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The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the nation’s chief state health agency staff who have programmatic responsibility for administering HIV/AIDS and viral hepatitis healthcare, prevention, education, and supportive service programs funded by state and federal governments.

In collaboration with the National Coalition of STD Directors (NCSD), NASTAD issued its Statement of Urgency: Crisis Among Gay Men calling for increased investment (financial and human) and leadership to address the HIV/AIDS epidemic among gay men/MSM of all races and ethnicities. In 2011, NASTAD concluded a year-long collaborative study with OAR/NIH and released a report titled, A Travers de Nuestros Ojos (Through Our Eyes): Promoting Health and Social Equity to Address HIV/AIDS among Latino Gay Men. The report summarizes the findings of a qualitative study in 12 jurisdictions that investigated responses of health departments and community-based organizations to the HIV/AIDS crisis among Latino gay men in the U.S. The report generates key themes to assist and inform effective federal, state and local public health responses to HIV/STDs among these men.

Building on these efforts, NASTAD convened a meeting titled, Advancing the Research Agenda: A Latino Gay Men/MSM Think Tank, on June 25-26, 2012 at the Washington Court Hotel in Washington, DC. With support from the Office of AIDS (OAR) Research at the National Institutes of Health (NIH), this meeting brought together a diverse group of researchers, health department staff, and federal partners to review current studies focusing on Latino gay men (LGM) and other men who have sex with men (MSM) and explore new opportunities that build upon the ongoing work to address the unique and unmet research needs of this population.

The meeting provided a space to share the findings of the report and highlight the unique and unmet HIV/AIDS research information needs of Latino gay men/MSM (e.g., HIV testing patterns, linkages to care and treatment, utilization of social networks, workforce development, and influence of acculturation and country of origin on knowledge and accessing services). Meeting participants developed and prioritized a research agenda for Latino gay men/MSM to further advance the National HIV/AIDS Strategy (NHAS) goals of reducing HIV incidence, improving access to care and health outcomes, and reducing HIV-related health disparities.

Meeting goals were to:

- Examine the challenges and barriers health departments and communities face in developing and administering effective programs targeting LGM/MSM
- Provide a platform for participants to share strategies and lessons-learned around the implementation of effective HIV/AIDS programs targeting LGM/MSM
- Provide opportunities for collaboration among a cadre of stakeholders, including program implementers, academic scholars, researchers and social justice leaders
• Develop recommendations for technical assistance tools (e.g., information, resources, guidelines) to increase the ability of health departments to establish collaborative relationships with community-based organizations (CBOs) and other relevant stakeholders
• Discuss next steps and new approaches to furthering the research agenda for LGM/MSM
• Support the recommendations outlined in NASTAD’s seminal documents, including: Latino Policy Document, Call to Action, Latino Gay Men Report and Statement of Urgency
• Support the vision, goals and implementation of the National HIV/AIDS Strategy
Appendix 1 – Meeting Agenda

Washington Court Hotel
Grand Ballroom II

Monday, June 25

8:00 a.m.–9:00 a.m. Registration *(Continental Breakfast)*

9:00 a.m.–9:30 a.m. Welcome Remarks
Murray Penner, *Deputy Executive Director*
National Alliance of State and Territorial AIDS Directors (NASTAD)

Dr. Jack Whitescarver, *NIH Associate Director for AIDS Research and Director for AIDS Research*
National Institutes of Health (NIH)

Francisco Ruiz, *Senior Manager*
NASTAD, Health Equity

9:30 a.m.–10:15 a.m. Introductions and Expectations
Frank Beadle de Palomo, *Consultant*
Social & Scientific Systems, Inc.

10:15 a.m.–11:30 a.m. *Cultura y la Sociedad: Examining the Intersectional Realities of Resilience and Oppression*
*How do the realities of being gay and Latino impact the lives of Latino men, and how can a research agenda lead to a paradigm shift? This opening session explores the intersection of resilience and oppression, and its role in research.*

Dr. Edgar Rivera Colon, *Founder and Director*
Praxis/Kairos Community Research and Mobilization Consultants

11:30 a.m.–12:45 p.m. Lunch *(on your own)*
12:45 p.m.–2:15 p.m.  **Past, Present y Futuro: State of HIV/AIDS Research**
*Given the expectations of the National HIV/AIDS Strategy, this session will examine HIV/AIDS research efforts at the various levels: federal, academic, and community.*

Dr. Grant Colfax, *Director (invited)*
White House, Office of National AIDS Policy

Dr. Bill Kapogiannis, *Program Director*
NIH, Adolescent Medicine Trials Network for HIV/AIDS Interventions

Dr. Scott Rhodes, *Professor*
Wake Forest University, School of Medicine

Erik Valera, *Director*
Latino Commission on AIDS, Latinos in the Deep South

2:15 p.m.–2:30 p.m.  **Break**

2:30 p.m.–4:00 p.m.  **Putting Together the Pieces: Researching Across Intervention Areas**
*This session will focus on exploring different research areas. In smaller breakout groups, scholars will discuss research through four lenses.*

| Structural | Behavior |
| Community | Clinical/Biomedical |

Dr. Diana Hernandez, *Assistant Professor*
Columbia University, Department of Sociomedical Sciences

4:00 p.m.–5:00 p.m.  **Todos Somos Familia: Supporting Strategic Partnerships**
*In building a Latino Gay/MSM Research Agenda, who are the critical partners? During this session, panelists will share lessons learned and discuss strategic partnerships to build and sustain its efforts.*

Dr. Frank Galvan, *Director*
BIENESTAR, Research and Evaluation

Evelyn Williams, *Consultant*
Black Gay Research Group

David Acosta, *Coordinator of Prevention Programs*
Philadelphia Department of Public Health

5:00 p.m.–5:30 p.m.  **Recap of the Day/ Breakout Report**
Tuesday, June 26

8:00 a.m.–9:00 a.m.  Registration (Continental Breakfast)

9:00 a.m.–9:30 a.m.  Review of Day/ Breakout Report

9:30 a.m.–10:15 a.m.  Thinking Outside the Box and Beyond the Border: Synergizing Research Across the United States, Latin America, and the Caribbean

This session will facilitate a discussion on how to leverage research in the region and internationally.

Dr. Sonya Caffe, Regional HIV/STI Prevention Advisor
Pan American Health Organization

Luis Javier Hernandez, Assistant Director
Health Initiatives of the Americas
University of California, Berkeley, School of Public Health

10:15 a.m.–10:30 a.m.  Break

10:30 a.m.–12:00 noon  Sí, Se Puede: Developing HIV/AIDS Research Agenda for Latino Gay Men PART I

Based on the discussion of the Think Tank meeting, this session is devoted to drafting a research agenda for Latino gay men in the United States.

Francisco Ruiz, Senior Manager
NASTAD, Health Equity

Isaiah Webster III, Manager
NASTAD, Prevention

12:00 noon–1:00 p.m.  Lunch (on your own)

1:00 p.m.–2:30 p.m.  Sí, Se Puede: Developing HIV/AIDS Research Agenda for Latino Gay Men PART II

2:30 p.m.–3:00 p.m.  Next Steps and Closing Remarks

3:00 p.m.  Adjourn
WELCOMING REMARKS

Murray Penner, Deputy Executive Director of the National Alliance of State & Territorial AIDS Directors (NASTAD), welcomed participants to this meeting on behalf of NASTAD. He explained that this was a historic time to visit Washington, DC, because:

- The Supreme Court was about to announce its rulings on the Arizona immigration law and the Affordable Care Act, both of which affect the populations served by participants in this meeting.
- The Presidential election happening in November will have a profound impact on policy at the federal, state, and local levels.
- The National HIV/AIDS Strategy of the Office of National AIDS Policy has resulted in changes that could help reduce new infections and produce an AIDS-free generation.

NASTAD has a long history of addressing the needs of gay men, including Latino gay men, through programs and policies that promote health equity, and this meeting would build on this earlier work.

Dr. Robert Eisinger, Director of Science and Program Operations at the NIH Office of AIDS Research, noted that the incidence of HIV infection is increasing among the Hispanic/Latino community, especially among MSM. NIH supports basic and clinical biomedical, behavioral, and social science research. All of these types of research are relevant to addressing the AIDS epidemic in different communities and populations. Although NIH resources are tight, Dr. Jack Whitescarver, Director of the Office of AIDS Research, has identified Latino MSM as a priority for the NIH AIDS research program. The office will work with the other NIH Institutes and Centers to ensure that resources are made available to move this research agenda forward.

Francisco Ruiz, Senior Manager of Health Equity at NASTAD, explained that this meeting would bring together representatives from different parts of the country and different types of organizations (i.e., state and local health departments, research institutions, federal agencies and national and community-based organizations). He added that Latino gay men need to be a major focus of new policies and funding streams related to HIV/AIDS and must not simply be an afterthought. This meeting would begin the process of developing an action-oriented research agenda for Latino gay men. The organizers would share this agenda with NIH but hoped that participants would also share this agenda with each other because NIH cannot implement the agenda on its own, and many other organizations, including health departments will have important roles in bridging research and public health practice.
INTRODUCTIONS AND EXPECTATIONS

Frank Beadle de Palomo facilitated the meeting. He explained that the purpose of this meeting was to create not only a physical document but also a network of people who work together to implement and promote the agenda. Participants identified the issues important to the Latino MSM research and public health agenda:

- Identifying activities that can be implemented rapidly
- Engaging local communities in HIV testing and prevention
- Developing a new generation of scientists that is well equipped to conduct the types of interdisciplinary research needed to advance the research agenda, including community-based participatory research
- Building on Latino cultural strengths that can help fight the AIDS epidemic
- Combatting stigma, discrimination, social injustice, and oppression
- Translating research findings into practice
- Expanding access to care for Latino gay men
- Expanding community participation in research
- Increasing understanding of the value of including Latino gay men in research agendas
- Understanding the factors that influence HIV transmission
- Using research to strengthen communications with Latinos
- Understanding the social and cultural factors that increase Latino gay men’s vulnerability to HIV infection
- Understanding the similarities and differences between Latino and other gay men

CULTURA Y LA SOCIEDAD: EXAMINING THE INTERSECTIONAL REALITIES OF RESILIENCE AND OPPRESSION

Dr. Edgar Rivera-Colón, President and Founder of Praxis/Kairos Community Research and Mobilization Consultants, opened his presentation with a video clip of an interview with author James Baldwin. When the interviewer asked Baldwin to discuss his challenges as a “Black, impoverished homosexual,” Baldwin replied, “I thought I’d hit the jackpot. It was so outrageous; you had to find a way to use it.” This interview highlighted the intersecting influences of heterosexism, racism, sexism, and other forms of oppression on Baldwin’s experiences. Latino gay men have similar issues, facing white racism in the gay community and heterosexism or homophobia in the Latino community.

The Baldwin interview also demonstrates the importance of resilience, or the ability to overcome the negative effects of exposure to risk and cope with traumatic experiences. The participants in this meeting were examples of resilience because they had overcome many intersectional barriers as Latinos; lesbian, gay, bisexual, or transgendered (LGBT) people; immigrants; women; or members of working-class families to become leaders in their communities. Public health interventions need to build on existing reservoirs of resilience in communities using intraventions, or activities conducted and sustained within communities, instead of interventions led by external groups that focus on deficits.

According to Dr. Rivera-Colón, participants in this meeting would need to create a national research agenda on Latino gay men by setting aside false humility and affirm that they are national leaders in
the field. In the current time of crisis, instead of acting quickly and impulsively, this group needed to take the time to ensure that every step proposed was intentional and strategically sound. Ideally, this group would create not only a Latino gay men’s research agenda but also a national Latino gay research group.

Discussion

Several participants expressed support for using intraventions to address HIV/AIDS in Latino gay men. The many strengths of Latino communities have contributed to the successes of these communities, and these strengths should be examined systematically. However, Latino communities need both intraventions and interventions. Dr. Rivera-Colón agreed that interventions should not be abolished but creative tensions between interventions and intraventions are needed.

According to a participant, this meeting provided a rare opportunity to focus on an HIV/AIDS research framework based on community strengths. Too often, funders expect researchers to propose research based on “toxic ways of thinking about” Latino communities. The focus on resilience within the research frame was “brilliant,” but the task now was to determine how to affect changes in research politics that will support the use of intraventions. Dr. Rivera-Colón said that the Latino gay men’s research group he had proposed offers one mechanism to make the needed changes.

A participant pointed out that Dr. Ronald Stall at the University of Pittsburgh is one of many researchers focusing on asset-based approaches. However, very little of this research has addressed Latino gay men/MSM.

Breakout Groups

Participants formed three breakout groups to identify community assets that could serve as the basis for a Latino gay men/MSM research agenda and to discuss how to build such an agenda. After the entire group reconvened, representatives from each breakout group summarized their discussions.

Group 1: Taking a strength-based perspective was surprisingly difficult for Group 1, but the group did identify the following strengths that could serve as the basis for a Latino gay men/MSM research agenda:
- Diversity within communities
- Intersectionality of community experiences
- Availability of research on Latino communities in a wide range of social, scientific, and humanities arenas
- Opportunities provided by meetings like this one for representatives of different areas of expertise and generations to work together
- Multiple languages that members of Latino communities speak
- Humor
- Social business models that can be aligned with public health research
- Digital literacy of young people
- Community-based organizations (CBOs) as training resources
- Personal and professional mentorship provided by participants in this meeting and many other community members
- Role of literature in helping young people imagine their future selves
Group 1 also recognized the urgency of conducting research and approaches for combating HIV/AIDS in Latino gay men/MSM and disseminating the results quickly.

**Group 2:** Group 2 identified the following needs to advance the Latino gay men/MSM research agenda:

- Work within the broader society
- Learn from the experience of other similar research collaborations
- Break down silos
- Better articulate and use the community’s strengths
- Increase opportunities for collaboration, especially for new researchers

**Group 3:** Group 3 emphasized the need to:

- Ask good research questions and include the community in all stages of the research
- Use community-based participatory research and qualitative approaches as examples of how to include the community’s voice in diverse ways
- Use existing models
- Build on community strengths
- Identify intersections between Latino and other cultures
- Bring in faith-based organizations, community health centers, and social businesses
- Understand the perspectives of Latino gay men/MSM and the systems in which they function
- Develop a stronger workforce to implement programs in cultural competent ways

**PAST, PRESENT Y FUTURO: STATE OF HIV/AIDS RESEARCH**

**NIH Research to Address HIV/AIDS in American Youth**

Dr. Bill Kapogiannis, Program Director of the Adolescent Medicine Trials Network at the Eunice Kennedy Shriver National Institute of Child Health and Human Development, explained that NIH provided almost $150 million in funding for HIV/AIDS research programs among children, adolescents, and young adults in 2010, including:

- Pediatric HIV/AIDS Cohort Study Adolescent Master Protocol, which evaluates the effects of perinatally acquired HIV infection and its treatment in preadolescents and adolescents
- Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN), which studies primary prevention in uninfected youth and treatment regimens and management strategies in HIV-infected youth in 14 sites across the United States
- International Maternal Pediatric Adolescent AIDS Clinical Trials Group, which evaluates drug interactions, metabolism, and adherence in HIV-infected youth
- HIV prevention Trials Network, which evaluates non-vaccine interventions to prevent HIV transmission in youth and adults
- Microbicide Trials Network, which evaluates microbicides in at-risk male and female youth in collaboration with the ATN

Future steps for HIV/AIDS research in youth at NIH include behavioral and biomedical prevention strategies in youth; novel strategies to promote education and testing for minority youth; and evaluation of strategies to prevent substance use, sexually transmitted diseases (STDs), and other risk factors for HIV infection. NIH will also increase access to care and improve health outcomes.
for people with HIV by supporting the evaluation of novel therapeutic strategies for HIV and its associated complications in youth, develop youth-friendly interventions to support adherence, and study the long-term consequences of new drug therapies.

**HIV Prevention among Latino MSM: Research to Meet Community Priorities**

Dr. Scott Rhodes, Professor of Social Sciences and Health Policy at Wake Forest University, commented on the dearth of evidence-based behavioral HIV prevention interventions for Latino gay men/MSM. He added that in the Southeast, which is disproportionately affected by HIV/AIDS and other sexually transmitted diseases, many Latinos have less education, have arrived more recently, and are less acculturated than those who immigrated to other parts of the country in the past.

A community-based participatory research partnership developed *Hombres Manteniendo Bienestar y Relaciones Saludables* (Men Maintaining Wellbeing and Healthy Relationships), an HIV prevention program for heterosexual Latino men that used soccer league representatives as *navegantes*, or lay health advisors. The partnership subsequently developed *Hombres Ofreciendo Liderazgo y Apoyo* (HOLA; Men Giving Leadership and Support), which trains *navegantes* to harness the strength of gay men's friendship circles by providing information to their friends on HIV and local services; changing health-compromising norms of what it means to be an immigrant, a Latino man, and a gay man in the Southeast; and training new *navegantes*. *HOLA en Grupos* is testing a small-group intervention to:

- increase knowledge about HIV and STDs
- increase condom use
- develop safer sex negotiation skills
- reduce adherence to traditional notions of masculinity and fatalism as well as homonegativity.

Dr. Rhodes recommended informing research on Latino gay men/MSM through authentic partnerships of community members, organizational representatives, and academic researchers. The research should be built on assets, be relationship and intimacy positive, focus on sexual health across the life course, reach large numbers of people, and include a plan for sustainability. Studies also need to address macro-level social justice issues, including discrimination and oppression, as well as a broad range of policies (e.g., immigration, access to services, and gay rights).

**Partnerships between Researchers and CBOs**

Erik Valera, Director of Latinos in the Deep South for the Latino Commission on AIDS, explained that the Latinos in the Deep South program is designed to build local leadership, develop networks and coalitions, enhance knowledge and cultural competency, and spur action to address the needs of Latino/Hispanic populations in the deep South. The program goals are accomplished through capacity building, community organizing, leadership development, and networking initiatives. Mr. Valera works with CBOs which can reach communities in ways that academic institutions cannot. CBOs need to partner with medical organizations and academic researchers to ensure that uninfected people do not become infected and provide linkages to care.

Mr. Valera mentioned that CBOs need protection based on similar ethical principles to those used by institutional review boards (IRBs) to protect human subjects in research. He further stated that researchers often come to a community, conduct a study, and then leave and CBOs never hear
from them again. CBOs and academic institutions need to strengthen partnerships that they can sustain over the long term. Mr. Valera suggested that researchers work to help CBOs build capacity to conduct their own research and analyze their data in new ways. He ended by stating that all partnerships with CBOs must be aligned with these organizations’ missions.

Discussion

It was mentioned that the Centers for Disease Control and Prevention (CDC), NIH, and other federal partners recently published updated Principles of Community Engagement.

A participant stated that sometimes, sources of resilience are perceived as weaknesses. For example, residential segregation among African Americans is often the result of policies prohibiting African Americans from living in certain neighborhoods. In contrast, Latinos often choose to live in Latino neighborhoods to be near people who speak the same language and have similar backgrounds. People who experience residential segregation as a result of a deliberate choice and not because of discrimination often have a more positive experience.

A participant pointed out that as many CBOs around the country close their doors due to the medicalization of HIV prevention, the time is now for research institutions and CBOs to form partnerships that will enable CBOs to enter new phase of HIV prevention. In this new era, community members will still need spaces to come out as well as cultural and other nonmedical services. Mr. Valera said that CBOs need help building their capacity to work with researchers and researchers need to help CBOs build the capacity to form these relationships.

Dr. Rhodes reported that he and his partners grew their projects gradually. Approximately 40–50 percent of these projects’ direct costs go to CBOs, which is one way to ensure that the researchers and CBOs share power equally. However, the funds for these projects make up a large proportion of the CBOs’ budgets and this creates inequalities because CBOs depend on the researchers for funding.

A participant stated that interventions are needed for people who are negotiating their sexual identities and who do not necessarily decide that they are gay. Another approach is to avoid asking men to identify their sexual partners but, rather, whether they engage in certain risky behaviors, such as using alcohol, that are sex partner neutral. These types of approaches can increase rates of self-reporting of sexual behaviors.

PUTTING TOGETHER THE PIECES: DEVELOPING A LATINO GAY MEN/MSM RESEARCH AGENDA ACROSS DISCIPLINES AND KEY INTERVENTION AREAS

Dr. Diana Hernández, Assistant Professor of Sociomedical Science at Columbia University, recommended that participants read NASTAD’s report, A Través de Nuestros Ojos (Through Our Eyes): Promoting Health and Social Equity to Address HIV/AIDS among Latino Gay Men. This report is based on focus groups with health department and CBO staff members, community leaders, and Latino gay men/MSM. These groups discussed health department and CBO responses and collaborations to the HIV/AIDS crisis among Latino gay men.
Dr. Hernández asked participants to form breakout groups to discuss three intervention modalities: structural, biomedical, and behavior. Each breakout group was asked to discuss what needs to be learned about Latino gay men/MSM, what research needs to be done, how to translate research findings into communities and public health practice, and what capacities are required to do what needs to be done.

Although many group members thought that they should develop a research agenda quickly because the need is urgent, others cautioned that the group should take time to think the agenda through. Many participants were frustrated by the fact that although research has identified many effective interventions, too many people are not tested and providers lack cultural competence. Therefore, determining the key issues on which to focus and attacking these issues in a thoughtful way will be critical.

**TODOS SOMOS FAMILIA: SUPPORTING STRATEGIC PARTNERSHIPS**

**Developing Strategic Partnerships for Promoting a Latino Gay/MSM Research Agenda: Guiding Principles and Examples from Bienestar’s Experience**

Dr. Frank Galván, Director of Research and Evaluation at BIENESTAR Human Services, Inc., provided several examples of community-based participatory research at Bienestar. A line staff worker at BIENESTAR who was conducting HIV testing generated the idea that led to a study to determine whether “bundling” an HIV test with other tests for alcohol problems, drug dependence, and depression increased the number of Latino gay men/MSM taking an HIV test or identified more Latino gay men/MSM as HIV positive. The researchers offered either the HIV test alone or the bundled tests through a mobile van to Latino men at three gay bars in Los Angeles. Similar proportions of men accepted the HIV test only or the bundled tests and the proportions of men with a positive HIV test result following the HIV test only or the bundled tests were not significantly different.

In a second study initiated by an idea from a line staff member, almost 40 percent of 450 day laborers at six day labor sites in Los Angeles reported having been propositioned for sex by another man while seeking work or after being hired. Of the 171 men who had been approached for sex, 16 reported having engaged in sex with those men, primarily for economic reasons. Most had penetrative anal sex with their solicitors and few reported consistent condom use.

Dr. Galván stated that Latino cultural constructs and concepts affect attitudes and behaviors and therefore need to be integrated into research collaborations in order to better understand them. It is also important to weave these constructs and concepts into relevant programming for Latino gay men and MSM. An example of this is Proyecto VIDA, a study of the association between two Latino conceptualizations of masculinity—machismo, or hyper-masculinity with a focus on individual power, and caballerismo, or a focus on social responsibility and emotional connectedness—and self-reported HIV medication adherence during the previous week. The study found that HIV-positive men who endorsed caballerismo were much more likely to report 100 percent HIV medication adherence and less internalized HIV stigma than those who endorsed machismo.
History of the Black Gay Research Group

Evelyn Williams, Consultant for the Black Gay Research Group, explained that the group began with a meeting of Black gay men—including researchers, CBO representatives, and community activists—on a Saturday in December 2001. The meeting was an informal conversation about Black gay men and research.

Ms. Williams continued to organize meetings on a regular basis. During these meetings, group members considered many ideas, including the formation of a Black gay research community and the need for a holistic approach to gay men’s health and a focus on issues beyond HIV. The group also developed several conceptual anchors for group members to champion, including:

- Providing a home for Black gay men who were conducting research to support each other
- Creating partnerships between researchers and CBOs to help CBOs systematically collect data and evaluate their programs
- Encouraging young Black gay men to pursue an academic research career as well as mentoring them

The group began organizing research summits that grew larger over time. In 2007, the group published a Black gay men’s research agenda. In 2008, the group created a formal structure that included leadership that includes a chair, co-chair, secretary, and treasurer. All group members continue to serve in a volunteer capacity.

Health Department Perspective

David Acosta, Coordinator of Prevention Programs at the Philadelphia Department of Public Health, said that the HIV/AIDS field has relied too much on behavioral interventions that have a limited reach. For example, many providers spent a great deal of time recruiting men for the CDC’s Many Men, Many Voices project but the intervention did not reach many men. Although the intervention might be effective, it did not have the impact that the CDC had anticipated.

He stated that the Philadelphia Health Department encourages CBOs to develop their own interventions. These interventions must be based on behavioral theory, have specific goals and objectives, and include an evaluation plan.

Mr. Acosta offered several insights based on his experience with research. For example, many research projects pay clients to participate. As a result, clients expect payment for participating in studies, and this makes studies expensive. Furthermore, research has collected data and developed knowledge and tools for 30 years, and what is needed now are collaborations between researchers and CBOs that benefit both parties.

Mr. Acosta offered a case example to show that providers do not need to wait several years for research to be completed before developing strategies that can be used in the type of emergency that Latino gay men and MSM are experiencing today. In this example, an intervention requiring 10 or more sessions was not feasible in a pediatric hospital that was striving to engage young people in care. Providers were frustrated as well. Within three months, the providers developed a well-thought-out program to engage at-risk teens in care and their program addressed many goals in the NHAS.
**Discussion**

Dr. Victoria Cargill of the NIH Office of AIDS Research announced that a member of the Black Gay Research Group received one of the first HIV Prevention Trials Network scholarships from NIH for early-career minority investigators. NIH has issued a call for applications for the next round of scholarships, and Dr. Cargill encouraged Latino scholars to apply for this award.

A participant reported that research in Ghana and other African countries has been presented at Black Gay Research Group’s research summits. The group’s experiences with research in Africa could inform future research in Latin America. International research on Latino gay men/MSM is important because Latinos are transnational.

A participant commented that all partners in community-based participatory research have important contributions to make. In true partnerships, learning is bidirectional and no partner has all of the answers.

A participant stated that when multidisciplinary groups come together, frustration can arise because each person needs to understand how the others approach the questions that the group is considering. In addition, an issue that is urgent for one person might not be urgent for another. Group members need to become literate in each other’s ways of engaging with the issues.

A participant pointed out that although Dr. Galván had offered examples of research projects that had resulted from the ideas of line staff members, pursuing line staff research ideas can be challenging in many CBOs. The hierarchies within CBOs do not usually allow flexibility in implementing interventions or conducting research, and line staff rarely have opportunities to talk directly with researchers. Dr. Galván explained that BIENESTAR encourages dialogue and collaboration between staff members and researchers. When the organization collaborates with an academic institution to submit a grant proposal, the organization consults line staff members who work with the relevant populations.

**DAY 2: JUNE 26, 2012**

**PUENTES ENTRE VECINOS: LATINO AND CARIBBEAN ACTIVITIES AT AIDS 2012**

Mr. Ruiz encouraged participants to attend the various activities being organized for Hispanic/Latino and Caribbean communities at the XIX International AIDS Conference (AIDS 2012) taking place July 22–27, 2012, in Washington, DC. He mentioned that the overall theme for the activities would be *PUENTES ENTRE VECINOS/Bridges between Neighbors*. Activities would include:

- **Embajadores (Ambassadors) Program**, a program identifying Latino leaders who will be posting blogs in English, Spanish, and Portuguese throughout the weeklong conference and organizing conference hub activities post-conference

- Latino/Hispanic HIV Community Research Forum: *Creando Una Red Para Un Futuro Sin VIH/ SIDA*, an affiliated event taking place on Sunday, July 22, prior to the start of the conference that will feature community-based participatory research on prevention, outreach, testing, and treatment
• *Nuestra Guía*, an English and Spanish Latino and Caribbean guidebook highlighting conference sessions and events that focus on Latino/Hispanic and Caribbean communities

• Latino Caribbean Diaspora Collaborative Networking Zone, a space in the Global Village of AIDS 2012 that will feature HIV/AIDS community programs from the Caribbean, Central America, Mexico, South America, and the U.S. as well as panel discussions, scientific posters, presentations, films, and cultural performances

• *Nuestra Noche de Acción*, a networking reception of the National Latino AIDS Action Network (NLAAN) and the Black AIDS Institute taking place on Tuesday, July 24 at Lost Society

**THINKING OUTSIDE THE BOX AND BEYOND THE BORDER: SYNERGIZING RESEARCH ACROSS THE UNITED STATES, LATIN AMERICA, AND THE CARIBBEAN**

**Advancing the Latino Gay Men/MSM Research Agenda: A United Nations Perspective**

Dr. Sonya Caffe of the Pan American Health Organization (PAHO) explained that her organization is the regional office of the World Health Organization (WHO) for the Americas. The activities of the Pan American Health Organization include second-generation surveillance surveys, operational studies of interventions and the effects of policies on programs, and partnerships in joint research agendas. For example, the organization helps countries analyze their HIV testing data and adapt strategies based on their evidence.

PAHO developed a training tool for providers on men’s health, HIV, and sexual diversity and an MSM blueprint that led to empowerment and mobilization efforts for clients and partnerships with CBOs to better serve these men. Other relevant activities include special studies on homophobia and bullying in schools and on young MSM, HIV, and sexual health. The organization has a special focus on people who are young, poor, or both as well as sexual or racial/ethnic minority populations.

Because of the bidirectional mobility of gay men/MSM across the region, Dr. Caffe suggested that studies focus on the entire region, including the Caribbean, Latin America, and the U.S. Information generated from the U.S. can benefit countries of origin and vice versa. She stated that opportunities for natural experiments exist to determine the experiences of Latino gay men/MSM in their home countries and in the U.S.

**Shared Populations, Complementary Strategies: Binational Approaches to Improve Immigrant Health**

Luis Javier Hernández, Assistant Director of the Health Initiatives of the Americas at the University of California, Berkeley, pointed out that Latino migrants come from different countries; migrate for different reasons; have different cultures, socioeconomic backgrounds, levels of education, and occupation; speak different languages; and have different health risks. The effects of migration extend beyond migrants to their populations of origin, communities in their places of transit and destination, and later generations. Migration is traumatic for many reasons, including separation from family, changes in the cultural environment, homelessness, poverty, and social isolation.

Mr. Hernández noted that the Health Initiative of the Americas develops innovative strategies
to reduce health disparities among migrant populations in research, service provision, training, and public policy. The initiative’s Research Program on Migration and Global Health sponsors multidisciplinary studies by teams of Mexican and U.S.-based researchers to improve the health of migrant populations. The program has funded several HIV/AIDS studies, including a study on HIV and STD risk factors among Mixteco-Zapoteca men who migrate within Mexico and to the U.S. Other initiative activities are:

- **Binational Health Week**—Brings together representatives of federal and state agencies, CBOs, and volunteers to lead an annual weeklong series of health promotion and health education activities
- **Ventanillas de Salud (Health Windows)**—Health care outreach programs at consulates that provide health information, screening tests, and referrals to health care programs.
- **Binational Promotores Program**—Training, conferences, and exchanges for community-based health workers on migration and health

Mr. Hernández emphasized the importance of not just translating materials from English to Spanish or another language, but also of developing culturally and linguistically appropriate materials for different communities. Furthermore, involving people from beyond the border in efforts to address the needs of Latino MSM/gay men is critical.

**Discussion**

A participant asked for more information on some of the Health Initiative of the Americas programs. Mr. Hernández explained that **Ventanillas de Salud** began 12 years ago through a massive health outreach campaign at Mexican consulates in the U.S. At that time, remittances from migrants were a major source of income for Mexico, so the Mexican government was facing pressure to take care of its migrants in the U.S. On average, 400 migrants visit the Mexican consulate in San Francisco every day, providing an opportunity to inform them about health. Today, 51 consulates from seven Latin American countries conduct health outreach activities in the U.S. These consulates provide health information year round through a private office, health information booth, or desk. Dr. Galván added that BIENESTAR has done some HIV testing in consulates in Los Angeles and another group is doing testing in consulates in New York City. Some of these programs organize health fairs or events outside the consulate and some programs offer screening on site.

Mr. Hernández explained that the Research Program on Migration and Global Health provides grants to researchers to conduct studies but does not do its own research. One of the initiative’s programs is collaborating with the government of Zacatecas, Mexico, to develop health campaigns for and research on people from Zacatecas in the U.S.

A participant commented that people like Dr. Caffe and Mr. Hernández will play important roles in developing a research agenda for Latino gay men/MSM. Funding research in Mexico and other countries will be an important part of the agenda. Furthermore, the research agenda must extend beyond Latino gay men because other researchers, including researchers from other countries, have an important part to play in the agenda.

A participant wondered how to communicate with indigenous populations from the Americas who do not speak Spanish and who do not have a word for “HIV” in their language. Mr. Hernández said that programs use existing networks of indigenous populations to communicate with these groups.
In response to a question about the role of transgender individuals in MSM research, Dr. Caffe replied that efforts are ongoing in the Caribbean to improve access to HIV health services for sexually diverse men, including transgendered men. Training programs in the region address transgender health and have brought in a Caribbean transgendered man to speak to health care workers and break down barriers. A colleague of Dr. Caffe’s in El Salvador has created a blueprint for health workers and CBOs on transgender health in Latin America. Dr. Caffe added that approaches to transgender health differ by region.

A participant commented that in addition to providing evidence-based recommendations, guidelines can identify research and capacity gaps. For example, guidelines can identify who requires training and how much funding is needed. Dr. Caffe agreed, commenting that the WHO has developed “rapid advice” documents that summarize the existing evidence and remaining research gaps. In its guidelines, the WHO indicates which recommendations are and are not based on strong evidence.

**SI SE PUEDE: DEVELOPING HIV/AIDS RESEARCH AGENDA FOR LATINO GAY MEN**

**Questions and Themes from Day 1 Breakout Group Discussions**

Isaiah Webster, Manager of Prevention at NASTAD, explained that NASTAD staff had identified the following major questions pertaining to Latino gay men/MSM from the previous day’s discussions:

- **Behavioral:**
  - What and how are social networks influencing health decisions?
  - How do place and mobility interact with the meaning of sexual practices among Latino gay men/MSM and/or non-normative gender?

- **Structural:**
  - What is the effect of structural conditions on the interaction between non-normative gender and sexuality expression?
  - How to assess health care access for Latino MSM as it relates to policies and laws (e.g., patients/providers, misinformation, ecological model)?

- **Biomedical:**
  - How to integrate biomedical interventions into existing behavioral and structural interventions?
  - What do people/providers think and believe about all of these mechanisms (e.g., pre- and post-exposure prophylaxis)?

NASTAD staff also identified the following themes from the breakout group discussions:

- Social/sexual networks
- Assessment of current practices—program evaluation
- Intravention/intervention development
- Community inclusion
- Cascade of care
- Global connections
- Transnational ties and issues
- Laws and policies
- Workforce development
- Resiliencies
• Health literacy
• Sexual identities and gender expression

Discussion of Major Questions and Themes

Group members wondered whether “social networks” in the first question refer to formal or informal networks. The group also discussed the meaning of “non-normative gender” in the second question, suggesting that this term might refer to the identities of people who are not usually captured by funded research, including transgender individuals and masculine women who identify as men. Dr. Hernández suggested that the group should avoid dwelling on the precise meaning of each question for the time being. Instead, participants should identify important issues that are not captured by the questions and themes above.

A participant suggested rephrasing the first “biomedical question” as “What are the behavioral aspects of making a biomedical approach work?” People living with HIV need options for obtaining the care they need, improving their lives, and preventing the spread of HIV/AIDS. Ensuring that people living with HIV obtain care is critical to having a population-wide impact on the epidemic among Latino gay men. Behavioral interventions are needed along with biomedical interventions to facilitate frequent testing for Latino gay men, as well as care initiation and retention. Mr. Ruiz explained that the intent of the original version of this question was to explore the connection between biomedical and behavioral approaches. A participant commented that the relationship between biomedical and behavioral interventions is a “two-way street.” Behavioralists need to integrate clinical or biomedical interventions into their behavioral interventions, and clinicians need to include behavioral interventions in their work.

The group agreed to take a holistic approach to Latino gay men’s health issues and not focus only on HIV/AIDS. For example, the research agenda could address the side effects of medications or the health disparities that Latino gay men/MSM face.

A participant said that the group needs to consider how to sustain existing programs. Many jurisdictions that are doing good prevention work are at risk of losing their prevention resources and this could eliminate much of the infrastructure that the group might plan to tap into for its research agenda. What infrastructure will remain after the current funding cuts end? What can be done to ensure that the existing infrastructure will stay in place? In the future, the number of CBOs is likely to decline and community health centers will take on more HIV/AIDS work. The group needs to address these changes as it develops its research agenda.

A discussion ensued about whether the group should focus on the bottom line of how to reduce HIV/AIDS incidence and, thus, morbidity and mortality, by identifying people living with AIDS and ensuring that they receive care. According to this view, the focus should be on the research agenda needed to produce better public health outcomes for Latino gay men. The way to do this is to identify people with HIV and ensure that they receive the care they need. Also, because many AIDS-service organizations in the Latino community and other communities are losing funding from traditional sources, they need to change their approaches or close their doors. Many community health centers will take over the work of the CBOs, and research will need to identify best practices for AIDS-service organizations, ways to reach Latino men living with HIV, the roles that public health centers can play, and how to train physicians and nurses to offer testing and linkages to care.
These are not the only questions for the research agenda but they should be central questions to advance public health outcomes for Latino gay men.

A counterargument was that the bottom-line approach would make the group move too quickly without taking the time to think the agenda through. Addressing the needs of Latino gay men/MSM will take time, and several different people need to review the same lists of issues and provide input into the agenda. Developing an agenda that is truly inclusive will require doing justice to the different stakes of all of the groups that are interested in the research agenda. Some group members are more interested in existential questions, such as what it means to live in a time of AIDS as a Latino gay man; whereas other members of the group thought that the focus should be on outcomes.

A participant argued that it will not be possible to “treat our way out of [the HIV/AIDS epidemic in Latino gay men/MSM], ‘vaccine’ our way out of it, or ‘behavior’ our way out of it.” Several layers of strategies will be necessary. The first layer will consist of stakeholders, including the community of Latino gay men/MSM, the people who love and care for these men, and the agencies that fund services for the men. The second layer consists of the short-, mid-, and long-range goals. The group had begun to identify these goals, but the list cannot be generated overnight. Short-term goals might include expanding the number of Latino investigators. A final layer is an assessment of what has and has not worked in the past, along with a look forward because the problems addressed today will be different in the future.

Group members agreed that they would need to accept some disagreement about certain issues. Participants have different stakes and perspectives, and these differences must be acknowledged.

Mr. Ruiz summarized the discussion thus far by noting that group members had expressed a sense of urgency in addressing the health needs of Latino gay men/MSM but the group was only beginning the process of developing its research agenda. The agenda will include different perspectives and methods and it will be addressed to several different audiences.

Mr. Beadle de Palomo commented that the research agenda has a clear public health component. The title of the meeting does not refer to HIV/AIDS, the federal government, or research. Although HIV/AIDS is today’s major public health concern in the Latino gay men/MSM community, the focus could shift tomorrow to hepatitis, diabetes, or other health issues. The research agenda will also need a community-building component and a focus on infrastructure, services, and public policy. Participants needed to keep in mind the many approaches that have been tried for the past 30 years without ending the HIV/AIDS epidemic in any community.

Identifying Additional Agenda Items and Discussion

Participants identified additional items (which could be statements, recommendations, or questions) for the Latino gay men’s research agenda for discussion.

Mr. Ruiz and Mr. Beadle de Palomo asked the group to comment on the ideas that had been posted on the walls. A participant pointed out that the research agenda should identify activities that do not work and do not need to be done any more.
Data

A participant commented on the need to identify the latest epidemiological data on the HIV/AIDS epidemic among Latino gay men/MSM. These data should be separated by the characteristics of these men, including age, home country, and where they live. These data can help the group identify gaps.

A participant commented on the importance of analyzing data on the HIV/AIDS epidemic in Puerto Rico and addressing the lives of people living with HIV in Puerto Rico. For a long time, federal agencies have not separated out data on Puerto Ricans from data on all U.S. territories or all Hispanics. The research agenda that this group develops should address the impact of being Puerto Rican on MSM and the need to collect data on this population.

Transgender

Another participant commented that the themes identified did not address the needs of transgender individuals. Should transgender individuals be addressed as part of the focus on Latino gay men/MSM or should they be addressed separately? Funding agencies’ review panels often do not believe that separate interventions are needed for Latinos or African Americans, let alone transgender individuals. If this group decides that transgender individuals need specific interventions, it will need to make the case for the importance of these interventions.

A participant suggested that the group interrogate the borders of the concept of Latino “MSM.” This label might implicitly exclude some people who share some features with Latino MSM, and these individuals were not at the table. By any measure, transgendered men and women are at high risk, have little access to services, and are rarely the focus of research or programs. If the group decides to exclude transgender individuals from its agenda, it needs to do so consciously and explicitly.

Corrections

A participant said that the group’s research agenda should address people in settings in which sex might happen, such as correctional facilities.

Breakout Groups on Themes, Audiences, and Next Steps

Mr. Beadle de Palomo asked participants to form three breakout groups to focus on one of the following activities:

- Group similar themes identified throughout the meeting together
- Identify the audiences for the research agenda and additional areas of experience or expertise that need to be represented in this group
- Identify next steps for this group

After the larger group reconvened, a representative from each group summarized the group discussions.

**Group 1:** The themes identified by the first breakout group and the categories that the group used to cluster these themes are provided in Appendix B. The group included research methodologies under
resiliencies because resilience provides a helpful framework for research. The group also identified research gaps, such as the need for information on specific populations, including Latinos in the South, migrants, and transgender individuals. Many of the themes could have been clustered into more than one category.

**Group 2:** The second group identified audiences for the research agenda on Latino gay men/MSM and other organizations that should be invited to join this group. Other participants added a few items to Group 2’s lists.

The audiences for the research agenda were:
- Funders (including CDC, NIH, United Nations, and foundations)
- CBOs
- Advocacy organizations
- Biomedical experts
- Pharmaceutical companies
- Public health departments
- Legislators
- Major universities
- Professional associations

The following organizations should be represented in the group that develops the research agenda:
- Latino caucuses and advocacy organizations
- Federally qualified health centers
- Biomedical experts
- Health care providers
- Pharmaceutical industry representatives (perhaps at a later stage)
- Members of the community of Latino gay men/MSM
- Representatives of youth groups, migrant workers, and transgendered people; consulates; and faith-based organizations
- Ethicists

A participant mentioned that legislators would probably not be part of the group that develops the research agenda, but some of their staff members might be able to contribute to the group. In addition, institutes, such as the Congressional Hispanic Caucus Institute, do advocacy work for legislators and could be invited to join this group.

**Group 3:** The third breakout group identified the following next steps:
1. Create a detailed document describing the research agenda as well as a shorter executive summary
2. Organize a meeting of group members who attend AIDS 2012 and enable group members not in attendance to participate by teleconference
3. Recognize that developing a research group will take time, group members are only starting to learn how to work together, and the process will need to be “fluid and open”
4. Create a virtual presence for the group to help members stay in touch

Every member of the group should identify some documents to create an intellectual archive that could be posted on the group’s website.
NEXT STEPS AND CLOSING REMARKS

Mr. Ruiz thanked participants for taking the time to participate in this meeting. Other leaders who had been unable to come to this meeting would be invited to join in future activities. Mr. Ruiz thanked the Social & Scientific Systems staff and consultants for their assistance in planning and facilitating the meeting and preparing the meeting summary. He planned to organize a meeting of this group at AIDS 2012, as well as teleconferences for all group members.
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ADVANCING THE RESEARCH AGENDA: A LATINO GAY MEN/MSM THINK TANK

Participant Survey Highlights (based on eleven completed surveys):

- Seven of the 11 surveys that were completed, via SurveyGizmo, by meeting participants identified themselves as researchers (64 percent). The remaining meeting participants that completed the evaluation survey equally represented medical care providers, health department administrators, community service providers and other, federal, with one each.

- The majority of meeting participant survey respondents indicated that the meeting goals were clear (73 percent). A minority of survey respondents (27 percent) indicated that the meeting goals were “somewhat” met. None of the meeting evaluation respondents provided additional comments regarding the clarity of the meeting goals.

- Despite the clarity of the meeting goals, only 55 percent of the meeting participant evaluation respondents (n=6) answered “yes” to the question of whether the meeting goals were met. The remaining survey respondents indicated that the meeting goals were only “somewhat” met. No additional comments were provided to further explain the participants’ answers.

- In general, the meeting participants rated the agenda items as either “very helpful” or “helpful”. Putting Together the Pieces: Researching Across Intervention Areas and Todos Somos Familia: Supporting Strategic Partnerships received the most favorable rating of “very helpful”, with 73 percent and 82 percent, respectively. The meeting sessions entitled, Cultura y la Sociedad: Examining the Intersectional Realities of Resilience and Oppression and Thinking Outside the Box and Beyond the Border: Synergizing Research Across U.S., Latin American, and the Caribbean were both rated the lowest with respondents indicating that the sessions were “very helpful” (56 percent), “helpful” (33 percent) and “neutral” (11 percent). Since there was not the opportunity to provide additional comments it is difficult to interpret why a particular agenda item was rated a particular way.

- Overwhelmingly the participants felt that their input was valued and heard during the meeting. Although only nine of the 11 meeting evaluation respondents answered this question, all said “yes” to the question.

- There was more variation in participants responses to the question, “Did the meeting agenda and facilitation provide adequate time for discussion?” Thirty-six percent (n=4) said “yes”, 30 percent (n=3) said “somewhat” and 10 percent (n=1) said “no”. Three respondents provided additional written comments to this question:
  - It brought up more questions, very important and worthwhile, but it demonstrates the importance of creating a sustainable group.
  - It would have been nice to have a little more time for the discussions. The moderator did a fantastic job keeping meeting on track. Perhaps having less presentations would have given a bit more time for discussions but I also recognize that being this a first meeting it is difficult to predict and balance what things were going to evolve.
  - We needed a less structured agenda and more time for discussion since the group was new and would eventually meet again.

Appendix 4 – Meeting Evaluation Highlights
The additional feedback strongly supports the need for less presentations and more open discussion among meeting participants. These comments are useful for subsequent meetings with this group.

Meeting participants did provide additional comments to be considered when developing a research agenda for Latino gay men/MSM, as well as, general comments. Overall the comments were very favorable. The comments also provide additional insight and suggestions for future meetings and group engagement:

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everything was very well covered.</td>
</tr>
<tr>
<td>Thank you for hosting this important meeting.</td>
</tr>
<tr>
<td>We need to integrate stakeholders from faith-based communities that work with LGM. We also need to discuss alternative funding forms for our work like social business models.</td>
</tr>
<tr>
<td>It was not completely clear to me how the information from the Think Tank would be used.</td>
</tr>
<tr>
<td>This was one of the best meetings I have attended. I often feel that I go to meetings to learn (and share) but don’t get a lot out of it. This meeting was VERY insightful, certainly builds lots of important bridges, and established an initial foundation for next steps (which are surely to be key in Latino health!)</td>
</tr>
<tr>
<td>I think the input from all participants would have been greater if the facilitator had done forced go-arounds where everyone had to say something. Although this is a time-consuming practice, it would have increased the amount of perspectives on the table and help with buy-in. Also, it would give people who are more shy of public speaking something of a structured space to express their ideas, thoughts, and concerns.</td>
</tr>
<tr>
<td>This meeting was one of the most productive and interesting meetings that I have ever attended. Also very well organized and timed. Kudos to Francisco and all the NASTAD team!</td>
</tr>
</tbody>
</table>


IDEAS IDENTIFIED BY PARTICIPANTS FOR INCORPORATION INTO THE RESEARCH AGENDA ON LATINO GAY MEN/MSM

Social and Economic Justice
- Human rights
- Social change
- Laws and policies
- Assess social determinants of health among Latino MSM
- HIV/AIDS incidence/prevalence reduction as an issue of health/social justice
- Assess the role of stigma caused by sexual/gender identity of health status (i.e., HIV) in the health of Latino MSM
- Address/reduce stigma and discrimination (specifically in the medical setting?)
- Empowerment by means of education and socioeconomics to improve health outcomes
- Transportation to and from services
- Stigma and secrets
- Social/sexual networks
- Sexual identities and gender expressions
- Immigration
- How to develop and evaluate access to prevention and care service across the migration cycle for migrant Latino gay men in the United States
- How do migration and acculturation impact self-concept and ultimately self-efficacy for Latino MSM?
- How do the shape, conditions, and dynamics of local, regional, and transitional social networks influence health decisions across the life course?
- Global connections–transnational ties/issues
- Public policy: develop/identify pathways to residency or legal citizenship, i.e., processes
  - Political refugee/asylum and education
  - Create access to health
  - Care for immigrants
  - Build public advantage case
- How to maximize access to HIV prevention/treatment among undocumented Latino MSM

Resilience
Research and Methodology
- A research agenda that indicates:
  1) Resolved issues
  2) Issues common to Latino MSM and other humans (not unique to MSM)
  3) Issues unique to Latino MSM
- Methodologies to identify resiliencies in subgroups to facilitate assets-based approaches
- Develop new models and methods
- Deconstruct notion of “risk” to see how it fails us
Incorporate culturally and linguistically appropriate tools for hard-to-reach/vulnerable populations (migrants/indigenous youth, etc.) and mobilize the community to impact public policy (more funding for strategies and cure, etc.)

- Foregrounding intellectual and political legacies of mobilization
- Community member, organizational representative, and academic research partnerships
- Archiving (remembering) gay Latino/MSM forms of resistance and creative imagination
- Assessment of current practices program evaluation
- Gay Latino male “social literacy”
- Becoming fluent in ways of seeing and knowing
- Intravention-based research and policy advocacy
- How to ensure systematic and consistent dissemination of research findings

**Workforce Development**

- Capacity building
- Expanding research capacity
- Research as a workforce development opportunity
- CBO research/capacity evaluation
- Social business model for Latino gay men/MSM CBOs and funding from federal/local help
- Developing the new generation of Latino researchers capable of interdisciplinary research, sustain them as they advance in the careers and assume leadership positions
- Developing methodologies for recruitment and retention of Latino gay men and their communities in research

**Community Inclusion**

- Faith-based communities
- On a structural level, how do we engage community entities that have been resistant to HIV prevention work or messages? (churches—Catholic and Protestant)
- Increase access to social resources for healthy living and to lower disparities
- Cascade of care (seek, test, treat, retain)
- How can we inform what is currently on the ground and push beyond that?
- How do we evolve and sustain a system of care that adapts to change (fiscal, policy) and still meets the sexual & health needs of Latino MSM?
- Research needed on how to increase medication compliance with Latino values
- Exploring, understanding, and supporting holistic sexual health along the life course for Latino gay men/MSM/transgendered
- Facilitators of HIV care linkage and retention
- Other modes of transmission, i.e., intravenous drug use
- Role of substance use and mental health issues
- Comorbidities/health issues beyond HIV/AIDS
- How can community health centers expand provision of HIV testing and care?
- Access to culturally and linguistically appropriate mental health services
- How to keep HIV prevention/treatment messages fresh and relevant for young Latino MSM?
- Focus on Latino MSM youth—why are infections increasing among this group?
- How do we foster a social model that ensures support of young Latino MSM?
Research Needs and Gaps

- What is the basic epidemiology and what are the seminal papers around Latino MSM and HIV that we should be aware of as we focus our research approach?
- Data should be disaggregated by country or origin, ethnicity, region of country, and age
- Create an ongoing gay Latino/MSM trend survey (à la Gallup) to focus on social issues, economic and other community-defining data
- Framing national HIV strategy (e.g., Enhanced Comprehensive HIV Prevention Planning)
- Access to health care and information for Latinos in the prison industrial complex; HIV in prisons
- Collection and disaggregation of Latino MSM data, especially data collected in Puerto Rico but also along other lines
- Structural analyses of relationship between drug abuse and HIV, especially in young Latino MSM and gay/queer Latinos
- Intra/intervention development
- How to incorporate biomedical/public health research into an interdisciplinary research translation conversation?
- The role of sex work/sexual commerce in Latino communities
- How to address the exclusion of transgendered Latinos from nearly all categories of research on health and social justice?
- Define and strengthen women’s roles (moms, grandmas, etc.) in addressing the epidemic among Latino MSM
- Include Latino migrants in the agenda
- Identify the life experiences of Latino MSM that impact physical health and sexual decision making across the life course
- In-country and cross-country sexual networks of Latino gay/MSM
- We (the South) are so different and new in Latino population in general
- Rape and sexual violence against Latinos
- Assess the experience of disclosing (sexual identity or health status) among Latino MSM

Translational and Science

- Health literacy
- Identify and create tools for treatment and commitment for
  - Clinicians—how to rate, diagnose
  - Clients—processes to community (skills)
  - Research: Latino MSM issues regarding treatment decisions
  - How can we use and maximize communication strategies into the bigger plan?
Appendix 6 – Presentations

Latino Gay Men/MSM Think Tank

*Cultura y la Sociedad:*
Examining the Intersectional Realities of Resilience and Oppression

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James Baldwin
(August 2, 1924 – December 1, 1987)

- Video Clip of James Baldwin
- Did we hit the lottery and what are we making out of it?
- In this brief video clip from an interview, Baldwin foreshadows the kinds of discussion that would emerge from women of color feminism about intersectionality & resiliency in the public health literature.

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Intersectionality


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Intersectionality as a tool to understand …

- “...how the experiences of women of color are frequently the product of intersecting patterns of racism and sexism, and how these experiences tend not to be represented within the discourses of either feminism or antiracism. Because of their intersectional identity as both women and of color within discourses that are shaped to respond to one or the other, women of color are marginalized within both” (Crenshaw 1991).

---

Por Ejemplo/For Example...

- As one Colorado participant explained, “There’s a void out there, especially with Latino gay men. It’s either you have to give up your Latino identity and embrace the white gay culture, or you just stay Latino and stay closeted. I think that middle ground never existed to express not only your ‘gayness’ but your ‘Latinoness.’ You can’t separate the two. They’re both equally important.”

---

An Important Distinction

- The Colorado participant was noting the identity contradictions that manifest in a gay community riven with white racism/supremacy and a Latin@ community that struggles with internal issues of heterosexism/homophobia.
- Crenshaw is describing how heterosexism, racism, class oppression inhere, interpenetrate, & infuse the existential landscape & life possibilities of women of color. (Think health outcomes, syndemics ... in this context)
Otro Paso/Another Step

“Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks. A key requirement of resilience is the presence of both risks and promotive factors that either help bring about a positive outcome or reduce or avoid a negative outcome” (Ferguson & Zimmerman, 2005).

Yes, But …

- What about community-level resilience?
- Why is it easier for us to talk about community viral load and not about reservoirs of community resilience?
- Do our public health interventions in applied & research modes build on pre-existing reservoirs of resiliency?
- INTRAVENTION

From A Deficit Model to A Strength-Based Model

- A little story from my years in Hunts Points … “The Black Out & la Señora with her bata.”

- Samuel Friedman and his colleagues argue that cultures of community intravention can be “self-sustaining rather than requiring constant (and person-power intensive) external interventions by trained personnel or professionals and that such collective “intraventions” (i.e., prevention activities that are conducted and sustained through processes within communities themselves) have broader coverage than individual-focused interventions in that they reach more people and operate at all hours of day and night (Friedman et al, 2005).

Por Ejemplo/For Example...

- Marlon Bailey argues that in the House Ballroom community engages in HIV intraventions though 1) creating an alternative social epistemology in ball performances, 2) kinship labor in ball families, & 3) organizing prevention balls.

Recap

- We’ve been talking about intersectionality (i.e., interlocking and simultaneous forms of oppression in & against which our communities live and have their being).
- We’ve talked about resilience which emerges out of cultures of strength and ongoing, autonomous care and solidarity which we are calling “intravention.”

What is the societal context?

- The structural nexus between individuated & sanctioned desires & mass unmet collective needs.
- “The desires” for a better life for some are always already predicated on the permanent structural abeyance of the collective unmet needs of the many — the rabble. The asymmetric relationship between sanctioned elite, normalizing desires and the subsidizing of these desires by mass unmet needs are at the heart of this society (e.g., my lovely, romantic dinner in Soho) (Rivera Colón, 2011).
We’ve been talking about Latino Gay men & …

“Mutato nomine de te fabula narratur.”

Or

By changing a name, this story is about you, about us. Why about us?

What must be done to craft a national LGM research agenda?

- We need to jump scale.
- We need to affirm that we are in word & deed national leaders in this field. Let’s leave the false humility to those who can afford that.
- Going forward we need to build our unity on concrete, shared needs not on the usual competitive ethos that animates many of our universities and community institutions.
- Take lessons from the crabs in a crab barrel dicho popular.

A Time of Crisis

"It is in times of crisis that the enemies of freedom hope that we speed up & act impulsively. I would argue that it is precisely in times of crisis that we must slow down to reflect, regroup, and make every action we take intentional and strategically sound" Robert Sember from Ultra-red.

The Soul of Our Work

- "And yet to act is not enough. Many of us are learning to sit perfectly still, to sense the presence of the soul & commune with her. We are beginning to realize we are not wholly at the mercy of circumstance" (Gloria Anzaldúa).
- "The time has come to grow our souls" (Grace Lee Boggs).
- "And the soul of the work to me is really about everybody’s ability to take part & leave feeling “I have a say in this. I have a role.” (George Ayala).

Our Way of Proceeding

- Democratic
- Collective Decision-Making
- Intergenerational (Ms. Ella Baker)
- Interarticulation of our various & multiple roles as local, state, regional, & national actors.
- National policy work is always pushing the limits of the possible into the doable.
- Never forget our work comes from social movements and must ultimately return there to flourish completely.
Dra. Antonia Pantoja

- Founded ASPIRA, Puerto Rican Forum, Boricua College, & Producir.
- Producir was a social business model. Way ahead of her times.
- Video Clip of Dra. Pantoja.

Thank You!

Edgar Rivera Colón, PhD  
Praxis/Kairos Community Research & Mobilization Consultants.

E-mail: chaco64@yahoo.com  
Cell: 551 208–4948
NIH Research to address HIV/AIDS & American Youth

What we will discuss today

1. NIH research resources targeted to HIV/AIDS in youth
2. What HIV is doing to create needs of youth affected by HIV
3. Youth engagement in planning and implementation
4. Intergenerational collaborations
5. Challenges and solutions
6. Future directions for HIV/AIDS research and activities

We know that...

New HIV cases arise, don’t they?
They remain disproportionately high. AIDS.
Are increasing even more HIV/AIDS?
Minority populations of young women and men.

So, what are our resources to address this problem?

NIH provided $147.2 millions in support for HIV/AIDS research among adolescent and young adult populations in FY 2010.

Resources Summary

NICHHD provided $46.8 million in support for HIV/AIDS research among adolescent and young adult populations in FY 2010, approximately half of which funded the ATN, the nation’s only multi-site research infrastructure solely devoted to addressing the needs of youth impacted by HIV.

Additional $66.9 million in ARRA dollars (NICHHD to ATN) in support of unique cross-agency collaboration with CDC partnering all 15 national ATN sites with their local health department collaborators on identifying and linking youth with newly diagnosed HIV to care.

*ATN = Adolescent Medicine Trials Network for HIV/AIDS Interventions
The identification of HIV infected individuals occurs within local clinics, hospitals, and programs supported by local health departments via CDC.

Collaborating agencies established referral relationships with the AMTUs to identify HIV infected youth and connect these individuals with an ATN outreach expert.

Details implemented on a case by case basis to ensure that the appropriate grantees (both sides) are involved in the planning and implementation of the program, and the evaluation processes (ATN research protocol).
THANK YOU FOR YOUR ATTENTION!
HIV prevention among Latino MSM: Research to meet community priorities

Scott D. Rhodes, Ph.D., MPH
srhodes@wakehealth.edu

The 3 primary goals for the NHAS

• Reduce HIV incidence
• Increase access to care and optimize health outcomes
• Reduce HIV-related health disparities

Briefly...

• What research-based behavioral prevention resources currently exist for Latino MSM;
• What our team in NC is doing; and
• Where we need to be going...

We have limited prevention resources

There is a dearth of evidence-based behavioral HIV prevention interventions for Latino MSM

None in the CDC 2009 Compendium of Evidence-Based HIV Prevention Interventions

HIV prevention among Latinos

Tends to be based in research from early epicenters

Tends to be based on urban Latinos who are “out”

Immigration trends are changing
HIV prevention among Latinos

- Need for research among populations reflecting current trends in the epidemic
  - Southeast US disproportionately affected by HIV, AIDS, and STDs
- Need to reach larger numbers of people

Our CBPR partnership

Our partnership wants to implement science-based interventions to prevent HIV, yet we recognize the lack of culturally congruent interventions for local immigrant Latino communities

- Less acculturated
- Recently arrived
- Less infrastructure for bilingual and bicultural provision of services

Latino gay men stepped forward and asked, “what do you have for us?”

As a Latino partner said,

“Latinos want and need information and help to be safe, but nothing exists that we can point to that shows promise in saving the lives of Latinos living here in our community.”

Based on our CBPR partnership’s previous work with a lay health advisor intervention for Latino men who were part of a soccer league

- HoMBReS


- Increase awareness of the magnitude;
- Provide information on types of infections, modes of transmission, signs and symptoms;
- Offer guidance on local counseling, testing, care, and treatment services, eligibility requirements, and “what to expect” in healthcare encounters;
- Build condom use skills (e.g., how to communicate effectively, how to properly select, use, and dispose of condoms);
- Change health-compromising norms of what it means to be an immigrant, a Latino man, a gay man, and an MSM;
- Build supportive relationships and sense of community; and
- Provide skills-building to successfully help others

- Locally developed
- CBO + lay community members
- Research is too slow!

- 4-session small-group intervention
- Sex-positive, gay-affirming, builds sense of community
• Increase levels of correct knowledge about HIV and STDs: the types of diseases; modes of transmission; signs; symptoms; prevention strategies; and their magnitude within Latino communities
• Increase condom use skills, self-efficacy, and intention to use condoms
• Increase sexual communication and safer sex negotiation skills
• Decrease negative and increased positive attitudes toward condoms
• **Reduce adherence to: traditional notions of masculinity and fatalism**
• **Decrease homonegativity**
• **Increase ethnic group pride**
• Reduce barriers to HIV testing

**What should we be doing?**
• More informed through authentic partnerships of community members, organizational representatives, and academic researchers (e.g., CBPR)
• Build on assets
• Reframe towards sexual health – across the life course
• Relationship and intimacy positive
• Reach large numbers of people
• Plan for sustainability

**What about macro-level issues?**
• Discrimination/oppression within larger community
  • Latinos, immigration, documentation status, heterosexism, homophobia
• Discrimination/oppression within Latino communities
  • Heterosexism, homophobia, religious messages
• Discrimination/oppression within gay communities
  • Based on color of skin; length of time in US, socio-economics, use of language
• Policies
  • Immigration, access to and provision of services, gay rights, education, driver’s license

**Our partnership’s commitment**
Continue blending research and practice with intervention development, implementation, and evaluation
  – Authentic, real, lived experiences
  – Science
• Supporting positive changes to support the health and wellbeing of Latino communities
• Exploring ways to blend social justice and prevention

**Thoughts?**
PUTTING TOGETHER THE PIECES: DEVELOPING AN LGM RESEARCH AGENDA ACROSS DISCIPLINES AND KEY INTERVENTION AREAS

DIANA HERNANDEZ, PHD
MAILMAN SCHOOL OF PUBLIC HEALTH
COLUMBIA UNIVERSITY

OBJECTIVES
- LGM Study: “Through Our Eyes”
- Challenge: Forge a New Research Agenda
- Context: Reservoirs of Resilience

STRUCTURAL FOCUS
- Structural interventions are designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change.
- the social, economic and political context within which health is produced or reproduced along with the factors that shape and constrain individual, community, and societal health outcomes.
- i.e. gender inequality, risk environments, labor markets and poverty, housing instability.

BIOMEDICAL/CLINICAL FOCUS
- Interventions that use medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV and/or decrease HIV infectiousness.
- i.e. PEP, PREP, vaccines, microbiocides and circumcision. Also, counseling, testing and referral, linkage to care and medication adherence strategies.

BEHAVIORAL FOCUS
- Behavior modification approaches aimed at reducing sexual risk behavior, improving biological outcomes related to sexual risk and enhancing self-efficacy delivered at individual, small group, or community levels.
- i.e. reducing unprotected and sex, reducing number of partners, sero-sorting, strategic positioning, or reducing anal sex even with condom use.

SMALL GROUP DISCUSSIONS
- What We Need to Learn
  - Develop new research areas on LGM
- What We Need to Do
  - Implementation, dissemination and implementation of research findings
- What we need to Get it Done
  - Recommendations to fill current gaps in research
SMALL GROUP DISCUSSIONS

- **GUIDING PRINCIPLE:** In light of the current state of research in the field, what questions do we need to focus on to truly understand/capture the complexity of Latino gay men’s lives?

- Please take 40 minutes to discuss the following research-related tasks intended to meet the objective of developing a national research agenda on and about Latino gay men:
  - **Research Focus:** Identify two research questions with specific aims (consider significance, innovation and methodology).
  - **Implementation Strategies:** Devise innovative approaches for dissemination and application of research findings.
  - **Capacity Building:** Consider what is necessary to carry out the above research agenda (e.g., funding, policy environment, strategic partnerships, leadership, representation and professional development for researchers).


Definition and Principles of Community-Based Participatory Research (CBPR)

Brief Review of Some Guiding Principles of CBPR

- Purpose of CBPR research: to enhance an understanding of issues affecting the community
- Mutual respect between academic institution and the community
- Recognition of knowledge, expertise and resource capacities of both collaborators
- Open communication

Contents of Presentation

- Definition and Principles of Community-Based Participatory Research (CBPR)
- Community based organization (CBO)-generated Ideas for Research Collaborations
- Integrating Latino Cultural Constructs and Concepts into Research Collaborations
- Concluding Comments

Definition of CBPR

CBPR is a joint process that involves researchers and community representatives in ALL phases of the research process, including:

- **Defining the problem or topic to be studied**
- Developing the data collection plan
- Gathering the data
- Interpreting, sharing and disseminating the results
- Developing, implementing and evaluating plans of action to address the issues identified by the research

CBO-generated Ideas for Research Collaborations
CBO Staff in a Unique Position to Generate Ideas for Research

- Line staff are familiar with their clients needs, challenges, sources of strength, etc.
- Staff can gain the trust and confidence of their clients.
- Clients can give information to staff that can provide insight into a particular situation.

Project 1: Increasing HIV Testing among Latino MSM

- Idea originated from a line-staff worker doing HIV testing:
  - Latino MSM engaging in high risk behaviors declining HIV test
  - Maybe due to testers' approach: focusing only on HIV test
  - What if offered HIV test along with other tests? Would this impact one's decision to test for HIV?
- Staff member informed supervisor who mentioned this to academic researcher
- Research proposal was submitted; project funded by California HIV/AIDS Research Program

Methods

- Research questions: "Does 'bundling' the HIV test with other tests result in ...?"
  - A larger number of Latino gay/MSM taking the HIV test?
  - A larger number of Latino gay/MSM being identified as HIV-positive?
  - 394 Latino men at 3 gay bars in Los Angeles
- HIV testing protocols offered through mobile van on paired nights of the week:
  - HIV only
  - HIV bundled with tests for STDs (syphilis, gonorrhea and chlamydia), screeners for alcohol problems, drug dependence and depression – could take 1 or more tests

Association between Testing Protocol and Taking the HIV Test

<table>
<thead>
<tr>
<th>Protocol</th>
<th>Took HIV test</th>
<th>Total number of participants approached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Bundled tests</td>
<td>1,281</td>
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</tr>
<tr>
<td>HIV-only</td>
<td>2,021</td>
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</tr>
<tr>
<td>Total number of participants approached</td>
<td>3,302</td>
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</table>

\[ \text{Pearson } \chi^2 = 0.173 \]

Association between Testing Protocol and Testing HIV-positive among Those who Tested for HIV

<table>
<thead>
<tr>
<th>Protocol</th>
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<th>Total number of participants who tested for HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Bundled tests</td>
<td>141</td>
<td>96.6</td>
</tr>
<tr>
<td>HIV-only</td>
<td>187</td>
<td>94.9</td>
</tr>
<tr>
<td>Total number of participants who tested for HIV</td>
<td>328</td>
<td>95.6</td>
</tr>
</tbody>
</table>

\[ \text{Fisher's exact test } = 0.596 \]

Project 2: Sexual Solicitation of Latino Day Laborers by Other Men

- Idea originated from line-staff doing HIV testing:
  - Latino day laborers reporting being solicited for sex by other men in the context of their day labor work
- Staff member informed agency CEO who mentioned this to academic researcher
- Research proposal was submitted; project funded by California HIV/AIDS Research Program
Methods

- Research questions:
  - To what extent are Latino day laborers being propositioned for sex by other men while seeking work or after being hired?
  - To what extent are they engaging in high-risk sexual practices in those contexts?
  - 450 Latino day laborers at 6 select day labor sites in Los Angeles (geographically near gay-identified community)

Results

- 171 (38%) reported having been propositioned for sex by another man while seeking work or after being hired
- Of those approached, 16 reported having engaged in sex with those individuals, reportedly primarily for economic need.
- Most of these had penetrative anal sex with their solicitors, with few reporting consistent condom use.

Likelihood of Being Solicited

<table>
<thead>
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<th>Variables</th>
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<th>AOR</th>
<th>95% CI</th>
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<tbody>
<tr>
<td>Years lived in the U.S.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 1</td>
<td>1.00</td>
<td>1.00</td>
<td>0.61-2.29</td>
</tr>
<tr>
<td>&gt; 1 &amp; ≤ 5</td>
<td>1.33</td>
<td>1.33</td>
<td>0.81-2.19</td>
</tr>
<tr>
<td>&gt; 5 &amp; ≤ 10</td>
<td>1.49</td>
<td>1.49</td>
<td>0.79-2.90</td>
</tr>
<tr>
<td>&gt; 10</td>
<td>2.63*</td>
<td>2.63</td>
<td>1.11-6.27</td>
</tr>
<tr>
<td>Years of education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 6</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00-6.37</td>
</tr>
<tr>
<td>&gt; 6</td>
<td>1.58*</td>
<td>1.58</td>
<td>1.06-2.37</td>
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<tr>
<td>Drug dependence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00-4.37</td>
</tr>
<tr>
<td>Yes</td>
<td>2.57*</td>
<td>2.57</td>
<td>1.52-4.37</td>
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Non-significant variables are omitted

Likelihood of Accepting Solicitation

<table>
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<th>AOR</th>
<th>95% CI</th>
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<td>0.09-1.15</td>
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<td>1.00-6.66</td>
</tr>
<tr>
<td>Not married but living with a partner</td>
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<td>Married</td>
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<td>0.90-12.1</td>
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<tr>
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<td>1.00</td>
<td>1.00-7.77</td>
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<tr>
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<td>5.59**</td>
<td>5.59</td>
<td>1.76-17.7</td>
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</table>

Non-significant variables are omitted

Integrating Latino Cultural Constructs and Concepts into Research Collaborations

- Reason: to understand better Latino gay men and MSM
- Benefit of focusing on cultural constructs that could identify
  - Particular challenges faced by the community
  - Potential sources of resilience
  - Unique points of intervention
  - Ideas for program development
- Need to be aware of diversity of Latino gay/MSM
  - Place of birth (native- versus foreign-born)
  - Acculturation
  - Language(s) used
**Proyecto VIDA**

- Supplement to R01MH072351, "Discrimination, Health Care Attitudes and HIV Treatment": Dr. Laura Bogart, Principal Investigator (Harvard University)

- Focus of original study: Effects of discrimination and health care attitudes on HIV treatment adherence among African American HIV-positive men

- Uniqueness of BIENESTAR supplement: Inclusion of Latino cultural variables: e.g., conceptualizations of masculinity:
  - **Machismo:** hypermasculinity, focus on individual power
  - **Caballervismo:** social responsibility, emotional connectedness

- 208 HIV-positive men

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**Proyecto VIDA**

**Self-reported 100% Medication Adherence in Previous 7 Days**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio (95% CI)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caballervismo</td>
<td>1.86 (1.17-2.98)</td>
<td>0.01</td>
</tr>
<tr>
<td>Machismo</td>
<td>0.56 (0.36-0.88)</td>
<td>0.01</td>
</tr>
<tr>
<td>Employed vs. Other (ref)</td>
<td>1.10 (0.49-2.45)</td>
<td>0.62</td>
</tr>
<tr>
<td>Resident status of U.S. Citizen / Permanent Resident vs. Other (ref)</td>
<td>1.26 (0.56-2.83)</td>
<td>0.58</td>
</tr>
<tr>
<td>Time Since HIV Diagnosis (months)</td>
<td>1.00 (0.99-1.00)</td>
<td>0.18</td>
</tr>
<tr>
<td>Depression Severity</td>
<td>0.95 (0.89-1.01)</td>
<td>0.07</td>
</tr>
<tr>
<td>Heterosexual vs. Other (ref)</td>
<td>1.31 (0.46-3.78)</td>
<td>0.62</td>
</tr>
<tr>
<td>Problem Drinking</td>
<td>0.49 (0.22-1.09)</td>
<td>0.08</td>
</tr>
<tr>
<td>Acculturation</td>
<td>0.67 (0.42-1.06)</td>
<td>0.09</td>
</tr>
</tbody>
</table>

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**Proyecto VIDA**

**Internalized HIV Stigma (Multivariate Linear Regression)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Standardized Bet Coefficients</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machismo</td>
<td>0.279</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Acculturation (toward Latino culture)</td>
<td>-0.209</td>
<td>0.002</td>
</tr>
<tr>
<td>Fatalism</td>
<td>0.129</td>
<td>0.05</td>
</tr>
<tr>
<td>Depression Severity</td>
<td>0.272</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Non-significant variables are omitted

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**Concluding Comments**

**Academic/CBO Collaborations:**
- CBO staff’s closeness to the community provides them with opportunities to gain unique insight into the clients they serve.
- Successful academic/CBO research collaborations recognize and draw upon the strengths of both partners.

**Incorporating Latino Cultural Constructs into Research:**
- Latino cultural values and beliefs affect behaviors and attitudes.
- Importance of including Latino cultural factors in research projects with Latino gay/MSM.

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**Publications from Studies Described in the Presentation**

Publications from Studies Described in the Presentation (continued)

Under Review:
- Sales R, Galvan FH, Rodriguez M. Predictors of harmful drinking among Latino day laborers.

Contact Information
Frank Galvan, Ph.D.
Director of Research and Evaluation
Bienestar Human Services, Inc.
(323) 727-7898, extension 117
fgalvan@bienestar.org
**Embajadores Program**

- The program seeks to provide a platform for knowledge and cultural exchanges among Latino leaders and key stakeholders.
- A professional and leadership development program of the National Latino AIDS Action Network (NLAAN) that is designed to identify, mobilize, and support the next generation of Latino/Hispanic leaders in the field of HIV/AIDS.

Blogs will be posted on [www.NLAAN.org/AIDS2012/blog](http://www.NLAAN.org/AIDS2012/blog).

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<table>
<thead>
<tr>
<th>NAME</th>
<th>AFFILIATION</th>
<th>CITY, STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcos Martinez</td>
<td>Entre Hermanos</td>
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<tr>
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</tr>
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<td>New York, NY</td>
</tr>
<tr>
<td>Martha Zuniga</td>
<td>Entre Hermanos</td>
<td>Seattle, WA</td>
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</tbody>
</table>

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**Latino HIV Research Affiliated Event**

**FREE REGISTRATION IS NOW OPEN**

Latino/Hispanic HIV Community Research Forum: Creando Una Red Para Un Futuro Sin VIH/SIDA

**Sunday, July 22, 2012**

6:30 a.m. – 5:00 p.m.

Renaissance Washington DC Downtown Hotel

**Featured Sessions at Affiliated Event**

- Epidemiology of HIV/AIDS in the U.S. Latino Community
- Social, Structural, and Environmental Determinants of Health
- Addressing Challenges to Accessing Care and Prevention Services
- Latino-Driven Models of Care and Prevention
- Optimizing Community Resilience and Readiness

**Nuestra Guía: Latino & Caribbean Guidebook**

- Highlight conference sessions and events with a particular focus on Latino/Hispanic and Caribbean communities
- Provide a listing of local community-based organizations in the Washington Metropolitan Area
- Be available in English and Spanish
- Be distributed at the Latino Research Forum and the LCDC Networking Zone

**AIDS 2012 Brown Bag Webinar Series**

- What is AIDS 2012 November 10, 2011
- Getting to AIDS 2012 December 8, 2011
- Writing a Successful Abstract January 12, 2012
- Mobilizing Your Community (Hubs) February 5, 2012
- Developing a Great PowerPoint March 5, 2012
- Creating a Poster Presentation April 12, 2012
- Art & Science of Public Speaking May 10, 2012
- Power of the Media June 14, 2012
- Roadmap & Updates for AIDS 2012 July 12, 2012

To register for our last webinar or view previous recordings, please go to [www.NLAAN.org/AIDS2012](http://www.NLAAN.org/AIDS2012)

**Latino Caribbean Diaspora Collaborative: Global Village**

- Sunday, July 22 – Friday, July 27, 2012
- Walter E. Washington Convention Center
- 801 Mount Vernon Place, NW

**U.S. NGO Reception**

- AIDS in America Reception
- Monday, July 23, 2012
- 6:00 – 8:30 p.m.
- The Longview Gallery
- 1234 Ninth Street, NW
- Washington, DC 20001
- RSVP@NASTAD.org
**Latino Networking Reception**

**SAVE THE DATE**

*Nuestra Noche de Acción:*
A Networking Reception of the National Latino AIDS Action Network

Tuesday, July 24, 2012
7:00 – 9:00 p.m.

Cuba Libre
801 9th St. NW, Ste A
(Corner of 9th & H Streets)

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**LifeBEAT: Juanes**

Thursday, July 26, 2012
Doors: 7:00 p.m.

Warner Theatre The Longview Gallery
513 13th Street, NW
**ADVANCING THE LATINO GAY MEN/MSM RESEARCH AGENDA: A UN PERSPECTIVE**

Sonja Caffe, Ph.D., MPH  
Regional Prevention Advisor  
PAHO/WHO

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**WHO’s comparative advantage**

- Neutral status and independence;  
- Broad global and regional membership;  
- Global and regional leadership in the field of international public health;  
- Central role in global normative work;  
- Commitment to evidence-based debate;  
- Ability to convene multiple formal and informal networks around the world;  
- A regionalized structure that provides the Organization with a platform for communicating and cooperating with countries.

---

**Construction of Strategic Information: Global Level (WHO)**

- Research is defined as the development of knowledge with the aim of understanding health challenges and mounting an improved response to them.  
- This definition covers the full spectrum of research, which spans five generic areas of activity: measuring the problem, understanding its cause(s), elaborating solutions, translating the solutions or evidence into policy, practice and products, evaluating the effectiveness of solutions.

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**WHO Role in Research**

- The Organization’s role involves the strengthening of the research culture across the organization.  
- Priorities goal concerns the reinforcement of research that responds to priority health needs.  
- Capacity goal relates to the provision of support to the strengthening of national health research systems.  
- The standards goal concerns the promotion of good practice in research (setting norms and standards) the translation goal involves the strengthening of links between the policy, practice and products of research.

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**The Critical Importance of Evidence: Global Level (WHO)**

- Guideline development: a good guideline should summarize the available evidence as the basis of the recommendations (WHO Handbook for Guidelines Development).  
- PICOT (population, intervention, comparator, outcome, time)  
- Evidence - GRADE  
- “Strong” recommendations vs. “Weak” recommendations

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**Construction of Strategic HIV-related Information: Regional Level (PAHO)**

1. Second Generation Surveillance  
   - Systematic collection, analysis and use of service delivery & programme data  
   - Disaggregated by sex, age group, ethnicity, other relevant variables  
   - BSS plus seroprevalence surveillance studies
2. Operational Studies  
   - Intervention studies  
   - Impact studies (policy)  
3. Partnering with collaborative centers in joint research agendas (i.e. academia - University of Washington)
Some Examples

Construction of Strategic Information: Regional Level (PAHO)
- Secondary Analysis of existing country data to answer questions regarding Treatment 2.0:
  - Coverage
  - Quality of services
  - Optimization
  - Community involvement

Improving Access and utilization of Sexually Diverse Men to HIV Health Services

- System
  - Health Systems Evaluation Methodology

- Provider
  - Training tool on Men’s Health, HIV and Sexual Diversity
  - Blueprint for MSM

- Client
  - Empowerment & mobilization efforts
  - Partnering with CBOs

Other relevant activities
- Special studies: homophobia & bullying in school; young MSM, HIV and Sexual health
- Intersectionality: special attention for young, poor, sexual minorities, ethnic/racial minorities in priority setting throughout the organization.

A few words regarding cross-border synergies
- Bi-directional mobility of gay/MSM across the region
- Similarities in context
- Solidarity
- “Natural experiment”

Thank You
Great Diversity Among Migrants

- Country of birth
- Migration pattern
- Reasons for migration
- Culture
- Socio Economic Status
- Education
- Occupation
- Language
- Migration status
- Health Risks

Source: California Immigrant Integration Initiative of Researchers Concerned with Immigrants and Refugees

Country of origin of immigrants to the US in 2007

- 29.6% Mexico
- 6.3% Central America
- 15.4% Rest of Latin America
- 26.2% Asia
- 17.7% Europe/Canada
- 4.2% Rest of world

Source: U.S. Census Bureau, 2007 American Community Survey

Migration & Health: beyond migrants themselves

Health issues, conditions and risks related to migrant populations, and the way that affects:

Population of origin, Communities in the places of transit and destination, and Second and later migrant generations

Population of Mexican Origin Resident in United States (1900-2008)

- Millions
- 31 million 2nd generation and more
- 11.8 million Mexican-born


HIV and Migration: What is the link?

- Family separation, changes in cultural environment, homelessness, poverty, social isolation, greater sense of anonymity.
- Mobility can increase the chance of encountering HIV-positive persons.
- Mobile persons can act as bridge populations between groups that normally wouldn’t interact.
- Mobility can change sexual networks in the sending or receiving community
Migration + HIV/AIDS: Factors related to vulnerabilities/risks

- Previous migratory experiences
- Maturity of social networks; rupture and creation of new networks
- Age, sex, gender, ethnicity
- Sexual preferences
- Reasons to migrate
- Financial resources (social class)
- Barriers to services and patterns of health-seeking behaviors
- Migratory Status
- Different stages of the migratory cycle (5)

Combination (multiple) Risks

Why infectious diseases are different in immigrants?

Health Initiative of the Americas (HIA): A Binational Approach to Improve Migrant’s Health

HIA is a collaborative effort involving government, academia, private sector, and community-based organizations of participating countries with the purpose of developing innovative approaches to public health and health care for immigrant populations in four areas:

- Research
- Provision of Services
- Training
- Public Policy

Research Program on Migration and Global Health (PIMSA)

- PIMSA funds binational research teams whose research proposals focus on migration and health within current policy contexts.
- **PIMSA GOALS**
  - Generating scientific knowledge by supporting multidisciplinary research and translating it into policy recommendations to improve the health of migrant populations;
  - Fostering of collaborative research among U.S. and Mexican research institutions, creation of long-term linkages between U.S. and Mexican universities, and promotion of research at an international level; and
  - Support for community health and public action through the creation of health education materials based upon research evidence.
- Total funded projects 84 (69 Binational teams and 15 dissertations)


- Using a Binational Web-based Platform to Ensure HIV/AIDS Continuity of Care and Health Coordination (2011)
- Migration and Risk Factors for HIV and Sexually Transmitted Infections (STIs) among Mixteco-Zapoteco Men who migrate within Mexico and to the U.S. (2010)
- Sex trafficking and HIV vulnerability among female sex workers along the Mexico-U.S. border (2010)
- Estigmatización de VIH/SIDA y Prácticas de Riesgo Entre Migrantes en Transito por Tijuana, B.C (2008)
- Cultural Factors Associated with Acceptability of Male Circumcision as a Method for Preventing HIV Infection in Communities of Mexican Migrants in Mexico and California: Masculinity, the Body, and Sexuality (2007)
- Promoting Migrant health through HIV Awareness (2007)

Other Research Collaborations

- Binational Directory of Researchers on Migration and Global Health
- Migration and Health Research Center
- Center of Expertise on Migration and Global Health
**Binational Health Week (BHW)**

Mobilize existing networks for an annual week-long series of health promotion and health education activities that includes workshops, medical screenings, referrals to health services and vaccinations. Also, during BHW, innovative strategies are implemented to improve the cultural competency of health care providers and engage policy makers to reduce health disparities of the Latina immigrant population.

**Main strategies for BHW includes the following components:**
- **Policy Forums on Migration and Global Health**
- **National Health Campaigns**
- **Media Campaign**
- **Training Regional Taskforces and Latin American Consulates**
- **Ventanas de Salud**

**Binational Promotores Program**

- Seeks to equip community-based outreach workers with specific knowledge and skills to better serve migrant populations on both sides of the border.
- Promotores play a major role in connecting hard to reach populations with health systems.
- Address health issues that migrant populations face during the various stages of the migratory cycle.
- Seeks to empower promotores as agents of change to mobilize their community to impact policy change.

- Some of the program activities includes the following:
  - Production of training manuals
  - Training promotores
  - Binational conferences and exchanges

**Mesoamerica-California HIV-AIDS Proposal**

- MSA is developing a website for HIV/AIDS services, resources, and information for migrant populations of Guatemala, El Salvador, Honduras, Nicaragua, in transition between Central America and California.
- A resource tool for those that offer services to this population in any of these locations.
- An online space to positively impact not only migrants, but health care systems by providing assistance to this population.
- Clinical Resources
- Training Resources
- Topic Resources

**Publications**

- Migration and Health Reports
- Spanish English Dictionary of Health Terms
- Articles on Migration and Health
- Policy Briefing Papers
- Fact Sheets
- Guides to Health Programs

**Articles on Sexuality, HIV/AIDS and Migration**

- Identity, desire and truth: homosexuality and heterosexism in Mexican migrant communities in the USA (2012)
- Changing Constructions of Sexuality and Risk: Mexican Women Farmworkers in California
- From Oaxaca to California: Vulnerability and HIV/AIDS in Indian Migrants
- La Familia HIV Prevention Program: A focus on disclosure and family acceptance for Latino immigrant MSM to the USA (2012)

**Still not enough**

**Advocating**

to improve conditions of life and travel of migrants, while implementing strategies to increase their perception of vulnerability and strengthen their abilities to reduce the chances of infection with HIV and other STIs
Lessons learned for effective actions to prevent HIV/AIDS among migrant populations

- Use cultural/linguistic media strategies (lottery, telenovelas, popular radio messages and soap operas, together with information on prevention + peer to peer promoters.
- Distributions of materials must be accompanied by counseling and information, the distribution does not warrant any change.
- Provide information according to the level of education people have, and include materials for people who do not read.
- Education and information through leaders respected by the community.

Implications

-Mobility can confer either protection or risk shaping an individual’s risk of infection.
-Immigration policies and health policies should not work at odds.
-Discrimination and blame represent significant barriers to prevention and treatment of mobile populations in border regions.
-Prevention and treatment for overlapping epidemics requires binational cooperation.

CONTACT INFORMATION

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luis.hernandez@berkeley.edu
http://hia.berkeley.edu

Still not enough

Advocating to improve conditions of life and travel of migrants, while implementing strategies to increase their perception of vulnerability and strengthen their abilities to reduce the chances of infection with HIV and other STIs.