

How to improve the health of undocumented Latino immigrants with HIV in New Orleans: an agenda for action

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SYNOPSIS

Latino communities continue to grow in the United States. These communities are significantly affected by HIV infection. New Orleans is a city whose demographics have changed since Hurricane Katrina in 2005, as numerous Latinos/Hispanics came to the city to help rebuild it. This population might have a higher risk of HIV acquisition and problems with access to health care. Data on HIV infection in these populations are insufficient. Active community participation and commitment of key stakeholders are important for developing strategies to bring about change. Political and social support is also a major determinant of any potential change. The following were common ground points after meetings with key stakeholders: (1) to analyze and diagnose health situations in documented and undocumented communities with HIV/AIDS in the city of New Orleans; (2) to develop partnerships and networks among stakeholders with a significant presence in Latino/Hispanic communities in the city; (3) to strengthen research in Latino/Hispanic community issues among research centers, academicians, and health care services; (4) to investigate the development of prevention strategies and technical innovations; (5) to advocate strategies to improve health care access among documented and undocumented immigrants. This project will report additional findings soon.

Key words: illegal immigration; HIV infections; Hispanic Americans; delivery of health care; United States of America.

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Latino communities continue to grow in the United States (1, 2). These communities are also significantly affected by human immunodeficiency virus (HIV) infection (1). New Orleans is a city whose demographics have changed since Hurricane Katrina in 2005; numerous Latinos/Hispanics came to the city to help with the rebuilding efforts. Now, the number of Latinos in New Orleans is increasing exponentially, and among this population the group of undocumented immigrants might be a majority (2). This report briefly explores the problem of HIV/AIDS diagnosis in undocumented Latino immigrants as well as resources potentially available for undocumented Latino immigrants and their potential utility, and it recommends an agenda for action in order to improve HIV prevention among undocumented workers in New Orleans.

The city of New Orleans ranked second in the rate of AIDS cases among the largest metropolitan areas in the United States in 2007 (3). In Louisiana, this disease continues to affect mainly African Americans. Of the cumulative cases, 4% of Hispanics (261 men and 62 women) live with HIV/AIDS in New Orleans. Around 67 (6%) new HIV/AIDS cases were reported in Hispanics in Louisiana in 2009 (3, 4). Most documented and undocumented immigrants in New Orleans are from Honduras (3, 4).

Latinos are more likely than other ethnic groups to delay care after receiving a diagnosis of HIV (2). Even though Latinos represent a small proportion of the current HIV-infected population in New Orleans, they are the most rapidly growing minority, mainly due to migration patterns, and have particular risks, such as poor education, lack of access to health care, poverty, migration status, and lack of acculturation to American culture that put them at higher risk for HIV/AIDS.

POTENTIAL STRATEGIES FOR HIV/AIDS PREVENTION AMONG LATINOS

A main limitation in HIV/AIDS-prevention strategies among Latinos has been the “one-size-fits-all” approach. All Latinos do not have the same country of origin, cultural aspects, language proficiency, and acculturation; therefore, prevention strategies that ignore these differences are likely to be unsuccessful. This pitfall was studied by Uribe et al. (5) in an effort to identify strategies for HIV/AIDS prevention among different Hispanic groups in Florida. They found different and sometimes opposing characteristics among Mexican, Puerto Rican, Central American, South American, and Caribbean immigrants in Florida. These differences might partially explain the failure of certain strategies using the one-size-fits-all approach (5). In New Orleans, most Latinos come from Central

America (El Salvador, Guatemala, and Honduras), and recently some come from Mexico.

The areas in the proposed agenda include health promotion and education, outreach community campaigns and programs, and Latino/Hispanic research issues.

HEALTH PROMOTION AND EDUCATION

Vissman et al. (6) described a lay health advisor intervention known as *navegantes* (navigators). A total of 9 *navegantes* were interviewed. Their mean age was 39 years; 6 of them were from Mexico and 3 were from El Salvador. The interviewees provided important information on the sociocultural and psychological influences on HIV risk. The authors demonstrated that this strategy might be feasible in Latino communities (from El Salvador) and Mexico and might help in acquiring better knowledge about HIV risk factors and prevention.

OUTREACH COMMUNITY CAMPAIGNS AND PROGRAMS

Impact of mobile clinics

Development of mobile clinics is one strategy for bringing health care services to undocumented populations. Diaz-Perez et al. (7) studied the impact of mobile clinics on health care prevention among Mexican communities in Colorado. Around 1 553 Mexican immigrants were seen in one of these mobile clinics in the first 6 months of functioning. Hypertension and psychosocial problems were the most common issues in these communities. This form of outreach program seems to be effective in uncovering mental and medical problems and might be used in HIV-prevention programs among Mexican immigrants.

Importance of culturally sensitive interventions

A main hurdle to the success of preventive strategies is the lack of culturally sensitive interventions (in this case, health care staff with an understanding of Latino culture). However, successful models have been developed. Blewett et al. (8) acknowledged the importance of cultural sensitivity in formulating effective preventive strategies and recommended developing a rural safety net support system that might be able to fund health interventions for Latino immigrants in rural areas. As suggested by some authors, bilingual staff, free or partially free health care, adequate hours (including evening hours), an understanding of the Latino culture, and Spanish-speaking providers are key elements in culturally adequate interventions among Latinos (9, 10).

Role of Catholic church

Churches can be important places for health education and health promotion. Religious beliefs have a

significant impact on Latino/Hispanic communities. The strong ties between the Catholic religion and the Hispanic community could be an excellent impetus for HIV/AIDS health education and health promotion. As English courses run by urban churches often garner strong community attendance because they are free, the same venue and time could be used to deliver health education messages from clergy and members of the Latino community.

Volunteer organizations

Volunteer organizations (Common Ground Health Clinic in New Orleans) could work in conjunction with Latino communities in building trust and serving as liaisons between health care services and communities. They could also be a forum for training bilingual staff and serve as potential research centers focused on Latino health issues.

Latino/Hispanic supermarkets

Latino supermarkets (*tiendas*) are excellent venues for documented and undocumented immigrants to learn relevant information. In such a location, posters would be an effective and inexpensive means of disseminating information on health education, mobile clinics, and access to health care. *Tiendas* may also prove helpful with the acculturation process to a certain extent.

Potential role of telemedicine and social Internet networks

Telemedicine services have been established with success in different parts of the world. In the United States, they have proven to be more cost-effective than face-to-face consultations when the number of patients and sites benefited are high. Conversely, De la Torre et al. (9) found that the cost-effectiveness of this intervention might not be adequate if the service is underutilized. The success of online social networking sites such as Twitter and Facebook in promoting health education among the masses has been demonstrated, and numerous websites have been developed to deliver health care messages (9).

Acculturation center and Hispanic/Latino communities

Various studies have shown the level of acculturation to be inversely proportional to the level of risk for HIV/AIDS and other sexually transmitted diseases. More acculturation (in this study, defined as the exchange of cultural values) with the host culture means less risk of acquiring HIV/AIDS (9, 10). The creation of acculturation centers would thus have a major impact on health care education and HIV/AIDS prevention strategies in Latino communities (9).

LATINO/HISPANIC RESEARCH CENTERS

In a review article, Pemberton et al. (10) describe the *modelo de intervención psicomédica* (psychomedical interventional model) developed by Robles and colleagues. This intervention engaged intravenous drug users in drug treatment and health care and enhanced self-efficacy to reduce injection-related HIV risk behaviors. In further studies, the Centers for Disease Control and Prevention suggested increasing the applicability of this intervention to other Latino groups. This intervention is a good example of translational research among Latino communities. Further projects and interventions based on this model might be worth trying in Hispanic communities in New Orleans.

Table 1 summarizes the objectives, strategies and methods, rationales, and evaluations for a proposed agenda for action in order to improve the care of undocumented HIV/AIDS Latino patients. The main actors in this agenda are local and national Hispanic organizations, interested members of academia, political authorities in New Orleans, nongovernment organizations, City Council of New Orleans, public and private health care organizations, and the Catholic church.

Legal authority comes from the political authorities of New Orleans, state government, and federal government. Resources (human, financial, and others) may come from local, state, and national grants; private donors; and local and federal government.

In conclusion, strategies for educating the Latino community on HIV/AIDS prevention need to be revised. Culturally sensitive interventions targeted to specific Latino groups may help in achieving better results in preventing HIV/AIDS.

Areas such as needs assessment, community-based interventions, and networking among community organizations, volunteer organizations, and health service centers are also extremely important. An agenda for action is suggested in this revision.

Finally, broad changes in health and immigration policies are needed if we plan to take care of the ever-changing city of New Orleans. The wellbeing of documented and undocumented immigrants may have a significant impact on that of the whole community if necessary steps are taken; conversely, insufficient acknowledgment of the current situation may contribute to increased HIV/AIDS cases in this community.

TABLE 1. Agenda for action: objectives, strategies, rationales, and evaluation to improve the health of undocumented Latino patients infected with HIV in New Orleans, Louisiana, United States, 2010

Objective	Strategy/methods	Rationale	Evaluation
To analyze and diagnose health situations in documented and undocumented communities with HIV/AIDS infection in the city of New Orleans	Assess participatory health needs of undocumented Latino/Hispanic communities in New Orleans. Develop a cadre of health promoters (<i>promotores</i>) who will undergo training in health prevention and promotion in HIV/AIDS-related issues. The need for bilingual promoters is paramount. Promoters will be liaisons between patients and health services.	Participatory interventions provide opportunities for community engagement, development, and empowerment as well as insights into complex multifactorial, sociocultural influences on health behavior.	Three monthly reports on participant numbers, levels, and self-report quality of engagements between researcher/practitioners and participants
To develop partnerships and networks among different stakeholders with significant presence in Latino/Hispanic communities in the city	Create a Latino HIV/AIDS community-based consortium or council. It could involve community groups, patient representatives, Catholic clergymen, Latino/Hispanic businessmen, radio and TV representatives, schools, universities, academic health center representatives, community-based organizations, and private HIV/AIDS organizations. This consortium will be the equivalent of a centralized level that will oversee activities and have management and administrative powers. Create partnerships with Latino/Hispanic media (TV and radio) in order to develop strategies for media-related HIV/AIDS-prevention projects (<i>fotonovelas</i> , <i>radionovelas</i>) that are culturally appropriate to the main Latino/Hispanic groups in the city.	Engaging key stakeholders from the community will help to build culturally sensitive and responsive interventions to support short- and longer-term public-health interventions.	Records of consortium steering-group meetings Records of projects overseen by the steering group Records of agreements between the steering committee and other groups
To strengthen research in Latino/Hispanic communities' issues among research centers, academicians, and health care services	Develop a network among academicians, health-service researchers, private organization leaders, and community leaders who share an interest in Latino/Hispanic HIV/AIDS research issues. This network will be important in creating a cadre of Latino scientists who might apply for extramural funding at local, regional, and national levels.	It is extremely important to develop new research projects. Findings in different research projects could be stored for further development of new projects.	Records of new research projects in Latino HIV/AIDS issues Records of grant applications for research funding
To investigate the development of new prevention strategies and technical innovations	Explore the viability of telemedicine use in HIV/AIDS prevention and detection of new cases. This innovative strategy might be a "safer" option for some undocumented workers.	New strategies are needed to continue the fight against HIV/AIDS. Innovative techniques such as social net-	Three-month evaluation of amount of consults, e-mails, and prevention messages delivered by website.

(continued)

TABLE 1. Continued

Objective	Strategy/methods	Rationale	Evaluation
To investigate the development of new prevention strategies and technical innovations	Explore the use of social networks (e.g., Twitter, Facebook) as a means to contact patients and deliver prevention messages.	works and telemedicine might get good results.	Three-month evaluation of followers in social networks
	Evaluate the possibility of creating a website for HIV/AIDS prevention for Latino patients with HIV/AIDS. Develop free clinics—mobile or established clinics that could offer free or partially free clinical and prevention HIV/AIDS services. Initially, these clinics might be preventive clinics (general prevention clinics) to lessen or obviate the risk of stigmatization. Increase HIV/AIDS health prevention/health promotion in places where Latino communities frequently gather (<i>tiendas</i> /supermarkets, nightclubs, and bars). It could be done with posters, magazines, and advertisements in local newspapers. Develop a cadre of health promoters (“ <i>promotores</i> ”) who will undergo training in health prevention and promotion on HIV/AIDS-related issues. The need for bilingual promoters is paramount. Promoters will be liaisons between patients and health services. Develop formal acculturation centers for Latino/Hispanic communities; they could be located in churches, supermarkets, local community centers, or anywhere else where a formal introduction to American traditions and lifestyle could take place. These centers would also be a venue for discussing issues and problems prevalent in the community.	Free clinics might help to screen patients for HIV and other diseases and establish connections with Latino communities.	Three-month evaluation of activities of free clinics. It might include new cases of HIV and health education consults. Records of registrants to the acculturation center
To advocate strategies to improve health care access among documented and undocumented immigrants	Network with high-level politicians, policy makers, and stakeholders in order to review and elaborate health care proposals for undocumented immigrants, such as private financing, and show the potential gains and benefits for collective health care for undocumented groups.	Protection of documented and undocumented groups will benefit the whole community in the long run. The spreading of HIV/AIDS and other diseases will continue to increase if certain “hiding” or “hidden” communities do not have access to health care.	Records of meetings with key stakeholders Health policy bills for health care access to undocumented immigrants at local, state, and federal levels

SINOPSIS

Mejorar la salud de los inmigrantes indocumentados de origen latinoamericano con VIH en Nueva Orleans: un plan de acción

La infección por el VIH afecta significativamente a las comunidades de origen latinoamericano, que siguen creciendo en los Estados Unidos. En Nueva Orleans, después del Huracán Katrina en 2005, muchas personas latinas vinieron a la ciudad para ayudar a reconstruirla; aunque no hay datos suficientes, es probable que esta población tenga un riesgo mayor de infección por el VIH, así como problemas de acceso a los servicios de salud. Para elaborar estrategias que propicien el cambio, es esencial la participación comunitaria, el

compromiso activo de los interesados directos y el apoyo político y social; algunos puntos de convergencia para un plan de acción son los siguientes: 1) analizar y diagnosticar la situación de salud en comunidades con VIH/sida en la ciudad de Nueva Orleans; 2) establecer alianzas y redes entre los interesados directos con una presencia significativa en las comunidades latinas en la ciudad; 3) fortalecer la investigación en los problemas de la comunidad latina entre los centros de investigación, los académicos y los servicios de atención de salud; 4) investigar el desarrollo de estrategias de prevención e innovaciones técnicas; 5) promover estrategias para mejorar el acceso a la atención de salud entre inmigrantes documentados y no documentados.

Palabras clave: inmigración ilegal; infecciones por VIH; prestación de atención de salud; Estados Unidos.

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