Title: Late Entry to HIV Care Among Latinos Compared With Non-Latinos in a Southeastern US Cohort.
Authors: Ann M. Dennis, Sonia Napravnik, Arlene C. Seña & Joseph J. Eron.

Between 1996 and 2005 Latinos represented 42 percent of cases of individuals who developed AIDS within the first year of receiving their HIV positive diagnoses as compared with 39 percent of black persons and 37 percent of white persons. Nevertheless, there remains little research on the factors which contribute to late diagnosis of HIV and presentation to care among Latinos, specifically among those residing in nontraditional settlement areas such as the southeastern part of the United States.

This study sought to identify potential causes of late presentation to HIV care by Latinos through comparison of demographic characteristics, transmission risk behaviors and clinical factors with non-Latinos presenting late to care. The researchers identified study participants through the University of North Carolina Center for AIDS Research HIV Clinical Cohort (UCHCC) overseen by the UNC Infectious Disease Clinic. Eligible participants were required to be eighteen years of age or older, to provide written consent in English or Spanish and to have initiated their HIV care for the first time between January 1, 1999 and December 31, 2009. Over the course of the research period 1,256 patients enrolled in HIV care, however, only 876 received care at UNC. Data was used from 853 of these patients for a cross-sectional analysis; 61 percent of participants were black, 28 percent white and 11 percent Latino.

Patients were classified as either late presenters [CD4 count <350 cells/mm$^3$ or presenting with an AIDS-defining event (ADE)], advanced presenters [CD4 count <200 cells/mm$^3$ of ADE] or delayed testers [an advanced presenter who received his/her first HIV positive test within six months prior to entering care]. Variables tested for correlation using the Pearson’s $X^2$ test included race/ethnicity and sex. The researchers chose to use the Kruskal-Wallis test to analyze continuous variables such as geographical area of residence [urban, micropolitan, or isolated area], distance to HIV care, year entering care, and HIV transmission risk group [MSM, IDU, both].
Analysis of the data demonstrated that late presenters were more likely to be older, male and Latino. Latino men were significantly more likely to present late to HIV care than black or white men. There was not a significant difference noted among Latino, black and white women other than that Latinas were more likely than their counterparts to present to care when pregnant. As the research period progressed, fewer black and white patients presented late to care. Little change was noted in the pattern among Latinos, however, and they remained 1.4 times more likely than non-Latinos to present for care with a CD4 count of <350 cells/mm$^3$ or an ADE. Latino patients were also more likely to present with an ADE and comprised the greatest number of patients with active tuberculosis, toxoplasmosis and histoplasmosis.

In reviewing the data the researchers determined that the majority of patients in their study entered care within six months of receiving their first HIV positive test. Additionally, they did not find rural residence or distance from care to be of statistical significance. This led the researchers to suggest further study of late testing accounting for late entry into care rather than a delay in accessing treatment services.

Given their results the researchers deduced that lower CD4 counts among Latinos could be attributed to immigration status. North Carolina, considered a nontraditional settlement area, saw a 394 percent increase in its Latino population between 1990 and 2000. Over half of Latinos residing in the state are foreign born whereas foreign born Latinos represent only 38 percent of the general United States population. The authors of the study suggest that future research focus on the correlation between migration history, language, insurance, legal status and sexual partnerships on delayed presentation to HIV care. This article stresses the importance of educating our communities on early testing for HIV. AAALI network organizations, even those not working in HIV, can encourage HIV testing within their communities, invite health departments or community organizations to provide HIV testing at community fairs (health, job, church, etc.), and educate people on the benefits of early testing.

Title: Prevention of Unintended Pregnancy and HIV/STIs Among Latinos in Rural Communities: Perspectives of Health Care Providers
Authors: Branch, Meredith S., Harvey, Marie., Zukoski, Ann P., & Warren, Jocelyn.

Summary:

Access to adequate reproductive health care services remains an issue to be addressed in the United States, particularly among the Latino population. Latinos, especially those residing in rural areas, bear a disproportionate burden of the HIV/AIDS and STI incidence in the U.S. In addition, Latino women are significantly more likely than non-Latino women to experience an unintended pregnancy. The purpose of this study was to explore factors which inhibit Latino men and women from using contraceptives and accessing reproductive health services from the viewpoint of health care providers.

This study was conducted as part of the Oregon State University Proyecto de Salud Para Latinos [Latino Health Project] funded by the Centers for Disease Control and Prevention (CDC). A total of nine one hour long focus groups were conducted with health care providers from seven medical offices that serve rural communities in Oregon. Participating clinics met the following criteria; they were: Title X
clinics funded by the U.S. Department of Health and Human Services- Office of Population Affairs; Family Planning Expansion Program sites (EPEP) funded by Medicaid Title XIX; or Federally Qualified Health Centers and Migrant Health Centers receiving funding under section 330 of the Public Health Service Act. In total, two county health departments, two federally qualified health centers, one migrant health center and one midwifery group were chosen for the study. A total of 66 health care providers and office staff who reported regular interaction with Latino clients participated in the focus groups. This included physicians, registered nurses and certified midwives, physician assistants, medical clerks, receptionists and translators. Each focus group consisted of between four and ten participants and all nine were conducted between January and February 2007.

Prior to beginning the focus group each participant was asked to complete a brief quantitative survey to assess their individual perspective on existing barriers to contraception and HIV/STI prevention methods for Latino clientele, specifically female Latinos. The surveys were created using the Sable and Libbus method and consisted of 23 factors which participants were asked to rank on a scale ranging from “agree” to “disagree”. Following completion of the survey, participants were guided through a semi-structured discussion that included questions on the following topics: barriers to contraceptive use and HIV/STI prevention; methods used by Latinos to prevent pregnancy; cultural norms surrounding pregnancy and HIV/STI transmission; how acculturation affects unintended pregnancy and HIV/STI prevention; the effect of discrimination and medical mistrust on the ability of Latinos to access health care and family planning services; and ideal means by which to improve the delivery of information and services to Latinos. All focus groups were audio recorded and the transcriptions were then coded by the research team. SPSS was utilized to assess the survey responses.

Analysis of the pre-focus group survey shows that the majority of health care providers agreed low use of contraceptives among Latino women and not seeking reproductive health care could be attributed most significantly to lack of access to health facilities, concerns for taking contraceptives and cultural norms. The most agreed upon barriers to access included: lack of transportation, lack of child care, patient concern for the health effects of using birth control, patient embarrassment of discussing birth control with providers, and having conflicting religious or cultural views of birth control use from family or partners. Lack of knowledge regarding where to obtain contraceptives and how to utilize them was also cited as a concern by providers.

In analyzing the transcriptions from the focus groups, the researchers developed three broad categories for possible factors that inhibit access to contraceptives and reproductive health services; these were: access-related issues, beliefs about birth control, and cultural and partner norms. Regarding access to services, one primary concern was the cost of birth control. Providers were concerned that Latinos may not be aware of the programs which allow individuals to obtain birth control inexpensively, or that if they were, the process of navigating the health care system to obtain the medication was too extensive. Another concern discussed was lack of transportation, specifically the limited number of Latino women who are able to drive and have access to vehicles. Concerning beliefs about birth control, the issue of misinformation and stereotypes associated with birth control use, such as infidelity and mistrust, were frequently mentioned in the focus groups. Associated with this barrier could be cultural and partner norms. A significant number of providers mentioned that lack of open communication regarding sexuality, STIs and contraception in Latino culture, in particular among older and younger generations of Latinos. Other factors related to low contraceptive use discussed among the focus groups included
men not using condoms due to decreased sensitivity, the practice of withdrawal as a birth control method, and a lack of knowledge of sexually transmitted infections and their transmission.

In discussing steps for moving forward focus group members mentioned beginning sexual education at an earlier age, educating Latino parents on STIs and HIV/AIDS, and providing more education materials in Spanish. The researchers recommend the Promotores model as an effective means by which to address concerns raised by health care providers as they are better able to reach rural communities and serve as intermediaries between Latinos and health care centers. It is important to note that the information gathered in this study is from the perspective of health care providers and is intended to compliment research conducted with Latino communities in order to move forward in addressing the issue of low use of reproductive health services and contraception. **This article is especially important for our AAALI partners that work with youth or women. We need to make sure our communities have the right information when it comes to the cost and availability of birth control, especially under the new Affordable Care Act. We also need to address the myths and concerns that surround birth control if we hope to increase the use of contraception in our communities.**

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**Title:** Predictors of HIV Testing Among Latinos in Baltimore City  
**Authors:** Chen, Nadine, Erbelding, Emily, Yeh, Hsin-Chieh, & Page, Kathleen.  

**Summary:**

Since the early 2000s Baltimore has witnessed an influx in its Latino community as the population of Latinos within the United States continues to grow. Half of the incident HIV cases and just over forty percent of the incident AIDS cases reported for Maryland occur in Baltimore. A significant portion of these cases are occurring within the Latino population. The purpose of this research was to better understand HIV knowledge and perception of risk among Latinos as well as to improve timely access to testing and care.

The research presented in this paper is based upon outreach surveys and test results collected between August 1 and December 18, 2008 through the Baltimore City Health Department (BCHD) Sexually Transmitted Diseases (STD) clinics outreach program. Outreach activities conducted in order to obtain data included the following: collaborating with Latino serving community-based organizations, concentrating street outreach in predominately Latino neighborhood and working with local hospital’s mobile clinic prenatal referral services known to be heavily utilized by the Latino community.

Between August and December 2008, 6,674 surveys were conducted of which 231 were excluded due to age and a further 568 were excluded due to repeat testing. The total sample size included 4,612 non-Latino Black individuals, 623 non-Latino White individuals and 463 Latinos. Participants were administered a brief in-person behavior questionnaire prior to having their blood drawn to be tested for HIV and syphilis. Those who tested positive for HIV or syphilis were asked to attend the BCHD sexually transmitted disease clinic and were provided with a Disease Intervention Specialist to ensure follow-up.
Chi-Squared analysis, Analysis of Variance, univariate and multivariate logistic regression were used to analyze socio-demographic variables and risk behaviors by race as it correlated with HIV testing behavior. In comparing Latinos who presented for testing it was found that they reported lower educational attainment and a younger age than non-Latino Blacks and Whites presenting for testing. Latinos were more likely to be married or in a committed relationship and less likely to report injection drug use. Three Latinos tested positive for HIV (0.7%) and ten for syphilis (2.2%). Non-Latino Blacks were more likely than non-Latino Whites to test positive for HIV or syphilis. Women were less likely to have previously presented for HIV testing than men and also reported a lower rate of condom use in the prior sixth months. Non-pregnant women were more likely to have been previously tested for HIV than pregnant women who were not receiving prenatal care.

Analysis of the results demonstrates low education status, female gender, and young age are associated with lower HIV testing rates among Latinos. Additionally, it was observed that foreign-born Latinos rely heavily upon community-based health initiatives for care due in large part to documentation status or lack of insurance. The researchers recommend that future HIV education and prevention efforts designed to target Latinos residing within Baltimore City be culturally sensitive and tailored to a younger, less-educated, migrant population. Furthermore, it is suggested that there is a need for outreach efforts specifically targeting Latino women. In support of this information, our AAALI network can work together to support or host HIV testing activities around National Women and Girls HIV/AIDS Awareness Day (10 March), National Youth HIV/AIDS Awareness Day (10 April), or National HIV Testing Day (27 June) and encourage our Latino communities to know their status.

Title: Differences in Patient-Provider Communication for Hispanic Compared to Non-Hispanic White Patients in HIV Care.

Authors: Mary Catherine Beach, MD, MPH, Somnath Saha, MD, MPH, P. Todd Korthuls, MD, Victoria Sharp, MD, Jonathon Cohn, MD, Ira B. Wilson, MD, Susan Eggly, PhD, and Richard Moore, MD, MHS.


Summary:

Hispanic Americans comprise a growing minority population within the United States disproportionately burdened by HIV infection as compared with other minority groups and the majority non-Hispanic white population. The purpose of this study was to investigate communication barriers as one cause for differences in reported quality of HIV related care among different racial and ethnic groups in the United States. Specifically, the researchers examined patient-provider communication for English-speaking, HIV-infected Hispanic patients as compared to HIV-infected, non-Hispanic white patients.

The Enhancing Communication and HIV Outcomes (ECHO) study served as a basis for identifying research participants. Two of the four HIV care sites assessed in the ECHO study were selected for this particular research, one in Portland, OR and one in New York City. Eligible providers included any physician, nurse practitioner or physician assistant working at either of the two care sites who provided primary care to HIV positive patients. Patients had to meet the following criteria: nineteen year of age or
older, HIV positive, English-speaking, had met with their provider at least once prior to enrollment in the study, and identified as Hispanic or non-Hispanic white. Between the two care sites, 23 providers met the eligibility criteria and 19 participated. Three hundred and sixty six patients were identified as eligible and 113 participated; of those participating 55 identified as non-Hispanic white and 58 identified as Hispanic.

Information was collected for analysis via audio recorders placed in examination rooms as well as one hour interviews conducted with each of the patients following their medical consults with their care providers. The researchers utilized the Roter Interaction Analysis System (RIAS) to code the complete thoughts expressed by either the patients or care providers on the collected audiotapes. The Interpersonal Processes of Care (IPC) Survey was administered to patients during their individual interviews to assess perceived quality of their providers’ communication. Additional self-reported socio-demographic information was also collected during the personal interviews.

The researchers found that non-Hispanic white HIV-positive patients were more likely to have patient-centered visits with their providers that included more psychosocial discussion than Hispanic HIV-positive patients were to have with their providers. In spite of this observed difference it was found that Hispanic patients rated the communication of their providers more highly than non-Hispanic white patients. This may be reflective of cultural norms and patient preferences rather than a problem in communication. However, with HIV patients, it is necessary for providers to communicate more fully on lifestyle and psychosocial issues with all of their patients. Further research is recommended to identify underlying barriers other than language which may be causing the discrepancies in psychosocial communication between providers and Hispanic patients and to explore whether this will improve the experiences and outcomes of patients. **This article shows the importance of educating communities on how to effectively communicate with health providers. AAALI network organizations can help educate individuals and empower those that feel intimidated by the health care providers.**