AIDS Arms, Inc.

Publication & Dissemination Efforts
Our Team

- Principal Investigator- Manisha Maskay, PhD
- Program Director- Martha Guerrero, BA
- Promotora de Salud- Erika Maritnez, BA
- Promotora de Salud- Firenze Cardeña
- Promotor de Salud- Vacant
- Evaluator- Nicole S. Chisolm, MPH
- Data Collection/ Management Specialist- Angie Ibarra
Local, Regional and National Dissemination: 2015-16

• July 2015 Eastfield Community College
  – Community Forum (Community Assessment)

• Local Poster Sessions
  – AIDS Arms, Red Ribbon Society
  – AIDS Arms, Inc. Community & Client Services

• 2015 CDC HIV Prevention Conference
  – Meaningful Use of Community Assessments
    with Prevention Applications for the Latino Population.”

• Al Dia Dallas
  – 1 of every 4 gay Latino men will be diagnosed with HIV.
✔ Talk About It
✔ Inform Yourself
✔ Take Action
Primary Health Concerns vs. Stakeholder Perception

Stakeholders perceived that members of the Mexican community have a high perception of risk for heart disease, cancer, and diabetes and a low perception of risk for STIs (including HIV/AIDS), mental health, and substance abuse. Members of the Mexican community indicated that their primary health concerns were mental health related, including stress, anxiety, depression and ADD/ADHD. This may reflect the impact of economic and social conditions experienced by respondents. Diabetes, weight, nutrition, and physical activity were the second most cited health concerns among the focus group participants. About one in every five votes was related to diabetes, weight, nutrition, or physical activity.

Primary Health Resources

Members of the Mexican community indicated that top health resources for them included hospitals, community clinics, and natural/alternative care providers (i.e. botánicas, curanderos, etc.). Respondents generally agreed that home remedies and guidance from social networks were primary sources of information with regard to health related questions. Clinic settings were specifically mentioned as a top resource once symptoms have progressed.

Barriers to Care

Members of the Mexican community indicated that primary barriers to care were accessibility, quality of services, inadequate knowledge of options for care, and time to get appointments. Accessibility included factors such as lack of health insurance, cost, and proximity of service location to place of residence. There was also an overall lack of awareness about available local options for care. Many participants were familiar with large hospital systems in the Dallas area but knew less about community clinic options close to where they lived.
The Latino population has experienced the largest growth in HIV/AIDS prevalence among all race/ethnic groups in Dallas County. Our community stakeholders perceive that the #1 factor preventing health-related messages from resonating with the Mexican community is that they are not culturally proficient.

Alternative/natural and faith-based options are often used to treat and alleviate less severe conditions due to the built trust and ease of accessing these resources.

**Inform Yourself**

In Dallas County, Latinos represent 25% of new HIV/AIDS diagnoses and 22% of people living with HIV/AIDS. In Texas, Latinos are most likely to receive a late diagnosis. 1 in 3 HIV+ Latinos are diagnosed with AIDS within the first year of their HIV diagnosis. 1 in 4 HIV+ Latinos progress to AIDS within 3 months of learning of their HIV status. Early identification of HIV infection is essential to improving health outcomes.

**Talk About It**

Normalize discussions about sexual health and routine HIV and STI testing with your clients/patients. While social networks and media are important sources of health information, Hispanics in Dallas are more likely to seek guidance from a health professional when seeking help for "taboo" issues like sexually transmitted infections (STIs), safe sex practices, mental health, and addiction.

**Take Action**

Offer clients/patients screening for HIV and STIs and educational resources. Promote a trusting environment and create a safe space. Community-based agencies can increase access to supportive resources for "taboo" health concerns among the Mexican community:

- How do you ensure that the care you provide is culturally relevant to the Mexican population?
- How do you create a safe space for clients/patients to discuss taboo topics?
- How do you promote routine HIV/STI testing and education?

Among Latinos in Dallas, the HIV incidence rate is 19.2 (per 100,000) and the HIV prevalence rate is 343.7 (per 100,000).

This report was developed internally by the AIDS Arms, Inc. Viviendo Valiente program and was released in December 2014. The project is supported by the Health Resources and Services Administration (HRSA) (H97PH23649), an operating division of the U.S. Department of Health and Human Services. Its contents are solely the responsibility of AIDS Arms, Inc. and do not necessarily represent the official views of the Health Resources and Services Administration or the U.S. Department of Health and Human Services.

GOALS & OBJECTIVES

Goals
✓ Increase testing in the Latino/Mexican community
✓ Increase linkage to care
✓ Increase retention in HIV medical care

Promote regular HIV testing
✓ Increase knowledge of HIV and reduce stigma.
✓ Increase awareness of risk factors and risk reduction.

Increase engagement in HIV care
✓ Provide culturally appropriate support and guidance to facilitate linkage to care.
✓ Use transnational approach.

Increase retention in HIV care
✓ Provide support and guidance to help identify strengths and overcome barriers to promote retention in care with the long term goal of building self-sufficiency in managing HIV medical care.

SERVICES & ACTIVITIES

✓ Community Outreach
  Provide HIVSTI educational sessions to normalize and promote HIV testing.
  - Partner with community stakeholders to provide brief HIV education
  - Waiting areas of health clinics
  - Health fairs
  - Mexican consulate
  - Coordinate with testing team
  - Print and radio campaign to promote HIV testing and reduce stigma

✓ Group Level Sessions
  Educate about HIV disease and how to engage in medical and HIV care.

✓ Individual Level Support
  Provide ongoing support to HIV+ individuals to address retention in care, treatment adherence and other concerns using strengths-based techniques and Latino/Mexican cultural values.

Case Management and Viviendo Valiente
  ➢ Screen for eligibility of service; assist client to obtain required documents as needed.
  ➢ Complete assessments (an ongoing process) to identify needed services, resources, barriers to care as well as client strengths.
  ➢ Promote linkage to care – utilizing ARTAS, Motivational Interviewing, client-centered strengths-based counseling.
  ➢ Develop, monitor and follow-up of care plan.
  ➢ Make referrals based on client needs and monitor referral outcomes.
  ➢ Collaborate with other service providers to coordinate client’s care.
  ➢ Advocate on behalf of the client to remove barriers to HIV care.
  ➢ Provide crisis intervention when needed.
  ➢ Use transnational approach and ensure that services are culturally and linguistically appropriate.

A day in the life a Promotor/a de Salud

Provide brief/interactive HIV education at community access point
Provide HIV education and discuss client’s concerns
Make appropriate referrals based on client needs
Support client during clinic intake process
Teach client how to read prescription labels
Ride bus with client to teach how to access public transportation
Document client progress and update care plan in appropriate databases

PRIORITY POPULATION & SERVICE AREA

Case Management
HIV+ Latino/Latina(s) age ≥17 years
Dallas Eligible Metropolitan Area/Health Service Delivery Area (12 counties)

Viviendo Valiente
Individuals of Mexican descent ages ≥ 18 years
Dallas County

IMPACT

The Latino population has experienced the largest growth in HIV/AIDS prevalence among all race/ethnic groups in Dallas County (Ryan White, 2012). The impact of implementing interventions specifically for the Latino Descent Community:
  • Reduces HIV related stigma
  • Builds trust between providers and Latino Community
  • Increases HIV testing, linkage to HIV medical care and retention in HIV medical care among Latinos.


80.3% Continuum of HIV Care for Latinos in the U.S.
54.4% Linked to Care
44.4% Retained in Care
36.9% Prescribed ART
Virally Suppressed

PROGRAMS & POSITIONS

✓ Comprehensive Case Management - sensitive to needs of Latino population
  ➢ Bilingual Case Managers

✓ Viviendo Valiente Program - Mexican-centric multi-level intervention
  ➢ Promotor/a de Salud
VIVIENDO VALIENTE
PARA LA SALUD Y EL BIENESTAR DE NUESTRA COMUNIDAD
FOR THE HEALTH AND WELL-BEING OF OUR COMMUNITY

PARA LA SALUD Y EL BIENESTAR DE NUESTRA COMUNIDAD
HAZTE LA PRUEBA
Es gratis y confidencial

LATINOS REPRESENTAN MÁS DE UNO EN CADA CINCO NUEVOS CASOS DE INFECCIÓN DEL VIH

HAZTE LA PRUEBA
Para protegerte
☐ Infórmate
☐ Platica
☐ Actúa

AIDS Arms Inc
LUNES A VIERNES
de 8:30 a 11:30am y de 1:00 a 4:30pm
HORARIO ESPECIAL PRIMER Y TERCER LUNES 10am a 7pm

POR FAVOR LLAMA A VIVIENDO VALIENTE PARA MÁS INFORMACIÓN
214-521-5191 • TRINITY HEALTH & WELLNESS CENTER
219 SUNSET AVE #116A-DALLAS, TEXAS 75208

aldíadallas
Abstracts Submitted - 2016

• 2016 National Ryan White Conference on HIV Care and Treatment
  – Transnational and Cultural Assessment: Developing tools to promote culturally and linguistically appropriate, client-centered care.
  – Transnational Practices and Linkage Care: Lessons from the SPNS Latino Access Initiative

• 2016 Texas HIV/STD Conference
  – Viviendo Valiente – a Mexican-centric Model to Increase Retention in Care
QUESTIONS?