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HIV/AIDS in the Latino Community of San Francisco: Past and Present

Jessica Da Silva

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The Issue

There are approximately 122,000 people of Latino origin in San Francisco, which account for 15% of the total population (Census, 2010). Historically, Latinos have and still face several barriers to access healthcare and improvements in health (Aguirre-Molina, Molina & Zambrana, 2001). When the world was exposed to the spread of a new and unknown virus, the broader population suffered from the epidemic. The Latino community in San Francisco was and still is one of the hardest hit by the virus.

Acquired Immunodeficiency Syndrome (AIDS) was first called Gay-Related Immune Deficiency, also known as GRID, before the world better understood the disease (Room, 2014). In the early 1980s, medical doctors began to associate Kaposi's sarcoma with what we now know as AIDS. The "gay pneumonia" was another illness that characterized this unknown disease (Seidler & DuNah, 1988). They also noticed the spread of this then unknown disease among members of the gay community. In the United States, two cities were the epicenter for the disease, New York and San Francisco, reporting new cases on a daily basis.

In September 1982, the Center for Disease Control (CDC) first called the disease by the name we know today, AIDS. They had reported so far out of the 593 linked cases around the country, 423 deaths had been recorded. Acquiring Human Immunodeficiency Virus, or HIV, is a virus that over time and without treatment, weakens the immune system. Once weakened, the person is susceptible to diseases such as cancers and infections that consequently lead to death. At this stage, where HIV weakens the person's health, the virus is no longer contained and becomes AIDS (San Francisco AIDS Foundation, HIV Info, 2019). Since the break of HIV in the United States up until 2015 it is estimated that over 1.2 million people have been diagnosed with AIDS. In 2015 alone there were 6,465 HIV related deaths recorded in the USA.

HIV is generally transmitted through sexual behaviors and needle or syringe exchange. The virus travels from the infected human host to another through the blood, semen, breast milk or other bodily fluids. Transmission can occur if any of these fluids are in contact with mucous membrane or damaged skin (HIV Basics, 2019a). At the time of the epidemic break, information of how the virus spread was unknown to all. Once scientists learned more about HIV and transmission, it was time to inform the public. In the early years of HIV, thousands died due to lack of knowledge of how the virus spread.

Epidemic History in the USA and San Francisco

In *Health Issues in the Latino Community*, by Aguirre-Molina, Molina & Zambrana (2001), the authors describe the epidemic of HIV and other Sexually Transmitted Diseases within the Latino community in the USA. Since Latinos also have the lowest rates of condom use compared to any other ethnic group (p.301- 305), it is easy to understand how the epidemic implicated thousands of Latino lives. In the 1980s there had been 8,000 HIV cases confirmed in the country. In the 90s, the number of cases among Latino men were already three times higher than the cases among white men (MNHC, 2019).

In 2017, the San Francisco Department of Public Health Population Division reported that the number of individuals living with HIV/AIDS in San Francisco was a total of 15,952, 19% of which were Latinos (2018). This epidemiology report also informed us that from 2006 to 2017 there was a small increase in the number of newly diagnosed Latinos, from 20% to 25% of new diagnoses. Meanwhile the number of whites diagnosed has decreased from 55% to 38%. The San Francisco AIDS Foundation, a large and respected non-profit in the city, reported that in 2017 there has been a total of 221 new diagnoses, a decrease in recent years (2019). These reports show that efforts made by public health providers have had a direct impact in the HIV

transmission among white men, but when we look further into data this is not true for Latino men.

Some of the important statistics shared by the San Francisco AIDS Foundation sheds light on the population most affected by HIV today in the city. Of the new diagnoses, 86% identified as male, 74% were men who have sex with men. Of this group 38% were white, 25% were Latino, and 13% were Asian/Pacific Islanders. This data shows not only Latino diagnoses have increased, but so has the diagnoses in the Asian community. More astonishing are the numbers in the African American community. Although they represent only 6% of all residents of the city, in 2017 they encompassed 17% of the new diagnoses.

In the map below (Figure 1) we can see how people living with HIV/AIDS are geographically distributed in the city. It shows in dark blue the neighborhoods of Castro, Western Addition, South of Market (SOMA) and Tenderloin with higher prevalence of cases (San Francisco Department of Public Health Population Division, 2018). It has been also reported that new diagnoses are mostly coming from Castro, Tenderloin and SOMA. For example, Castro had the highest newly diagnosed cases with 181 per 100,000 people. Apart from Castro, Tenderloin and SOMA are regions of the city with a large concentration of low-income populations with a high number of homeless people living on the streets of those areas. Learning about where is the geographic concentration of HIV cases also helps set the expectation for where health clinics should be.

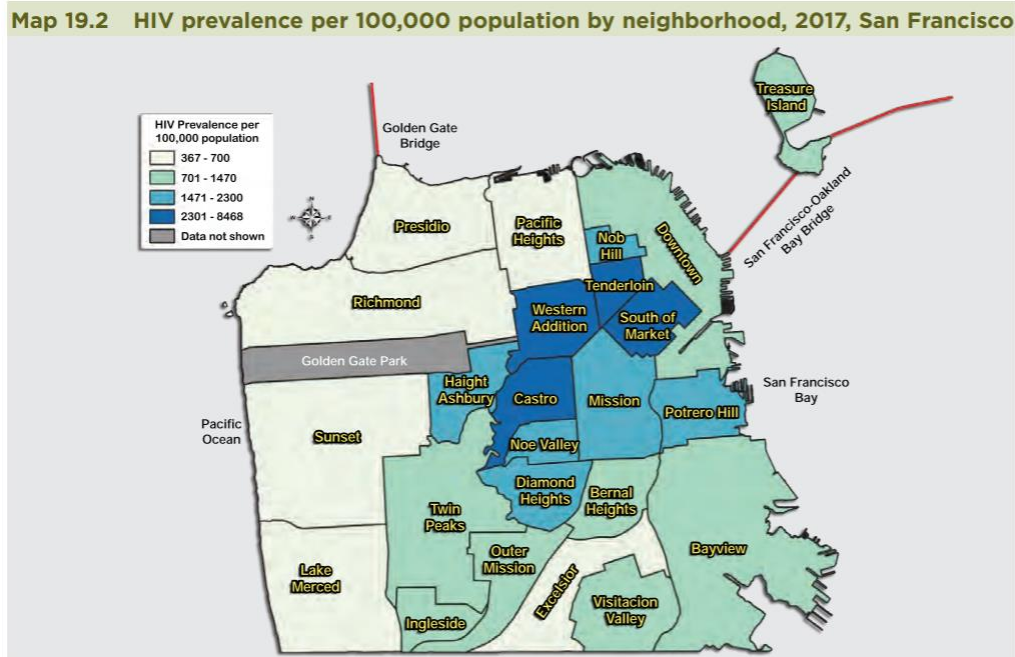


Figure 1: The city of San Francisco showing parts highlighted with the prevalence of HIV among the population. The darker blue areas have higher HIV occurrence.

The epidemiology report also has an in depth break down of the HIV/AIDS cases. In the data collected in 2016, there were 2,879 people living with HIV/AIDS which 64% of them had been virally suppressed (San Francisco Department of Public Health Population Division, 2018). Viral suppression happens when a person undergoes antiretroviral therapy, also known as ART which reduces the viral load in the body. The virus is suppressed to an undetectable level, however it does not mean the person is free of the virus. If the person stops treatment higher levels are likely to return (U.S. National Library of Medicine, 2019). The viral suppression in Latinos is lower than in whites (68%) and equal to the viral suppression in African Americans. Aguirre- Molina et al (2001) discuss sexual health in depth in the Latino group in the USA. They highlight that based on studies of the community, even though Latinas have less sexual partners in their lifetime than other ethnic groups, they can be at a higher risk to contract HIV since Latino men are more likely than other men to have multiple sex partners from both sexes.

Furthermore, due to cultural dynamics and *macho* pride, bi-sexual Latino men are unlikely to share with their female partners that they have had sex with other men (p.303). In addition, as previously mentioned, Latinas perception of condom impacts their use. Studies have showed that Latinos have knowledge of how Sexually Transmitted Diseases (STDs) and HIV are transmitted however because condom use is not common among Latinas and their sexual partners it explains the spread of such diseases in the community (p.305). Even though fear of acquiring the virus is not a top prevention method research shows that pregnancy prevention among Latinas is a stronger motivator (p.306).

Income inequality also play a large role when a woman makes decisions about her health. Aguirre- Molina et al report that low income minority women who are at high risk for contracting HIV are more likely to use condoms and get tested for HIV than women in monogamous relationships whom believe they have lower risk to get HIV (p.305). This shows that it is important to educate all women and increase the target in particular for monogamous women who perceive themselves as low risk to contracting HIV. Understanding the channels of transmission and the multidimensional lives of the targeted community is essential for community leaders to develop educational campaigns and program that serve this population.

Turning Policy into Action

Although it was not until recent decades that researchers and agencies began to collect in depth data about Latinos (Aguirre-Molina et al, 2001, p.25), in the last 20 years major improvements have happened in research which have impacted how the government treats the community. In 1998, President Clinton's Administration created a major initiative to end racial and ethnic disparities (p.70). In addition, some of the areas of healthcare targeted by the initiative was cardiovascular disease, diabetes, HIV/AIDS, cancer screening and management, infant

mortality and immunization rates. All of these are areas identified as high risk for Latinos. Furthermore, these government decisions paved the way for how local government should focus on when dealing with public health.

As part of this local effort of turning policy into action, the San Francisco releases the Strategic Plan for Population Health (2014) as a guiding tool and educational source for those interested in the public health scenario of the city. The strategic plan highlights that their efforts are evidence-based, embraces a framework that is community centered, and is data driven. The most recent efforts by the Department of Public Health of San Francisco to improve the health of its residents began in 2012 when they initiated partnerships with residents, hospitals and nonprofits. These partnerships look at how to address health problems in San Francisco. The focus points of these community partnerships were to ensure health equity, create connections, facilitate alignment of priorities, resources and actions (San Francisco Department of Public Health, 2014, p. 7). One of the focus areas of the plan is the *Health of People at risk or Living with HIV*. The city reports that even though the total number of new HIV cases has decreased since the 2000s, they recognize that Latinos are at higher risk for contracting HIV in the city.

The latest Strategic Plan discusses three priority areas for the health of people living or at risk of getting HIV in San Francisco. The city selected three headline indicators to create a plan. The first indicator is reducing the number of new cases. The second is to provide access to earlier care which leads to longer life expectancy and improved quality of life, this indicator means that the city expects the person diagnosed with HIV to be engaged in treatment within three months of infection. The third indicator is viral suppression, which means treatment that can also help the virus not continue to spread to others and consequently stabilizes the person living with HIV (San Francisco Department of Public Health, 2014. p.53-60).

For each headline indicator there are strategies the city plans to use, identified partners and lessons learned from previous works. One of the indicators is to reduce the number of new HIV cases. The city recaps that since the 2000s, new cases of HIV have decreased in California due to increased HIV testing and early detection. This public health effort led to prevention of transmission, earlier and quick access to care for those carrying the virus, and increase in individual's uptake of highly effective treatment. In addition to HIV testing and treatment, case management services have also been identified to be an important action proved to help prevent future transmissions while improving the health of the person living with HIV.

In order to reduce the number of new HIV cases, strategies were laid out in the city plan. First, they focus on development and implementing chosen approaches to increase HIV testing for people that are due for testing such as including innovative uses of technology. Second, they plan on scaling the capacity to deliver Pre-Exposure Prophylaxis (PrEP) to people at risk. PrEP is a prevention method, in form of a daily pill, that reduces the chance of becoming infected with HIV. The third strategy to reduce the number of new cases of HIV is to focus on the wellness and healthcare of males who have sex with males (MSM) since they are the vast majority of HIV/AIDS cases. One important fact in this strategy is that the city highlights their intention to focus on young MSM, Latinos, and Asians since out of all the groups, these are the one where diagnoses have gone up in the last decade.

Providing access to earlier care for a person diagnosed with HIV is the next health indicator used by the city. Previous actions have shown that three approaches have been successful in providing early care. First, known as a "warm hand-off", connecting patients directly with health navigators immediately after diagnoses proves to show highly positive results. Support of social services also plays a large role in helping newly diagnosed patients.

Third, having access to health insurance also predicts how the patient's health will develop. Therefore, the strategies to target this health indicator are to increase case management in order to increase the "warm hand-off" opportunities; to have social services or non-HIV services in the same location as HIV services; and to address other social determinants of health in order to improve the overall treatment of the patient.

Lastly, the third health indicator used to improve the health of San Franciscans in regards to HIV is viral suppression. By analyzing the percentage of residents living with HIV who are virally suppressed, the city can create strategies to further increase the number of patients who are virally suppressed. In order to achieve viral suppression a patient undergoes an anti-retroviral treatment which decreases the amount of HIV virus in the person's blood. Maintaining this treatment means the patient can achieve viral suppression, therefore he or she can live a healthier and longer life while at the same time decreasing the chances of transmitting HIV. In other words, viral suppression is the goal after a medical provider diagnoses a patient. Actions such as quick connection to care, access to health insurance, case management and text messages (SMS) connecting patients with the health clinic have been proved to be very successful in increasing the number of individuals who have achieve viral suppression.

The strategies identified to continue to increase the viral suppression goal involve more cross agency efforts than the previous strategies. One of the strategies is to prioritize substance use treatment slots for patients who do not have viral suppression yet. The other strategy is to target this goal is to further educate clinicians to use universal treatment as soon as a patient is diagnosed regardless of their immune system status. This is highly important to prevent HIV positive person to transmit the virus. Finally, the last strategy is to increase the observance in order to identify people who have HIV but are not yet engaged in anti-retroviral treatment.

It is important that the city specifies that minority groups who are at higher risk should be the focus of their efforts. Furthermore, they also identified partner organizations they will be working with in order to implement these strategies. Some of their listed potential and ongoing partners are the HIV Care Council, HMOs, PPOs, healthcare care providers, Lab Corp, Quest, Walgreens, the research community, the at-risk communities (as mentioned previously). Identifying these partners and listing them in their plan publicly sends a strong message to the community since it shows multi-sector efforts to combat the same problem.

Based on this Strategic Plan it seems that the city government has been a strong and positive approach to improve the lives of those living with HIV/AIDS and the rest of the population who are at risk. The Department of Public Health (DPH) uses data to decide which areas to focus on and partner with community contributors to advance the health of the city. In different instances, they mentioned the Latino population in specific but I was hoping for more detailed information regarding this particular group. Since data shows that the number of new diagnoses in the Latino community has increased over the last few years, I expected to see more efforts that target this issue. It is possible that the following Strategic Plan will do more to target the Latino population. In addition to using data, the DPH also discuss their steps to build an integrated assessment and research platform as part of their action plan. In addition, some of the functions by the epidemiology arm of the DPH, focuses on maintaining highest quality HIV prevention, develop and test strategies in addition to engage the communities in the Bay area to build research literacy (p.66)

Public and Private Sectors Partnering

The latest epidemiology report highlights an important factor in providing health for San Franciscans. The reports say that more Latinos and Asian/Pacific Islanders had no health

insurance coverage at the time of HIV diagnoses in comparison to white and African Americans (p.54). In order to prevent adverse health outcomes among those individuals recently diagnosed, it is important they begin receiving the correct treatment as soon as possible and that this treatment is continuous in order to achieve viral suppression. The city along with nonprofit organizations have created public health campaigns to target the people who are at a high risk such as Latinos and Asians. One interesting example of these efforts is the campaign launched by the Institute Familiar La Raza to target men at risk of getting infected.

The Institute is a well-respected social services nonprofit that provides various services to the Latino community including early intervention and education for children, indigenous health services, and mental health services. They provide health services for documented and undocumented residents regardless of health insurance. Recently, in 2018, they began the HIV and prevention campaign called Viva PrEP (Viva Prep, 2018).



Figure 2 and 3: Viva PrEP Latino Campaign

As seen in the Figure 2 and 3, the Viva PrEP campaign targets Latino men who have sex with men and trans women. As mentioned previously, these are high risk groups and the campaign is led by a known health clinic in San Francisco. PrEP stands for Pre-exposure prophylaxis and it is a treatment for individuals who are at a very high risk for HIV. It consists in taking HIV prevention medicines daily to lower their chances of getting infected (HIV Basics, 2019a). The writing in the poster above says “Ready and prepared to succeed” (Figure 2) “My son is my pride and he protects himself” (Figure 3) and “A pill once a day prevents HIV” (both figures). This visual campaign is spread out in streets and public transportation. The difference between this public campaign and others is that Viva PrEP was designed by the Latino health

community themselves. The Institute Executive director Estela Garcia reports that in the past other campaigns had failed because they had been created for the English-speaking community and translated to Spanish (Highleyman, 2018). This campaign is different because it views the problem of HIV through a family lens and most specifically through the eyes of a Latino man and a Latina trans woman.

Viva PrEP is a public health campaign designed by a clinic that primarily serves the Latino community but with the support from the San Francisco Department of Public Health. These two forces joined together to focus on the same goal of decreasing the spread of HIV/AIDS in Latino community. Campaigns like these are undeniably important since PrEP treatment, taken daily, can reduce the risk of getting HIV by over 90% (HIV Basics, 2019a & Highleyman, 2018). Thankfully, PrEP is also offered in many other clinics throughout San Francisco. It is covered by Medi-Cal, the state funded health insurance, and most commercial insurances. Additionally, Gilead Sciences, the drug's manufacturer, has programs that help individuals with payments (Highleyman, 2018).

Viva PrEP is the fruit a relationship between the Institute, the City of San Francisco and the Getting to Zero initiative. This initiative works under the supervision of the City government and it partners with community-based organizations and UCSF medical school. The Initiative has the goal to reduce HIV infections and deaths by 90% by the year 2020. Since 2013 Getting to Zero has been working on three approaches which is the PrEP expansion, as we saw in the program Viva PrEP, Rapid ART (antiretroviral treatment) Program for HIV Diagnoses known as RAPID and retention in care (Getting to Zero SF, 2017). The initiatives slogan and vision is for them to get to zero deaths, zero infections, and zero stigma.

There are smaller goals within each of these approaches by the Getting to Zero initiative. RAPID has the goal to create locations, or as they call it “hubs” throughout the city where people who have been recently diagnosed could get HIV treatment right away. Their plan is also to help these patients to navigate and transition to their ongoing HIV medical care as efficiently as possible. Strengthening the current hubs and creating more locations are their priorities. The initiative’s third approach is to help people maintain their treatment once they start it (Getting to Zero SF, 2017). With all of these strategies in place, San Francisco’s resolve is to be the first city to end HIV transmission and deaths related to the virus, while also ending the stigma against HIV positive individuals.

Some of the nonprofit organizations that specifically provide HIV and other health related services to Latinos are Clinica Martin Baro, Clinica Esperanza and the Latino Wellness Center which are all part of the Mission Neighborhood Center La Clinica from the Instituto Familiar De La Raza. These locations provide services for anyone with or without health insurance. They provide rapid HIV testing, counseling and linkage to care.

San Francisco in comparison with the rest of the world and the USA

Much has been done to combat HIV since its outbreak in the early 1980s. San Francisco, once the ground zero for HIV and AIDS, was hit the hardest by the epidemic. Nevertheless, with the hardest challenges also came the strength and bravery to fight this invisible war. Today, San Francisco is ahead of other cities around the world in regarding public health support for people with HIV. According to the Center for Disease Control and Prevention, only 39% of infected people in the general American population were being treated with a doctor. While 82% of San Francisco residents with HIV were receiving treatment. Furthermore, in the rest of the country, 30% of people diagnosed have been virally suppressed, while in San Francisco the number

reached 72% in 2012 (McNeil Jr, 2015). Since then, the number of San Franciscans in treatment and virally suppressed has risen.

Personal thoughts and recommendations

From the beginning, the fight against AIDS in San Francisco was led by and for white gay men. African American, Latino and Asian men were left behind and their infection numbers increased disproportionately over the years. According to the film, *Fighting for our Lives* (Seidler, E., DuNah, 1988) there were no people of color in the leadership of any of the organizations handling HIV and AIDS in its early days. To me, this is a concrete example of how lack of diversity in boards, committees, and administrations has long lasting impact not only internally for the organization but also on the community they were meant to serve. In order to provide the best suitable care to minority groups, organizations, starting with leadership teams, must be a reflection of the people and the community they serve.

Viva PrEp is one example of how San Francisco is creating more inclusive public health campaigns. Still, there is a long way to go. The campaign targets gay Latinos and transgender women and men who have sex with men nonetheless it does not include sex and health education for Latinas. It also comes short at targeting bisexual men who have long term relationships with women. Aguirre- Molina et al (2001) reported in their book that condom use among heterosexual Latinas is low, unless they are focused on preventing pregnancy. Latinas are often unaware that a potential sexual partner may be bisexual and therefore be at a higher risk for contracting HIV. Without this knowledge and open dialogue, Latinas are exposed to the virus. It is then very important that initiatives and programs are created to educate the whole spectrum of Latino families. Public health programs should be educating and encouraging women, as well as men, to use condoms every time they have sex regardless of their marital status or sexual preference.

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