., StoryCorps/Historias, NMAETC Cultural Competency TA Trainings, and Latino Video Issue Briefs)



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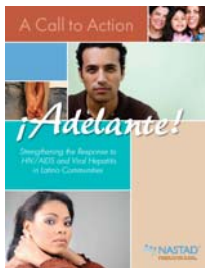
Latino Portfolio: Policy Documents & Issue Briefs

- Addressing HIV/AIDS: Latino Perspectives and Policy Recommendations (2003)
- Adelante! Strengthening the Response to HIV/AIDS and Viral Hepatitis in Latino Communities (2008)
- El Plan Para el Futuro: Poner Fin a la Epidemia del VIH/SIDA a través del Poder de la Prevención (2008)
- HIV/AIDS en la Frontera: U.S.-Mexico Border Epidemiologic Profile (2009)
- Issue Brief on Young Black and Latino Gay Men and Other Men Who Have Sex with Men (MSM) (2009)



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NASTAD'S Latino Call to Action



- Latino Gay Men
- Transgender
- Heterosexual
- Latino Youth
- Latinos who inject drugs
- Incarcerated Latinos
- Latino Immigrants



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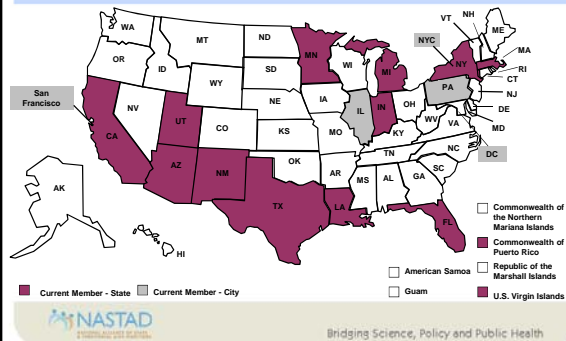
NASTAD'S Latino Call to Action

- Expand Programming and Services
- Increase Awareness and Perceptions of Risk
- Strengthen and Establish Partnerships
- Foster Leadership and Organizational Capacity
- Enhance Research and Data Collection Efforts



Bridging Science, Policy and Public Health

NASTAD's Latino Advisory Committee (LAC)



ADELANTE Arizona

- NASTAD
- Racial and Ethnic Health Disparities
- Latino Portfolio
- National momentum



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National Momentum for Action

- The National Latino/Hispanic AIDS Leadership Summit
- The National Latino HIV/AIDS Action Network (NLAAN)
- CDC Consultation with Latino Leaders
- Hispanic/Latino Executive Committee (HLEC)
- People of Color Fighting AIDS Workgroup
- National Latino AIDS Awareness Day (NLAAD)
- "SOY..." Campaign



Bridging Science, Policy and Public Health

National Latino AIDS Action Network (NLAAN)



Bridging Science, Policy and Public Health

Addressing HIV/AIDS & Viral Hepatitis Epidemics

- National Black HIV/AIDS Awareness Day - February 7
- National Women & Girls HIV/AIDS Awareness Day - March 10
- National Native HIV/AIDS Awareness Day - March 20
- STD Awareness Month - April
- HIV Vaccine Awareness Day - May 18
- World Hepatitis Day - May 19
- National Asian & Pacific Islander HIV/AIDS Awareness Day - May 19
- Caribbean American HIV/AIDS Awareness Day - June 8
- National HIV Test Day - June 27
- National Gay Men's HIV/AIDS Awareness Day - September 27
- National Latino AIDS Awareness Day - October 15
- World AIDS Day - December 1



Bridging Science, Policy and Public Health

"Si Se Puede" - César E. Chávez

"A lasting organization is one in which people will continue to build, develop and move when you are not there."

"Un movimiento que perdura, es aquel en cual las personas continúan construyendo, desarrollando luchando aún cuando uno ya no esté presente."

"When you have people together who believe in something very strongly - whether it's religion or politics or unions - things happen."

"Cuando se reúnen personas que creen en algo firmemente - ya sea religión, política o sindicatos - las cosas suceden."



Bridging Science, Policy and Public Health

Music

- Variety of musical influences
 - Native peoples
 - Europe – Spain & Portugal
 - African – trade of African slaves
- Music used as a form of communication
- Types of music
 - Rural Conjunto – Northern Mexico
 - Habanera – Cuba
 - Plena – Puerto Rico

7

What to remember?

- Hispanics/Latinos are not homogeneous
- We share common root to our language, but we may not speak the same language
- We may have the same basic religious doctrine, but we may we the same topic differently
- We eat the same foods, but we may call them something else and we may prepare them differently
- We may play the same musical instrument, but to a different beat
- We may be brown, but we are different shades of brown

8

Social Determinants – What Creates Vulnerabilities to HIV for Latinos? - a snapshot

RJ Shannon
Arizona Department of
Health Services
August 13, 2009

What are Social Determinants of Health?

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

World Health Organization

Why Social Determinants?

- Health Disparities – Health Inequities

Systems of Care

Historical Factors

Social Determinants

Why Social Determinants cont'd

- Removal of stigma
- Explanations for a community's vulnerability to a specific disease or chronic illness
- Increases capacity to prevent and treat disease and chronic illness in a more comprehensive manner
- Increase health equity

What do Social Determinants look like?

❖ Early childhood care

Proper development is crucial during early years

❖ Education

Low income schools often lack resources

❖ Food security

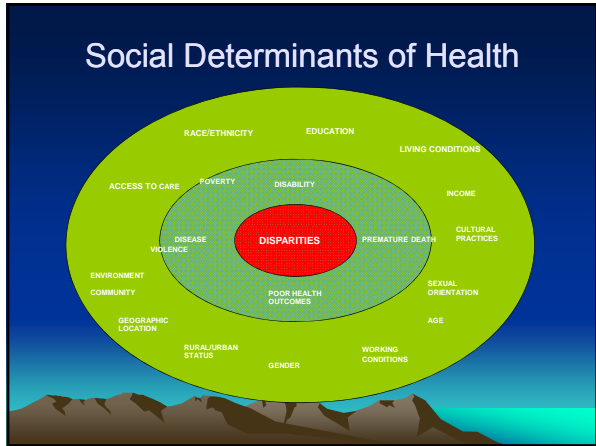
Access to healthy, nutritional food

❖ Housing

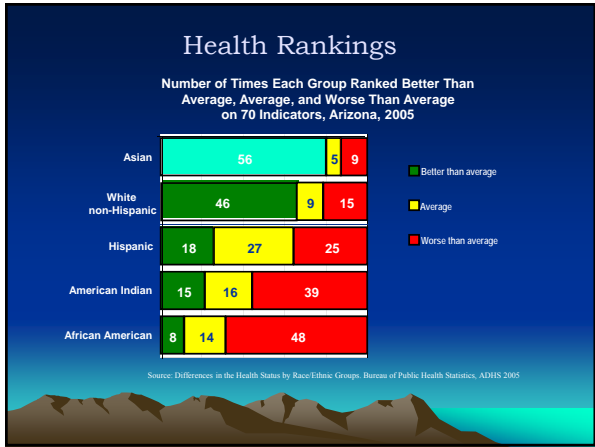
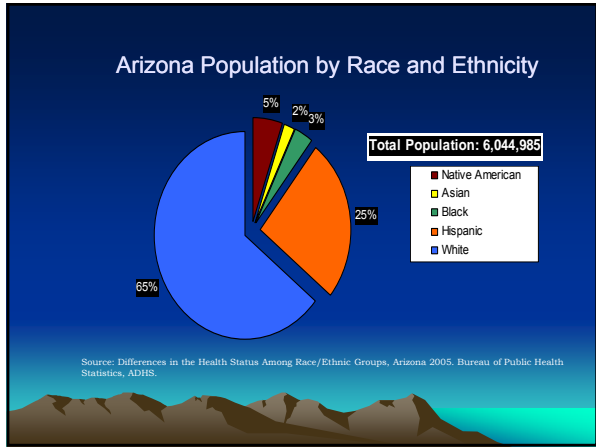
Access to safe housing, free from harmful substances

Social Determinants (cont.)

- ❖ Income inequality
 - More higher incomes, higher poverty rates
 - bigger gap
- ❖ Social inclusion and exclusion
 - Geographical differences between classes
 - resources
- ❖ Employment and job security
 - High unemployment, More part-time employees
 - lack of insurance/benefits
- ❖ Working conditions
 - Hazards, environment, stress



Latinos and Health Outcomes

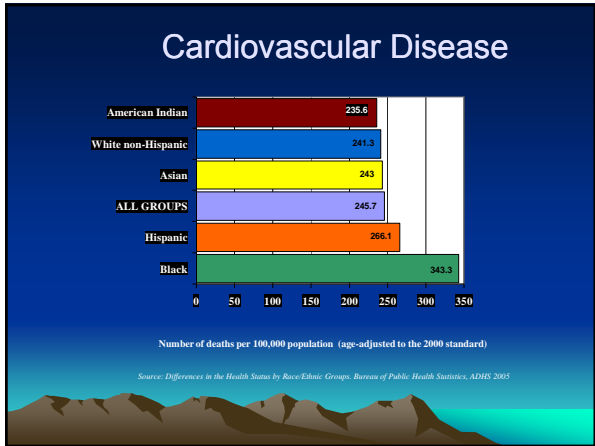


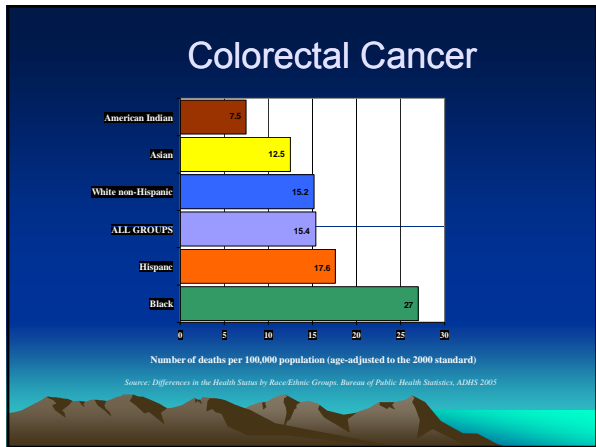
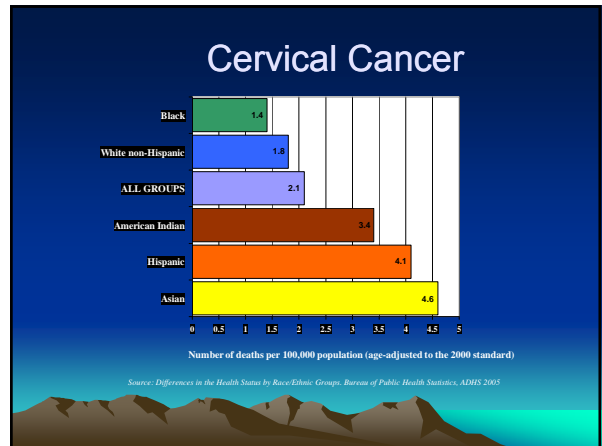
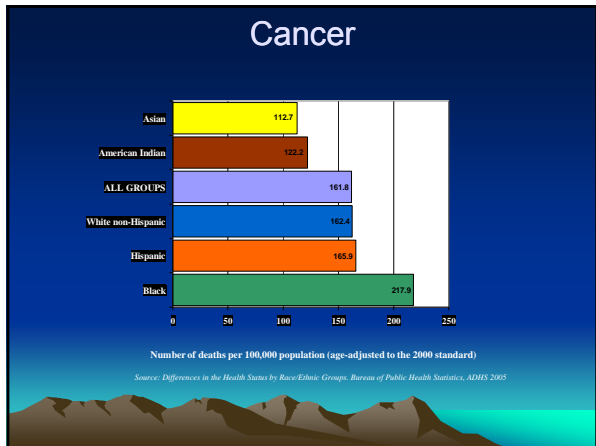
Top 5 Causes of Death by Ethnicity

Mortality Rates for the Five Leading Causes of Death for Both Genders by Race/Ethnicity

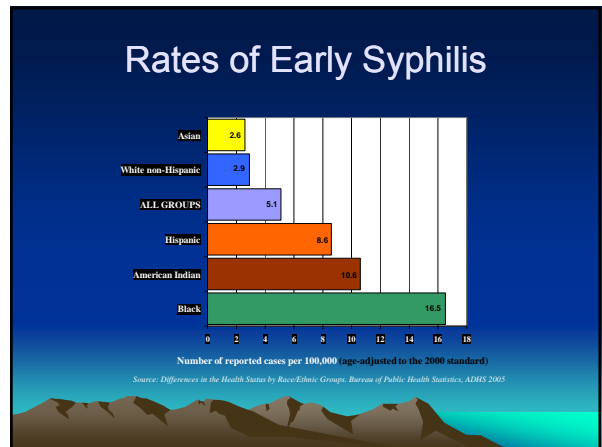
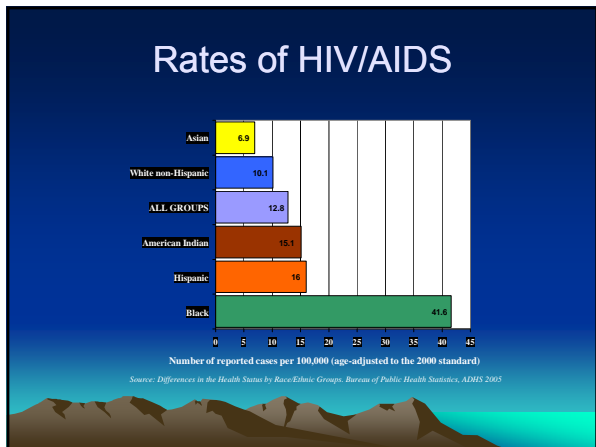
	Disorders of heart 94.7	Disorders of heart 129.4	Disorders of heart 231.9	Disorders of heart 149.8	Disorders of heart 168.8
	Cancer 82.0	Unintentional injury 109.2	Cancer 163.3	Cancer 124.7	Cancer 162.8
	Unintentional injury 19.8	Cancer 83.1	Stroke 78.2	Unintentional injury 22.4	Chronic liver disease and cirrhosis 49.2
	Influenza & pneumonia 21.7	Diabetes 43.9	Unintentional injury 24.2	Diabetes 40.4	Unintentional injury 43.7
	Stroke 18.4	Chronic liver disease and cirrhosis 43.8	Diabetes 43.9	Stroke 37.3	Alzheimer's disease 24.2

*Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.

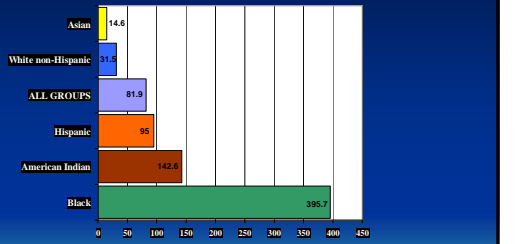




Latinos and Sexual Health Outcomes

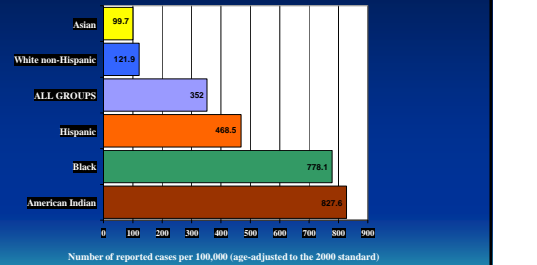


Rates of Gonorrhea



Number of reported cases per 100,000 (age-adjusted to the 2000 standard)
 Source: Differences in the Health Status by Race/Ethnic Groups, Bureau of Public Health Statistics, ADHS 2005

Rates of Chlamydia



Number of reported cases per 100,000 (age-adjusted to the 2000 standard)
 Source: Differences in the Health Status by Race/Ethnic Groups, Bureau of Public Health Statistics, ADHS 2005

Other Social Determinants

Latinos and Education

Table 6: 2003-2004 Enrollment Count, Dropout Count, and Dropout Rate by Race/Ethnicity and Grade^a

Grade Category	White		Hispanic			Native American		African American			
	Enrolled	Drops	Enrolled	Drops	Rate	Enrolled	Drops	Rate	Enrolled	Drops	Rate
7	34354	747	31300	877	2.8%	5395	254	4.7%	4229	129	3.0%
8	33673	610	29547	874	3.0%	5036	703	5.4%	4707	178	3.0%
Total Elementary	68227	1356	60847	1751	2.9%	10431	957	5.1%	8436	304	3.0%
9	40898	1231	34713	2592	7.5%	6917	906	13.1%	4884	370	5.3%
10	38183	1516	30837	2705	8.8%	5774	586	10.9%	4513	273	6.0%
11	35161	1748	27315	2613	10.3%	4655	480	11.3%	3939	308	7.8%
12	34360	2220	24562	3401	13.8%	4038	518	12.8%	3722	373	10.0%
Ungraded Secondary	3443	500	3211	603	18.8%	470	103	21.9%	587	121	20.6%
Total High School	152045	7264	118438	11914	10.1%	20883	2593	12.4%	17645	1345	7.6%
Total All Grades	210272	8620	179285	13665	7.6%	31314	3130	10.0%	26081	1599	6.1%

Arizona Department of Education
Annual Dropout Rate Study - 2003-2004

- ### Latinos and Prison
- According to the AZ Department of Corrections, Latinos are identified as either Mexican Americans or Mexican Nationals – other Latinos are not identified
 - Out of a grand total of 40,542 prisoners, 26.8% are Mexican American and 14.3% are comprised of Mexican nationals = 40% of all those in AZ prisons = greater risk for disease

- ### Latinos and Immigration
- Harshest immigration laws in the country
 - Largest immigration flight in the country = 14% since 2007 = 180,000 to 250,000
 - 64% increase in number of Arizona deportations – 44,376 (2007) to 72,955
 - AZ has 1/5 of total deportations nationwide

AZ Republic, June 30, 2009

Latinos and Poverty

- In 2007, 14.3% of Arizona's pop. lived in poverty
- 18.3% did not have health insurance
- 5.1% of whites live below poverty line compared to 19.7% of Latinos living below the poverty line

US Census Bureau
Applied Research Center 2008

Latinos, Machismo and Homophobia

The study found a statistically significant relationship between machismo and HIV/STD sexual risk behaviors. Latino MSM with high machismo values were over five times more likely to engage in HIV/STD sexual risk behaviors compared to those with low machismo values (OR=5.53, 95%CI =1.85-16.47). In contrast, HIV/STD sexual risk behaviors were not significantly associated with acculturation, discrimination, or homophobia.

- Conclusions: High machismo values are a significant risk factor for HIV and STD sexual risk behaviors in Latino MSM. Culturally competent messaging and appropriate skill building opportunities addressing machismo values should be incorporated into HIV and STD prevention programs that target Latino MSM.

Jacqueline L. Sears, MPH
Dr. Saba Masho, MD, MPH, DrPH

Latinos, Racism and Violence

- Hate Crimes
- Domestic Violence
- Gang Violence

How to incorporate Social Determinants into addressing Health Inequities

- Improve daily living conditions
- Tackle the inequitable distribution of power, money and resources
- Measure and understand the problem and assess the impact of action

World Health Organization

Addressing Social Determinants

- Collaboration
- Community Building and Mobilization
- Building of community capacity
- Research/science/culture
- Fund development
- Cultural competency
- Leadership development
- Evaluation

Link to Local and National Resources

- National Council of La Raza
- Chicanos por la Causa
- Urban League
- Concilio de Salud
- Hispanic Chamber of Commerce
- Medical Professionals
- Ryan White Council
- Community Planning Group of Arizona
- Arizona Public Health Association
- American Civil Liberties Union – Arizona chapter
- NAACP
- Equality Arizona
- NAPWA
- NASTAD
- OMHRC

For more information:

Arizona Department of Health Services

Judy Norton, Chief

James Miller, ADAP

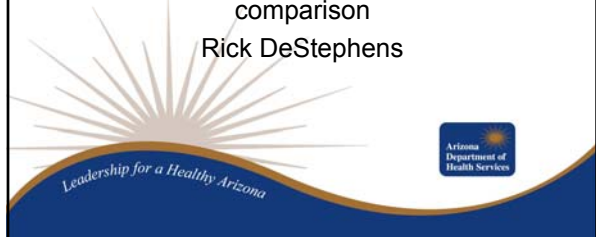
RJ Shannon, Prevention

(602) 364-3610

shannon@azdhs.gov

HIV and Hispanics in Arizona

A national and regional comparison
Rick DeStephens

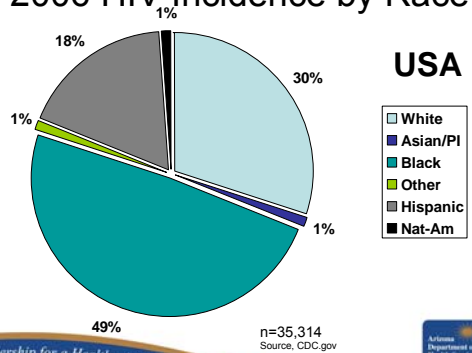


Topics

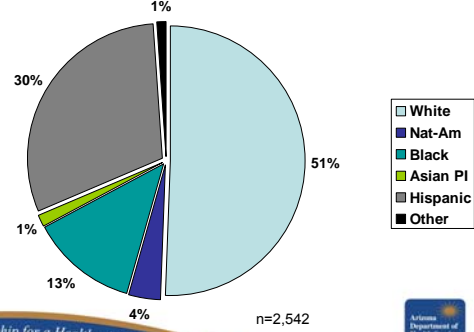
- National HIV Incidence numbers
- Florida/Texas/California
- Arizona



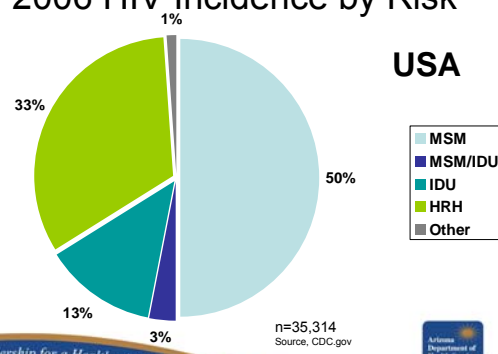
2006 HIV Incidence by Race



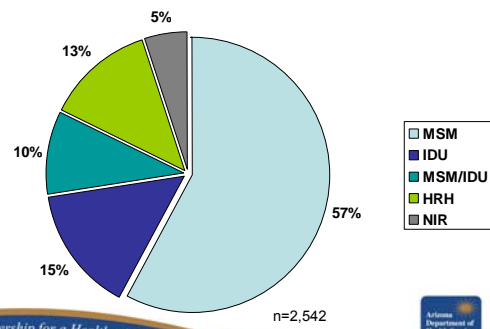
Arizona 2003-07 HIV by Race

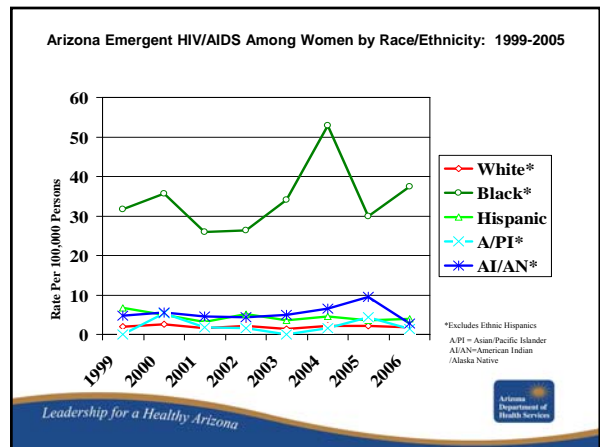
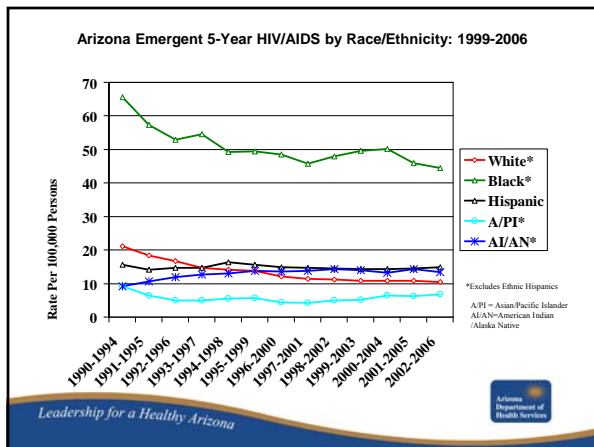
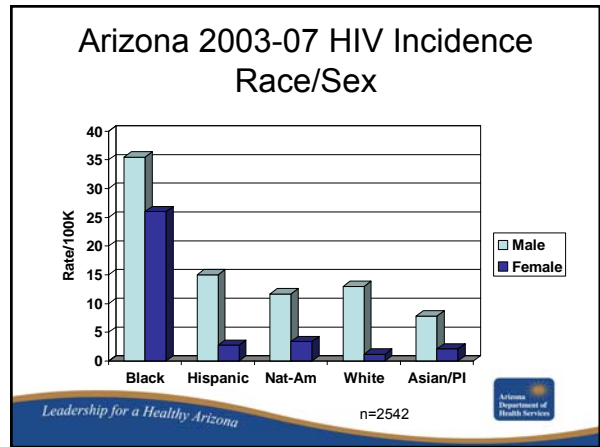
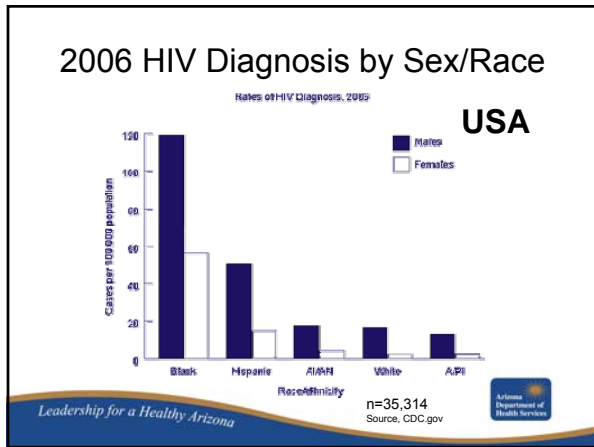
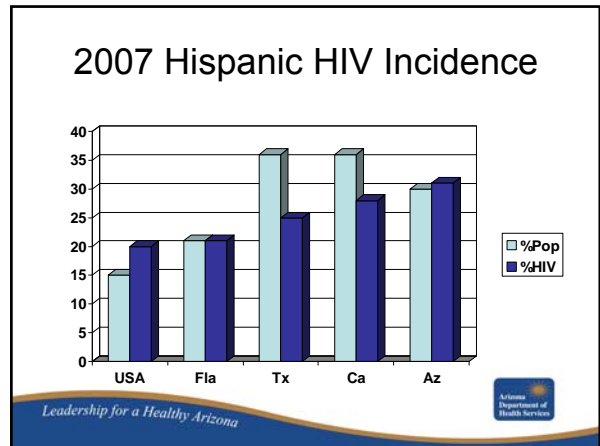
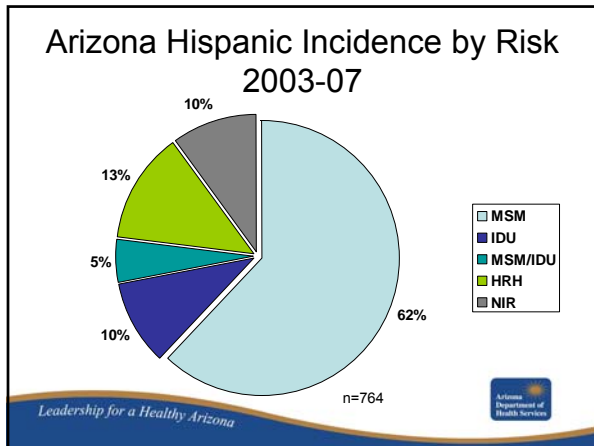


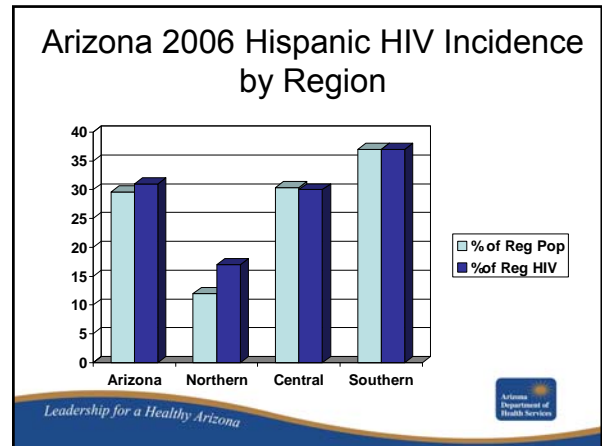
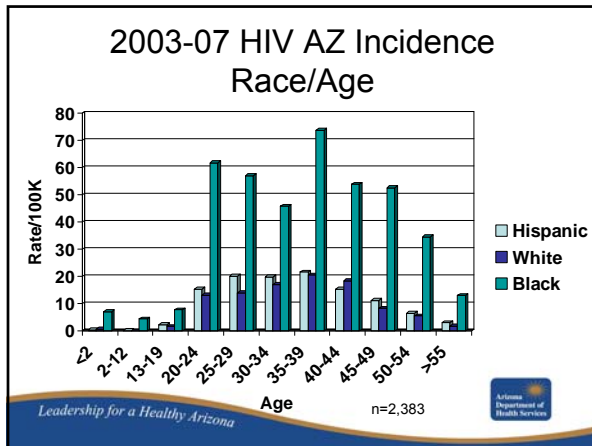
2006 HIV Incidence by Risk



Arizona Incidence by Risk 2003-07







Thank you

Rick DeStephens
602-364-3614

destepr@azdhs.gov

http://www.azdhs.gov/phs/hiv/hiv_epi.htm

Arizona Department of Health Services

Leadership for a Healthy Arizona

Arizona Congenital Syphilis Campaign

August 13-14, 2009
 NASTAD Arizona Adelante Meeting
 Phoenix, Arizona

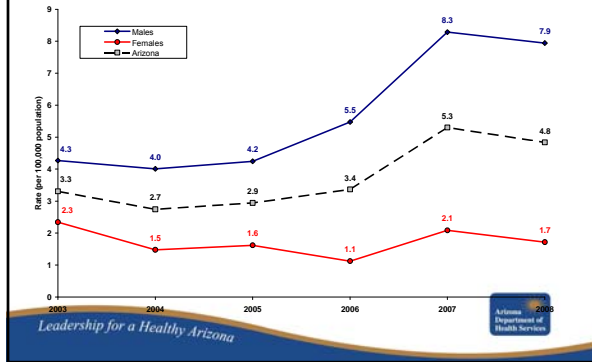


Background

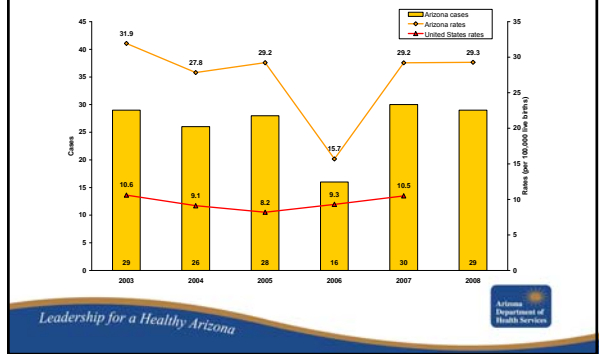
- Arizona ranked #1 in nation for CS rates 2003, 2004, and 2005
- Arizona ranked #4 in 2006 and #2 in 2007
- Missed cases identified from 2006 with cross match study with vital records fetal demise data
- Majority of cases in Hispanic women
- Limited public health initiatives undertaken to educate populations at risk



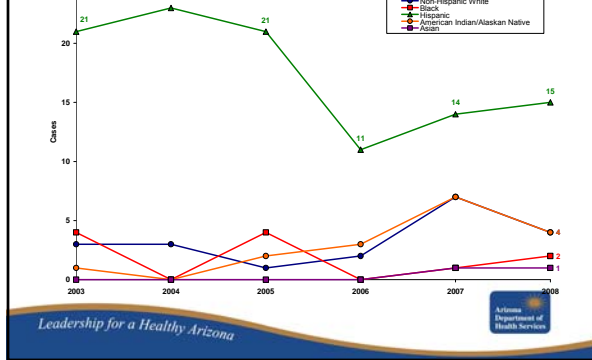
Primary and Secondary Syphilis Case Rates per 100,000 Population by Gender, Arizona 2002-2008



Congenital Syphilis Cases and Case Rates per 100,000 Live Births by Birth Year, Arizona and United States, 2002-2008



Congenital Syphilis (by Birth Year) Cases by Race / Ethnicity, Arizona 2002-2008



Campaign components

- Print advertising
- Outdoor advertising
- Radio advertising
- Website banner
- Television advertising
- Direct mail
- Poster



Your baby is a

G I F T

Protect it. Early treatment of syphilis can help block the chance of serious complications with your baby. Make sure you get early prenatal care and have your doctor test you for syphilis.

Call 800-833-4642 today to be referred for early prenatal care.

Arizona Department of Health Services

Leadership for a Healthy Arizona

Print Ad – Prensa Hispana
ENGLISH

Su bebé es un

REGALO

Protéjalo de la sífilis. El tratamiento temprano en las embarazadas puede disminuir la posibilidad de complicaciones serias en los bebés. Obtenga cuidado prenatal desde el principio y pídale a su médico el examen de la sífilis.

Llame al 800-833-4642 para más información sobre como obtener cuidado prenatal.

Arizona Department of Health Services

Leadership for a Healthy Arizona

Print Ad – Prensa Hispana
SPANISH

Billboard – Phoenix & Tucson
ENGLISH

Your baby is a

G I F T

Protect it from syphilis.

Call 800-833-4642 today to be referred for early prenatal care.

Arizona Department of Health Services

Leadership for a Healthy Arizona

Billboard – Phoenix & Tucson
SPANISH

Su bebé es un

REGALO

protéjalo de la sífilis.
Hágase la prueba al comienzo del embarazo.

Llame al 800-833-4642 para más información sobre como obtener cuidado prenatal.

Arizona Department of Health Services

Leadership for a Healthy Arizona

:15 Radio Spot – Phoenix & Tucson
ENGLISH

If you're pregnant, you could have syphilis and not even know it. Get early prenatal care and get tested for syphilis to reduce the chance of serious complications with your baby. Call 800-833-4642 today to be referred for early prenatal care. Brought to you by the Arizona Department of Health Services.

Arizona Department of Health Services

Leadership for a Healthy Arizona

:15 Radio Spot – Phoenix & Tucson
SPANISH

Puede tener sífilis y no saberlo. Obtenga cuidado prenatal desde el principio y pídale a su médico el examen de sífilis. El tratamiento temprano en las embarazadas puede disminuir la posibilidad de complicaciones serias en los bebés. Llame al 800-833-4642 para más información sobre como obtener cuidado prenatal. Este mensaje traído por el departamento de servicios de salud de Arizona.

Arizona Department of Health Services

Leadership for a Healthy Arizona

Television
AzTeca
America
Channel 41

ENGLISH

Arizona Department of Health Services

Television
AzTeca
America
Channel 41

SPANISH

Arizona Department of Health Services

Every baby is a

G I F T

Help your patients protect theirs.
Remember to test all expectant mothers for syphilis.

Arizona Department of Health Services

Did you know Arizona has one of the highest rates of congenital syphilis in the country?

But you can help. As a healthcare provider, it is important to test your pregnant patients for syphilis. In fact, it is required during their first prenatal visit* and at delivery.** Testing is also highly recommended during the third trimester between 28-32 weeks gestation.**

As you know, if syphilis goes undiagnosed in pregnant women, the results could be devastating – from various deformities to stillbirth or neonatal death. Please help reduce the number of congenital syphilis cases in Arizona. Remember to test all expectant mothers who visit your facility.

Call 602.364.4565 or email [Melanie Taylor, MD, MPH at stopcongenitalsyphilis@azdhs.gov](mailto:Melanie.Taylor@azdhs.gov) for additional information.

Arizona Department of Health Services

Your baby is a

G I F T

Protect it. Early treatment of syphilis can help block the chance of serious complications with your baby. Make sure you get early prenatal care and have your doctor test you for syphilis.

Ask your doctor about getting a syphilis test today.

Poster - In Patient Exam Rooms

ENGLISH

Arizona Department of Health Services

Leadership for a healthy Arizona

Su bebé es un

R E G A L O

Protéjalo de la sífilis. Puede tener sífilis y no saberlo. El tratamiento temprano en las embarazadas puede disminuir la posibilidad de complicaciones serias en los bebés. Obtenga cuidado prenatal desde el principio y pídale a su médico el examen de la sífilis.

Pregunte a su médico sobre el examen de sífilis ahora.

Poster - In Patient Exam Rooms

SPANISH

Arizona Department of Health Services

Leadership for a healthy Arizona

Billboard View from Street



Leadership for a Healthy Arizona



Facilitators

- High rates (development)
- Hispanic predominance (development)
- Governor's Health Crisis Funding (development)
- Community supporters (Concilio, lay community members) (development and implementation)
- Health department staff support (implementation)
- Optimal timing with key staff and monetary resources (implementation)

Leadership for a Healthy Arizona



Challenges

- Concerns of perception of resources allocated to undocumented populations (implementation)
- Limited cultural diversity in health departments may limit initiatives targeting minority populations (implementation)
- "Politics" vs. Public Health (development and implementation)
- Financial (development, implementation, & evaluation)

Leadership for a Healthy Arizona



Evaluation and Next Steps

- Post marketing evaluation plan with material re-print
 - Focus groups
 - Key informant interviews
- CDC community assessment to guide further efforts
- Legislative proposal to increase prenatal testing for syphilis

Leadership for a Healthy Arizona



¡Gracias!



National Latino AIDS Awareness Day



Background on NLAAD

- **National community mobilization and public health marketing campaign**
 - Seeks to bring about improvements in HIV related health practices among Latinos and in turn, health status
 - Spearheaded in 2003
- **Improvements in health status are attributed to:**
 - Raising awareness, promoting HIV testing, disseminating prevention strategies and connecting Latinos to crucial health care services.



Background on NLAAD cont'd

- October 15th was designated as NLAAD, culminates the celebration of Hispanic Heritage month.
- Represents a call to action to Latinos/Hispanics across the country to protect the ones you love by getting tested for HIV.

NLAAD STRUCTURE

1. **National campaign implemented at the local level**
 - **Goal:** Tailor campaign to match local needs; local partners know community best
 - Highlights need to build an organization's capacity so they in turn can implement campaign messaging at the local level
2. **Planning committees:**
 - A. **National:**
 - Comprised mainly of health departments, CBOs and medical providers
 - Completely grassroots - community buy-in is essential
 - Opportunity to help guide campaign's direction, messaging (based on local needs)
 - Identify local needs thereby identifying TA and CBA needs
 - Trainings such as working with religious communities, rural communities, media outlets, working with Latinos when staff does not speak Spanish

NLAAD STRUCTURE cont'd

B. Local:

Goal: Establish local planning body infrastructure so that local NLAAD planning committees become an organizing mechanism that stay in place the whole year

- Build and strengthen an organization's capacity and ability to foster and sustain local planning bodies
- Leverage resources
- Strengthen community response

Concilio NLAAD Phoenix Committee

- Organized in 2003
- Work with local agencies to bring awareness to the Hispanic community in Phoenix
- Partnered with the Mexican consulate as part of the BI-National Health Week
 - Utilize Bi-National Health Week as a mechanism to raise awareness
 - Culminate activities with a big event on the 15th

Concilio NLAAD Phoenix Committee

- **Challenges:**
 - **Funding** is the greatest challenge for our agency
 - Have gone from low funding to no funding
- This year the State has taken the lead to organize an event in which we will participate and support as much as we can.

Concilio NLAAD Phoenix Committee

- Local committee is composed of volunteers CBOs and other government agencies.
 - TERROS, Ebony House, Chicanos Por La Causa, Maricopa Co. Health department, Southwest center for HIV (Body Positive), AZ Dept of Health, Hispanic Media and the Mexican consulate

NLAAD Core Elements

- **National campaign implemented at the local level.**
 - NLAAD partners are able to use all campaign messages/images and tailor them to address specific community needs.
- **National Planning Committee:**
 - Convene via conference call
 - Comprised of organizations that are involved in planning NLAAD events
 - Religious institutions, CBOs, medical providers, departments of health, universities, chambers of commerce, student groups, PLWAs, elected officials
 - Forum for collaboration, networking, sharing best practices

NLAAD Core Elements Cont'd

- **Materials and trainings are provided**
 - **Technical assistance**
 - One on one coaching sessions, navigating the web, translation, editing materials, disseminating information
 - **Capacity building assistance**
 - Connection with other CBA providers across the country, trainings via conference calls; webinars, invite "experts" to be on conference calls

NLAAD Core Elements Cont'd

- Website serves as a resource sharing, event publicizing, material providing and networking mechanism for all NLAAD partners
- Media outreach on a national a level
 - Emphasis placed on generating media buzz/news stories that have a local angel
 - NLAAD partners are assisted and trained on working with media outlets

The screenshot shows the NLAAD website interface. At the top, there's a banner for "OCTOBER 15" with the slogan "United we can: HIV/AIDS Stops here. Prevention starts with us." Below the banner is the NLAAD logo and navigation links: HOME, ABOUT US, PARTNERS, CONTACT, ESPAÑOL. A secondary navigation bar includes REGISTRATION, PLANNING, RESOURCES, PARTICIPANTS, MEDIA, and EVENTS. The main content area is divided into several columns:

- NLAAD Updates:** A section with a photo of a woman and text about new communication tools for HIV testing.
- ¡DESPIERTA! ¡TOMA CONTROL! ¡HAZTE LA PRUEBA DEL VIH! WAKE UP! TAKE CONTROL! TAKE THE HIV TEST! ¡DESPIERTA! ¡TOMA CONTROL! ¡HAZTE LA PRUEBA DEL VIH! TAKE THE HIV TEST!** A large, bold call to action.
- NLAAD 2009 NEEDS YOU! Submit your NLAAD 2009 theme and poster ideas!**
- ANNOUNCEMENTS:** A section titled "President Obama Releases Statement, Video Urging U.S. Residents to Get Tested For HIV." with a photo of President Obama.
- Free HIV testing fact sheets available!** A section with a photo of a person.
- EVENT SEARCH:** A search bar with "Event Search" and "Search" buttons.
- CALENDAR 2009:** A calendar icon for October 15th.
- HIV OF THE DAY:** A section asking "Have you participated in an NLAAD event this year?" with radio buttons for "Yes" and "No".

The screenshot shows a website page for an event titled "HIV COUNSELING AND TESTING CERTIFICATION FOR BILINGUALS" in New Orleans, LA. The page includes sections for the organizer (Miss Al Garcia), event location (1512 Common St), and a registration form with fields for name, email, and phone number. A video player is visible at the bottom of the page.

NLAAD Website event listing

Measuring NLAAD's effectiveness: Evaluation

- **Online survey:**
 - Event organizers complete this survey online
 - Information on activities, testing events, and participant demographics is collected
 - Data has been collected since 2005
- **Street Intercepts:**
 - Asses awareness of campaign (messaging, images, the date itself, action steps taken as a result of campaign)
 - Conducted with general Latino public before and after NLAAD
 - 2006 was first year they were utilized
 - Atlanta, DC, El Paso and Houston

2008 NLAAD Key Evaluation Results: Street-intercepts:

- Out of the 145 that reported awareness of NLAAD 106 answered this question.
 - 73% reported taking some type of action.
 - The highest percentage of action behaviors taken by the respondents was:
 - Discussing HIV with others (51%)
 - Getting tested (40%).

2008 NLAAD Key Evaluation Results: Street-intercepts:

- Of those that heard of NLAAD, 40% reported that they got tested as a result.
- 65% of those that reported being aware of the campaign also reported having gotten tested for HIV at some point in their lives,
- 38% of those unaware of the campaign reported being tested for HIV at some point in their lives

Measuring NLAAD's effectiveness: Evaluation

- **Media Analyses**
 - Contextual/citation analysis
 - Information collected since 2005
- **Focus groups**
 - Conducted at National Conferences
 - Concept Testing
 - Conducted since 2006

2008 NLAAD Highlights

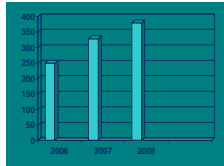
- NLAAD solidified support from 380 partners who together, organized 160 events in 101 cities across the United States, Puerto Rico, and the U.S. Virgin Islands in 2008.
- NLAAD efforts were covered by more than 4,000 media outlets including websites like msn.com, aol en español, myspace, facebook, MtvThink and the NLAAD website www.nlaad.org.
 - The use of social networking sites serves as a mechanism for reaching new audiences and places special emphasis on reaching youth

2008 NLAAD Highlights Cont'd

Strengths:

1. Increase in the number of NLAAD participants:

- 2006: 250
- 2007: 329
- 2008: 380



2. Key Partnerships at the National Level:

- National Alliance of State and Territorial AIDS Directors
- Kaiser Family Foundation & Univision:
 - Yo Soy...Spanish-language PSAs

2008 NLAAD Highlights Cont'd

Strengths:

2. Key Partnerships at the National Level:

- Planned Parenthood Federation of America
- National Awareness Days Cross Coordination Group
- National Latino AIDS Action Network
- Congressional Hispanic Caucus

3. Organizing mechanism that serves as a catalyst beyond October 15th and stays in place for the whole year:

- Bay Area National Latino AIDS Awareness Day
- Minnesota National Latino AIDS Awareness Day
- Los Angeles – NLAAD
- Metropolitan Latino AIDS Coalition
- Philadelphia NLAAD



Health Fair



Cultural celebration



NLAAD Spotlight on website

Concilio NLAAD Phoenix Committee

- In cooperation with other participating agencies we have tested at least 100 people every year.
- Our community is responding more each year:
 - "33 a su lado" with Univision:
 - 4 hr. time frame
 - received over 300 calls:
 - questions about getting tested
 - specific questions about the virus

Concilio NLAAD Phoenix Committee: Media Release

For Immediate Release
10/13/08

Contact: David Aguirre
Tel: 602-380-6133

MEDIA ADVISORY

QUE: Concilio Latino de Salud Inc. Anuncia que el día 15 de octubre del 2008 es el día Nacional Latino de Concientización del VIH / SIDA. Es un día de esperanza para un futuro sin el VIH / SIDA. Para atraer conciencia a esta epidemia, Concilio Latino de Salud Inc. en colaboración con otras agencias estará proveyendo exámenes de VIH / SIDA GRATIS.

Las agencias participantes son: TERROS, Ebony House, Native Health and Maricopa County Department of Public Health.

DONDE: Phoenix AZ

CUANDO: Octubre 15 del 2008

QUIEN: Para mas información, comuníquese con: David Aguirre en Concilio Latino de Salud Inc. Al número de teléfono, 602-380-6133

"Unidos podemos: Detengamos al VIH / SIDA. La prevención empieza con nosotros"

Concilio NLAAD Phoenix Committee: Event Pictures



Youth Peer leaders



Concilio NLAAD Phoenix Committee: Event Pictures



Concilio NLAAD Phoenix Committee: Event Pictures

Story Board



Concilio NLAAD Phoenix Committee

- Rising awareness in the community:
 - Provide resources and information
 - Utilize connection with local media partners, local bars, hairstyling salons, grocery stores, flea markets and health fairs.
- High visibility in areas where Hispanics/Latinos shop, socialize and are present
 - Maintain year long and constant contact

Important role of health departments and CBOs in planning local NLAAD activities

Request for support:

1. Foster support and collaboration with local CBOs and HDs in planning local activities
 - Increase in the number of health departments and community based organizations that are involved in the planning and event implementation process
 - Dissemination of NLAAD campaign Information
 - Word of mouth
 - Media
 - Collection of NLAAD event information

Important role of health departments and CBOs in planning local NLAAD activities

Request for support:

2. HIV testing centers and resources
 - Need to further integrate existing HIV testing sites with local awareness day activities
 - Becoming an HIV testing certified site
 - Trainings and more information are needed
 - Additional testing resources needed
3. Additional resources needed:
 - Condoms, Spanish-language educational materials, need for more Spanish-language media tools (PSAs, documentaries, educational videos)

THANK YOU! /Questions?

David Aguirre
Concilio Latino de Salud Inc.
546 E. Osborn Rd. suite 22
602-285-0970
daguirre@concilio.org

Liliana Rañón, Director,
National Latino AIDS Awareness Day,
Latino Commission on AIDS
212-584-9322
Iranon@latinoaids.org

For more information please visit us on the web at: www.nlaad.org