

ACCESS TO HIV PREVENTION AND CARE AMONG RURAL LATINO IMMIGRANTS IN CALIFORNIA

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POLICY BRIEF

Summary: Access to health care among Latinos in rural areas is limited, particularly for HIV prevention and care services. In 2015, HIV disproportionately affected Latinos in the US with 25% of new infections (CDC, 2017). In the same year, the Latino population comprised 18% of the total US population (CDC 2017). The emergence of Pre-Exposure Prophylaxis (PrEP) is an effective strategy in decreasing HIV infection. It is important to understand how rural Latinos access HIV prevention and care services. Research on PrEP has focused on urban communities and Latinos within the LGBTQ community. Rural communities and Latinos living in those areas may not have equal access to PrEP when compared to those living in urban communities. A lack of cultural and linguistically appropriate information and services may put Latinos living in rural areas at higher risk of infection. Our project seeks to understand access rural Latinos currently have to PrEP, and to better understand how to increase access.

Research was conducted in Monterey, Fresno/Madera, and San Diego/Imperial counties. Providers were interviewed with regard to their knowledge and strategies to promote implementing and/or promoting PrEP as well as the impact of the Affordable Care Act, status of Ryan White, immigration, social and health services. Clients were interviewed with regard to their experiences seeking care, knowledge and experiences with HIV-testing, prevention and counseling and PrEP as well as their need and use of other psychosocial and/or mental health/behavioral services. As a result of recent anti-immigrant political discourse in the US, our project also evaluated the effect of this discourse on health and preventative care among both clients and health providers.

Results indicate there was a significant interest in PrEP among both clients and providers. However, there were a great number of missed opportunities with regard to providing PrEP to high-risk individuals. Women were interested in providing PrEP to other women. Many women became HIV-positive when their partner had sex with individuals without their knowledge. Women wanted to protect other women from getting HIV from their male partners. A number of sero-discordant couples wanted to know how to receive PrEP. Providers were very creative at getting clients covered by insurance options open to them, especially their clients who were undocumented. However, there was a gap with regard to their knowledge around who provides PrEP and how to get PrEP for their clients. Providers referred clients to other organizations (usually Planned Parenthood) but there was little to no follow-up with regard to PrEP. Some providers were unsure if their clients would go to Planned Parenthood because of their connection to abortion.

PrEP could become a viable option for Latino immigrants in rural parts of CA and beyond. However, there needs to be methodical efforts in providing information, consistent access and a free or low-cost option for PrEP

We divide our policy brief into three sections: recommendations for research, recommendations for community based organizations (CBOs) and health care service providers, and public policy recommendations.

RESEARCH RECOMMENDATIONS:

- 1) Increase the quantitative data on number of immigrants, especially undocumented for GIS research.
- 2) More research on how to best provide PrEP for sex workers serving immigrant men in agricultural labor.
- 3) More research on Latinos' attitudes about Planned Parenthood and how that may affect their access to services.

RECOMMENDATIONS FOR COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE SERVICE PROVIDERS:

PrEP Delivery Recommendations:

- 1) Identify “Champions” to pilot programs on PrEP education, outreach, engagement, recruitment, enrollment, navigation, and adherence to PrEP.
- 2) Support culturally sensitive and linguistically appropriate PrEP services for Latino immigrant farm workers and Latino rural subpopulations.
- 3) Promote and support a PrEP Community Advisory Board to inform the development and maintenance of PrEP services.
- 4) Advocate for funding to cover services related to PrEP, including: PrEP, HIV/STI screening, counseling, behavioral health services, life coaching for adherence, and administrative support to reach rural Latino community and develop structural interventions to support continuity of care.

HIV Continuum of Care Recommendations

- 1) Promote and sustain culturally informed and linguistically appropriate program development for Latino immigrant agricultural farm workers, and Latino immigrant rural subpopulations, including sex workers and syringe users.
- 2) Promote and sustain program delivery around agricultural work schedules, and seasonal cycles (clinics opening on holidays, weekends, and afterhours).
- 3) Strategic Planning should include funding for housing, food, transportation, and clothing, especially when the seasonal farm work ends.
- 4) Efforts to develop Peer Health Educators/Promotores de Salud teams dedicated to sustaining HIV health engagement.
- 5) HIV and STI's prevention should be designed to sustain engagement when internal, circular, and transnational migration occurs among agricultural farm workers.
- 6) Advocate for funding to initiate and sustain group level HIV health intervention and support groups in Spanish, tailored to the needs of rural Latino immigrant communities.

- 7) Advocate for resources to tailor HIV services to the LGBTQ communities, especially to transgender communities within the context of rural Latino immigrant communities.
- 8) Advocate for allocation of resources in implementing Hepatitis C services dedicated to serve Latino immigrant agricultural farm workers and Latino immigrant rural subpopulations, including sex workers and people that use syringes.
- 9) Advocate for allocation of resources to implement Syringe Access services in Spanish dedicated to serve Latino immigrant agricultural farm workers, Latino immigrant rural subpopulations, including sex workers, transgender communities and youth.
- 10) Expansion of culturally and linguistically sensitive community and family services.

Recommendations to create Sanctuary Spaces

- 1) Develop a protocol with your agency and your Department of Public Health, in the event of ICE officers entering your spaces.
- 2) Collaborate with local, regional and state immigrant advocates to produce a directory of California cities rejecting the State Sanctuary Status to share with Latino rural immigrant communities to assist them in developing a safety plan.
- 3) Develop a written statement, posting it where it is visible to your clients, informing your clients that they are entering a Sanctuary Space as defined by SB 54.
- 4) Organize an informational phone line with a network of immigrant advocates and legal services to respond to questions around ICE regional presence and raids in your locality.
- 5) Have Department of Public Health and City Officials release a protocol to protect patients or HIV clients in the event of an ICE raid.
- 6) Develop a protocol within agencies to interact with ICE if they come to your building or service provision spaces.

PUBLIC POLICY RECOMMENDATIONS:

PrEP Recommendations

Resources should be allocated to the following areas:

- 1) PrEP education, outreach, engagement, recruitment, enrollment, navigation, and adherence to PrEP.
- 2) Dedicated funding to incentivize program development in active PrEP awareness, and education among agricultural farm workers, including micro-tailoring services to Latino immigrant rural subpopulations, such as female sex workers and people who use syringes.
- 3) Resources for Binational (US-Mexico) PrEP campaigns (awareness, education, and marketing) as a way to develop consistent messaging across the border.
- 4) Resources to develop structural interventions to support PrEP maintenance at a binational level and continuum of PrEP care.
- 5) Culturally sensitive and linguistically appropriate services for PrEP among the Latino community.

HIV Continuum of Care Recommendations

- 1) Culturally informed and linguistically appropriate program development. Services must be implemented for Latino immigrant agricultural farm workers, and Latino immigrant rural subpopulations, including sex workers and syringe users.
- 2) Program delivery must be planned to accommodate agricultural work schedules and seasonal cycles (clinics opening on holidays, weekends, and afterhours)
- 3) Allocation of resources for rental assistance, food, transportation and clothing distribution as meeting the needs of agricultural workers is essential to ensure medication and care services adherence.
- 4) Development of peer health educators/Promotores de Salud teams are strongly recommended to sustain HIV health engagement.
- 5) Allocation of resources to develop Mexico-California HIV health initiatives beyond the border and dedicated to sustaining the health of Latino immigrant agricultural farm workers, and Latino immigrant rural subpopulations, including sex workers and syringe users.
- 6) Health and Human Services and Office of AIDS should be open to receiving complaints in Spanish from dissatisfied agricultural farm workers, and Latino immigrant rural subpopulations living with HIV and AIDS regardless of their immigration status. Clear Grievance process must be disclosed to all patients and clients in clinics, hospitals and other health care facilities. Forms should be linguistically and culturally appropriate to target the intended immigrant Latino population.
- 7) HIV prevention may greatly benefit from the transformation of cultural beliefs around masculinity and manhood. Developing education processes that can help deconstruct ideas that men do not need health services and may help construct conditions that invite at risk men to attend testing and treatment services and guide them to other forms of prevention, such as condom use.

Legal Services Recommendations

- 1) Allocation of resources to assess the legal needs of Latino immigrant agricultural farm workers, Latino immigrant rural subpopulations, including sex workers and people that use syringes.
- 2) Allocation of resources to develop a directory and protocols to refer Latino immigrant agricultural farm workers and Latino immigrant rural subpopulations to appropriate Spanish-speaking legal assisting programs.
- 3) Allocate resources to organize legal information events where Latino immigrant rural subpopulations, sex workers and people that use syringes, learn their rights and responsibilities in their county where they reside.