HIV Prevention Among Urban Hispanic/Latino Men Who Have Sex With Men (MSM)

Formative Evaluation Results

2009

Conducted by:

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Please Note: The term *men who have sex with men* (MSM) refers to men who engage in sexual activity (behavior) with other men, regardless of how they sexually identify: many choose not to accept social identities of *gay* or *bisexual.* The term MSM was developed and is used in CDC surveillance systems. This report will use these terms interchangeably because the vast majority of the evaluation participants referred to their social identification as *gay* and very few as *bisexual* or *transgender*.

Throughout the content of this report, the term AIDS is specifically reserved for dialogue pertaining to an actual AIDS diagnosis.

The terms *Hispanic* and *Latino* tend to be used interchangeably in the United States for people with origins in Spanish–speaking countries. The U.S. Office of Management and Budget Directive 15 currently defines *Hispanic* or *Latino* as "a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race" and has been adopted by other federal, state, and municipal agencies. Many Hispanics or Latinos would agree that the usage of Hispanic or Latino, both, or neither, is a personal preference. For this report, the terms will be used interchangeably.

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EXECUTIVE SUMMARY

The purpose of this formative evaluation was to answer specific questions about the availability and quality of HIV prevention services and seek recommendations for future programming for Latino men who have sex with men (MSM) in the Denver Metro area. The evaluation was funded by the Colorado Department of Public Health and Environment, Disease Control and Environmental Epidemiology Division, STI/HIV Section (CDPHE). The intent is for this report to be used by CDPHE to improve, modify, document, and/or manage their HIV prevention program planning and services in 2010. In this executive summary, a brief overview of methodology and a highlight of findings for each of the main evaluation questions are summarized. Detailed results can be found in the main report that follows.

The formative evaluation, in accordance with CDPHE's requirements, outlined four questions to guide the evaluation process:

1. What services should be in place to address sexual and drug use behaviors associated with HIV infection among urban Hispanic/Latino MSM?
2. How (when, where, how often, by whom, etc.) should the services be delivered to best meet the prevention needs of urban Hispanic/Latino MSM?
3. What are the best methods by which to include urban Hispanic/Latino MSM in the planning, development, implementation and evaluation of services?
4. How should the services be adapted to best meet the prevention needs of men born in the United States (U.S.) and those born outside the U.S.?

As an initial step, JSI assembled a Project Advisory Group consisting of ten Latino MSM community members residing in the Denver Metro area (Adams, Arapahoe, Boulder, Broomfield, Douglas and Jefferson Counties, and Denver City and County). The Advisory Group provided feedback to JSI during the development of the research plan and materials, assisted JSI in the recruitment of evaluation participants, and provided space to conduct focus groups. Furthermore, the Advisory Group established validity of the qualitative findings.

JSI collaborated with CDPHE program staff and the Project Advisory Group to assist with the development of a formative evaluation plan, data collection tools, and protocol. Data was collected through focus groups and interviews with diverse members of the Latino MSM community. Primary data collection began November 2, 2009 and concluded December 11, 2009.

JSI staff conducted, in English or Spanish, six focus groups with a total of 42 participants and twelve interviews at easily accessible locations. A total of 54 individuals participated in either a focus group or interview.

Quantitative data analysis of a demographic survey used descriptive statistics to provide characterizations of the participants. JSI analyzed transcript data using a standard template with

an editing organizing style that allowed emerging themes.[1] After summarizing the results, they were vetted with the Project Advisory Group to assess the comprehensiveness and accuracy of the data extraction.

While the results are comparable to those found in earlier reports commissioned by the CDPHE, they provide a thick and vivid description of the contextual lives of these men and how they have influenced their HIV/AIDS risk, prevention, and service experience.

One overarching contextual theme divulged from focus group and interview data was the participants' need for a **sense of community**, which seemed to color discussions and any past attempts at prevention planning and implementation. The majority of men felt that they were not connected to the mainstream Latino or MSM communities. They did not have feelings of belonging, that members matter to one another and the group, and they lacked a shared faith that members' needs would be met. Involvement of Latino MSM in planning is crucial to restoring community and ownership. Leaders in HIV prevention efforts should be those who acknowledge the importance of the community's needs, values, and opinions. It is interesting to note that the focus group process was seen by many members as the starting point in building this sense of community within the Denver Metro Hispanic/Latino MSM community.

Loneliness and isolation that resulted from this lack of a sense of community are also experiences that have long been identified in the mainstream gay population. The participants also expressed concern about other identified mainstream issues like acceptance, stability, relationship, support, health, religion and family.[2] The participants seemed to be different from the mainstream gay population by their language and language skills, culture, the wide diversity in terms of countries and region of origin, group reference (for example: Chicano vs. Latino), education status, and health literacy. Those most recently immigrated or those without proper legal documentation spoke of contending with migration-related issues including survival in a strange land and the stress of acculturation and obtaining legal status which lead to feelings of isolation. They felt more marginalized, perceived more stigma, and often gravitated to one another for support based on the region they came from. Decisions made during the stressful acculturation process can place them at risk for HIV, especially without appropriate and available HIV prevention resources. Understanding and incorporating the context of the lives of urban Hispanic/Latino MSM within HIV prevention are paramount.

Many participants saw their self-worth as compromised by a number of conformity issues in terms of self and/or the American and Latino society. Issues of reconciliation of being gay within a strict and uncompromising religious upbringing, predominant in Latino cultures, contribute to societal alienation. Furthermore, this alienation is augmented by not feeling part of mainstream society due to being Latino and gay.

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[1] Crabtree, B. and Miller, W. Using codes and code manuals: A template organizing style of interpretation. In *Doing Qualitative Research,* B Crabtree and W Miller, 1999, pp. 163-177. Thousand Oaks, CA: Sage Publications, Inc.
[2] Grossman, A and Kerner, M. Support networks of gay male and lesbian youth. *International Journal of Sexuality and Gender Studies*, 1998, (3)1:1566-1768

All the above mentioned life experiences have contributed to a feeling of mistrust towards institutions for the majority of the evaluation participants . The awareness of these complexities should be considered when guiding HIV prevention planning to reach the Latino MSM community. Overall, the results tell us that Latino MSM life context and culture must be taken into account given their apparent importance in discussions of the evaluation questions.

The qualitative data obtained in this evaluation, when interpreted as an aggregate, forms a picture of a group who organize their life experiences through a holistic and comprehensive perspective. These findings suggest that HIV-related services also need to be **comprehensive and holistic** in nature.

Current issues that impact service planning and implementation which the participants highlighted include: 1) Latino sexual behavior issues related to HIV are not being addressed by any local organization; 2) current organizational mistrust; 3) cultural barriers to prevention service use such as machismo, lack of acceptance by the Latino community at large and the church, and lack of cultural sensitivity of health providers and organizations; and 4) service provision issues including perceived lack of professionalism, inconsistency, staff instability, and perceived high cost of services. Specific issues concerning prevention messaging that were most commonly discussed included: 1) HIV prevention as currently "not on the radar"; 2) lack of the use of appropriate Latino MSM role models; and 3) lack of appropriate and accurate HIV prevention information and limited reach to youth. These issues seemed to influence participants' suggestions and recommendations for future programming.

The following broad recommendations, ordered within themes by participant emphasis, summarize the overall results and are organized based on the original formative evaluation questions outlined within the CDPHE Documented Quote.

What services should be in place to address sexual and drug use behaviors associated with HIV infection among urban Hispanic/Latino MSM?

- **Prevention Messaging** – Tailor messages for subgroups of Latino MSM. Use positive messages and representative role models. Consider implementing a Hispanic/Latino MSM hotline. Develop an HIV informational and interactive website. Stress the personal responsibility of Latino MSM in their health. Integrate messages with community activities, such as health fairs, pig roasts, a volleyball tournament, or cooking classes. Target young Latino MSM, who are more susceptible to peer pressure and are at high risk for STDs, including HIV. Be inclusive with messages by including family and community and add supporting messages for family. Address sexual risk directly by considering "in your face" advertisements. Use technology for the young and those that are technology savvy. Distribute HIV informational and promotional materials in gay-identified and non-conventional popular venues.
- **Service Needs** – Provide a full range of services including educational, mental health and substance abuse treatment and support, as well as employment and housing assistance. Offer support groups for both HIV positive and HIV negative individuals, in both Spanish and English. Provide HIV testing and counseling support for HIV prevention and for those individuals with a positive result. Provide service coordination and navigation, such as case management. Make available parental and family support programming.

- **Activity Planning** – Provide a substance free safe place with skilled and culturally competent staff. Incorporate other activities that are not exclusively about HIV prevention such as sporting (soccer and volleyball), cultural, and community events. Incorporate skills building and personal or career growth opportunities. Provide fun and interesting activities. Be inclusive by involving family and community. Use computer and/or phone technology, especially for the younger MSM. Offer mobile HIV services.
- **Substance Use** – Integrate the substance use risk message throughout prevention activities. Use personal stories or testimonies of substance use leading to becoming HIV positive. Integrate both mental health and substance abuse services, if possible, or have a trusted and seamless referral network. Plan and implement substance free activities.

How (when, where, how often, by whom, etc.) should the services be delivered to best meet the prevention needs of urban Hispanic/Latino MSM?

- **Service Provision** – Ensure services are provided in a culturally sensitive manner.
  - **Who** – Use someone that shares a common experience, with passion, education, preparation, a credible reputation, and a positive attitude. A person who and an organization that is honest, transparent, consistent, discrete, ethical, professional, and positive. Have the organization be there for the "long haul." Train and provide volunteer leaders with appropriate HIV related materials.
  - **When** – Have services available 24 hours a day and seven days a week.
  - **Where** – Provide services at the Latino and mainstream community level, especially prevention messaging. In addition, use specific Latino MSM venues. For service provision, have organizations adjacent, but not in, the Latino community to avoid stigma related to HIV and homosexuality or in a central location known by the mainstream MSM community such as Cheesman Park, Capitol Hill, or Downtown.

What are the best methods by which to include urban Hispanic/Latino MSM in the planning, development, implementation and evaluation of services?

- **Leadership** - Be trustworthy, honest, charismatic, credible, professional, responsible, knowledgeable, resourceful and organized.
- **Recruitment** – To recruit Hispanic/Latino MSM to assist in planning and implementing services, use trusted role models, stakeholders, word of mouth marketing techniques, and incentives (both monetary and those targeting personal interests). Provide accurate information and training for participants. Attempt to recruit both U.S. born and foreign-born Latino MSM, and be inclusive of key stakeholders that are not Latino MSM, but have well-established relationships with the community. Include young MSM by recruiting through schools and universities that have already established support systems.
- **Activities** – Present research findings to involved MSM so they know how important their involvement is and for them to disseminate accurate information. Integrate planning and developmental activities with other non-HIV prevention events. Request meaningful involvement from and provide recognition on a continual basis for all participants and volunteers.

How should the services be adapted to best meet the prevention needs of men born outside the U.S.?

- **Prevention Services** – Be especially supportive, trustworthy, and personal. Make sure services are provided in a safe place, and that support is given throughout the acculturation process with a full scope of services such as education, legal assistance, job training, etc. Provide navigation and/or case management with the U.S. educational, health and legal systems. Integrate testing with other activities being mindful that privacy and confidentiality are a must in an environment where fear of authority is already established. Use mobile services that are not identified as HIV specific or openly targeting the gay community. Locate testing adjacent to the community to address stigma. Integrate cultural activities and art.

A specific inquiry concerned ***how to ensure HIV testing among Latino MSM.*** The participants provided the following recommendations.

- **Comfort –** Address comfort issues, such as testing anonymously, providing tests in a private place to ensure confidentiality, and offering tests for free or at a very low cost. Make the testing process quick and easy. Do not include any lengthy surveys that are viewed as intrusive. Provide support for the results as well as a plan for next steps. Add to other activities as much as possible so that HIV testing is not singled out.
- **Mobile Services –** Bring testing to the community, however they should not refer to it as HIV testing. Communicate where and when testing will be available. Include local prevalence and incidence numbers in marketing materials to explain why testing is needed.

It must be stressed again, that there is a need to build this community. The Latino MSM participants expressed their willingness to be directly involved in this restoration.

1. INTRODUCTION

In the late fall of 2009, the Colorado Department of Public Health and Environment, Disease Control & Environmental Epidemiology Division, STI/HIV Section (CDPHE) contracted with JSI Research and Training Institute, Inc. (JSI) to conduct a formative evaluation to answer specific questions about the availability and quality of HIV prevention services and seek recommendations for future programming from the Latino men who have sex with men (MSM) community in the Denver Metro area.

The formative evaluation, in accordance with CDPHE's requirements, outlined four questions to guide the evaluation process:

1. What services should be in place to address sexual and drug use behaviors associated with HIV infection among urban Hispanic/Latino MSM?
2. How (when, where, how often, by whom, etc.) should the services be delivered to best meet the prevention needs of urban Hispanic/Latino MSM?
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The purpose of the formative evaluation was to refine the findings and recommendations from a series of meetings, focus groups, and interviews conducted by CDPHE between April and June 2009 with urban Denver Hispanic/Latino MSM. Although the community meetings provided valuable information, the meeting format, and time limitations did not provide CDPHE with the opportunity to clarify participants' statements, delve for additional information, or refine the recommendations around what services should be in place. In addition, the four-meeting format was intended to draw a diverse group of individuals to each meeting to capture the variety of opinions that exist within the Hispanic/Latino MSM community. Instead, a high proportion of participants attended multiple sessions. Furthermore, almost all of the participants were born outside of the United States (U.S.). In order to gather information on the perspectives of Hispanic/Latino MSM born in the U.S., CDPHE staff conducted a limited number of interviews (10) and one focus group with native Hispanic/Latino MSM.

Expanding on the findings from the research conducted by CDPHE with the Hispanic/Latino community, this formative evaluation report provides CDPHE's STI/HIV Section with a context of the lives of urban Hispanic/Latino MSM and recommendations to help develop and guide effective HIV prevention programming for this population.

2. METHODOLOGY

Significant input from the CDPHE staff and Latino MSM community was utilized to guide this work. JSI collaborated with CDPHE's STI/HIV Section program staff and a Project Advisory Group in the development of the formative evaluation plan and data collection tools and protocol. Diverse members of the Latino MSM community in the Denver Metro area served as interview and focus group participants, expressing their views on the current and ideal state of HIV prevention services and providing information that could be used by the STI/HIV Section to develop solutions and strategies to best help serve their community.

2.1 Advisory Group

A Project Advisory Group was assembled by JSI. Based on a suggested contact list provided by JSI and CDPHE staff of Latino MSM residing in the Denver Metro area (Adams, Arapahoe, Boulder, Broomfield, Douglas and Jefferson Counties, and Denver City and County), ten of the approximately 16 Latino MSM community members contacted agreed to join the Advisory Group. Please see Appendix A for a list of Advisory Group members. JSI collaborated with the Advisory Group to receive input for the development of the research plan and materials. Their responses included modifications to the wording and/or images used on the study recruitment flyer, call-screener tool, demographic survey, and semi-structured interview/focus group guides. They also suggested appropriate recruitment methods and venues. Furthermore, the Advisory Group assisted JSI in the recruitment of evaluation participants and some Advisory Group members even provided meeting space. Ultimately, the Advisory Group established validity of the qualitative findings.[3] As an incentive, Advisory Group members received $50 per meeting for volunteering their time.

2.2 Participant Recruitment

JSI used a multifaceted approach to recruit focus group and interview participants, including:

- Flyers with Canvassing
- Online Communications
- Viral Messaging
- Word of Mouth Marketing

Interview and focus group participants each received $30 for their input.

Flyers with Canvassing

JSI created a recruitment flyer, both in English and Spanish, which included a general project description and project contact information (please see Appendix B). JSI staff, members of the Advisory Group, and interview and focus group participants distributed approximately 500 flyers. JSI staff posted and/or distributed recruitment flyers in various venues frequented by the Hispanic/Latino community and/or MSM including businesses, restaurants, clubs, coffee shops, fitness centers, bathhouses, supermarkets, Gay, Lesbian, Bisexual, and Transgender (GLBT) centers at university-based centers, and other community-based organizations. An electronic

[3] Giacomini, M. and Cook, D. Users' guide to the medical literature XXIII. Qualitative research in health care: Are the results valid? *JAMA*, 2000: 478-482.

version of the recruitment flyer was distributed to all Advisory Group members in addition to GLBT- and Latino-serving organizations via e-mail so that it could easily be forwarded to other contacts and potential study participants.

Online Communications
JSI made use of various online communication and social networking sites including Facebook.com, Craigslist.com, Manhunt.net and Adam4adam.com (two of the top three online dating websites for MSM). Finally, the Denver HIV Resources Planning Council posted the flyer on their website and added focus group dates to their electronic calendar.

Viral Messaging
JSI employed the use of phone messaging and/or texting to disseminate study recruitment information. JSI created a text message, in English and Spanish, for Advisory Group members and other key contacts that could be forwarded to potential study participants. The actual message encouraged any receiver to forward the message to other individuals who might be interested.

Word-of-Mouth Marketing
As the traditional and most effective way of disseminating information, JSI utilized word-of-mouth marketing to promote project information. All JSI study staff, Advisory Group members, and interview and focus group participants were encouraged to actively share information with people in their social networks. In addition, JSI study staff conducted small presentations at various community-based organizations, including Addiction Research and Treatment Services (ARTS).

2.3 Data Collection

JSI staff worked closely with the Advisory Group members and CDPHE to develop four data collection tools (please see Appendix C): a Call Screening Tool; a Demographic Survey; an Interview/Focus Group Semi-Structured Guide, and a Group and Interviewer Facilitator Summary form. Primary data collection began November 2, 2009 and concluded December 11, 2009.

Data Collection Tools
Data collection tools are described below.

Call Screening Tool - The Call Screening Tool was created to ensure that all individuals who wished to participate in the formative evaluation project identified as Latino/Hispanic MSM and were 18 year old or older. It also allowed scheduling of groups and interviews by preferred language, day of the week and time.

Demographic Survey – An anonymous demographic survey tool collected basic information about study participants. Questions pertained to age, sexual orientation, length of residency in the U.S., employment status, and the participants' rating of the quality of HIV services in the Denver Metro area. JSI administered the demographic survey prior to commencing all interviews and focus groups. When possible, individual participants completed their own surveys, but in certain circumstances where there was low literacy, JSI staff members

assisted in its completion. In addition to collecting demographic information, the survey tool aided in assuring a diverse recruitment, based on geographic location, age, sexual orientation, and place of birth (U.S. or non-U.S.).

Interview/Focus Group Semi-Structured Guide - Semi-structured interview and focus group guides were utilized to assure the consistency of data collection between and among focus groups and interviews. Guide questions were based on initial research questions with additional probes for clearer and richer discussions.

Group Facilitator and Interviewer Summary Form – Upon completion of the group discussion or interview, each facilitator completed a summary form about the group/interview process. These summaries provided first impressions of key discussion points and other group observations. The completed summaries were included as text data for the qualitative analysis.

Interviews and Focus Groups

JSI staff conducted six focus groups and twelve interviews. Although additional groups and interviews were planned for qualitative theoretical saturation, they were not required.[4] The interviews and group discussions were held in either English or Spanish, depending on the participant's language preference. Interview and focus group facilitators were Latino themselves and fluent in English and Spanish. All of the interviews and focus groups were documented by a note taker and audio-recorded for accuracy and fidelity. The focus groups were held in locations that were easily accessible by private and public transportation. Groups were stratified by language preference. Forty-two persons took part in the groups with an average number of seven participants per group with a range of five to twelve. Half of the focus groups were held in English. Out of the twelve individual interviews, five were in English. A total of 54 individuals participated in the evaluation study.

Transcription and Translation

All interview and focus group audiotapes were transcribed verbatim to text data and all recordings in Spanish were also translated into English. Transcriptions and translations were made anonymous for confidentiality purposes.

2.4 Data Analysis

Quantitative Analysis

The quantitative demographic data collected was analyzed using descriptive statistics (frequencies and percentages). The results provide a description of the participants and are reported in the Results Section (3.1) of this report as well as in Appendix D.

Qualitative Analysis

JSI staff analyzed qualitative text data (transcripts and group/interview summary notes) using ATLAS.ti© version WIN 5.0 qualitative data analysis software. JSI staff employed a combined template and editing organizing style allowing for emerging themes.[5] First, the project team

[4] Krueger R. and Casey M. *Focus Groups: A Practical Guide for Applied Research.* 2000.Thousand Oaks, CA: Sage Publications, Inc.

[5] Crabtree, B. and Miller, W. Using codes and code manuals: A template organizing style of interpretation. In *Doing Qualitative Research,* B Crabtree and W Miller, 1999, pp. 163-177. Thousand Oaks, CA: Sage Publications, Inc.

developed general broad codes related to each semi-structured question. Then, the staff applied an editing approach, derived from grounded theory, which allows for separation of preconceptions and identifies emerging themes and codes (please see Appendix E). A team approach helped limit any personal biases, subjectivity and preconceptions.[6] The team was committed to self-reflection, resulting in ongoing assessment of subjectivity throughout the entire analysis process. The themes and subcategories were organized into an overall framework to describe the issues and complexities of HIV prevention planning and services for the Latino/Hispanic MSM community and provide answers for the evaluation question. After summarizing the results, they were vetted with the Advisory Group to assess their comprehensiveness and accuracy. This analytic approach was consistent with criteria for enhancing the validity of qualitative findings.[7,8]

[6] Fernald, D, Duclos, C. Enhance your team-based qualitative research. *Annals of Family Medicine*. 2005, *3*(4): 360-364.
[7] Addison, R. A grounded hermeneutic editing approach. In *Doing Qualitative Research*, B Crabtree and W Miller, 1999, pp. 145-161. Thousand Oaks, CA: Sage Publications, Inc.
[8] Giacomini, M, Cook, D. Users' guide to the medical literature XXIII. Qualitative research in health care: Are the results valid? *JAMA* 2000: 478-482.

3. RESULTS

3.1 Description of Participants

Sixty-three people were screened for participation. Nonparticipants included those that could not be reached for scheduling or had scheduling conflicts. Table 1 below shows that the most successful recruitment was word-of-mouth.

Table 1: Participant Recruitment Venues

	No.	%
Friend (Includes friends of the Advisory Group)	40	63
Flyer	7	11
JSI Staff	9	14
Craigslist	3	5
ARTS presentation	2	3
Boulder County AIDS Project	1	2
Colorado AIDS Project	1	2
Total	**63**	**100**

Table 2 below highlights demographic findings of the 54 final participants (42 group and 12 interview participants. For complete results, please see Appendix D).

Table 2: Participant Demographic Information

	No.	%
Participants		
Focus group participants	42	78
Interview participants	12	22
Gender		
Male	52	96
Transgender (M to F)	2	4
Sexual Orientation		
Gay/homosexual	48	89
Bisexual	5	9
Straight/Heterosexual but had sex with men	1	2
Age		
18 – 24	8	15
25 – 29	2	4
30 – 34	11	20
35 – 39	15	28
40 – 44	8	15
45 – 49	5	9
50 – 54	5	9

Table 2: Participant Demographic Information (Continued)

	No.	%
Length of residency in the U.S.		
Born and raised in the U.S.		
1° generation	5	9
2° generation	4	8
3° generation or greater	11	21
Less than 2 years	0	0
2 – 5 years	6	11
5 – 10 years	13	25
Greater than 10 years	14	26
County residence		
Adams County	6	11
Arapahoe County	13	24
Boulder County	0	0
Broomfield County	0	0
Denver City & County	28	52
Douglas County	0	0
Jefferson County	7	13
Level of Education		
Less than high school	3	6
High school/GED	24	44
Currently in college	3	6
Two-year college degree	2	4
Four-year college degree	11	20
Graduate degree	7	13
Other	4	7
Employment		
Employed full-time	33	61
Employed part-time	77	13
Unemployed	10	18
Disabled	3	6
Other	1	2
Approximate Yearly Income		
Less than $10,000	11	21
$10,000 - $20,000	10	19
$20,001 - $30,000	7	13
$30,001 - $40,000	4	7
$40,001 - $50,000	10	19
Over $50,000	9	17
Don’t know	2	4

3.2 Qualitative Findings

The qualitative results below are organized first by Latino MSM life context themes including concerns, definitions of healthy lifestyle, and perceived issues influencing HIV risks, that emerged from the discussions followed by responses to each of the evaluation questions. The contextual themes were repeated by participants during the evaluation question discussions and appear in subsequent analysis of each of the original four evaluation questions that follow. Some actual participant quotes are used for illustrative purposes and are italicized. **Please note:** Actual quotes were edited for clarity; however, at no time has meaning been altered.

3.2.1 Hispanic/Latino MSM Life Context Themes

The themes and subcategories that emerged from the analysis of the information gathered from Latino MSM are described in the order of their frequency of mention and importance in the discussions and interviews. Discussions were elicited about the participants' perceptions of general Hispanic/Latino MSM concerns, healthy lifestyle, and issues they thought that impacted HIV/AIDS risk.

Hispanic/Latino MSM Concerns

Participants expressed many concerns, and the analysis of those concerns revealed six overarching themes: Acceptance, Sense of Community, Reconciliation of Spiritual Life, Stability, Support, and Personal Health. These themes are described below in order of frequency of participant mention.

Acceptance **–**The words participants used to express feelings of not being accepted by others included: *stigma, discrimination, rejection*, etc. The participants described themselves as "outsiders" – struggling to gain acceptance from their family, their community (gay and/or mainstream), and sometimes even themselves. Some participants felt overwhelmed by the stigma associated with being in an ethnic minority and gay, and possibly being HIV-positive and/or newly immigrated. Stigma seemed to affect the innermost aspects of the person, including their gender and sexual identities. As one participant explained:

> *Overcoming stigma of being gay includes coming to terms with your own sexuality, especially for men who are Latino and gay. Connection to the Latino community includes a balance between being gay and Latino. Being too gay can mean being too white and less Latino.*

Sense of Community **-** McMillan and Chavis define sense of community as "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together."[9] The participants felt staunchly that the Denver Metro Latino MSM community did not meet this definition.

[9] McMillan, D.W. and Chavis, D.M. Sense of community: A definition and theory. *Journal of Community Psychology*, 1986, 14(1): 6-23.

One participant described the lack of community as:

> *We all have our friends, but beyond that it is really hard to find a greater network of Latino gay men in the city, at least programs or organizations where people feel comfortable gathering. I think this is the biggest thing I see missing, unless I just could be missing it, but I think it is not visible enough for Latinos to come together as a solid community and share stuff like this and culture. It can be pretty isolating. I think, we belong to a larger gay community but in terms of being a subculture or a culture into itself, it is pretty lacking.*

In addition, some participants felt detached from the Latino community at large. Thus, they did not feel a part of any community beyond their small circle of friends.

Reconciliation of Spiritual Life - Maintaining a sense of self without being challenged by spiritual beliefs, culture, and practices that have been ingrained since childhood can be a daunting task for gay individuals. The process of accommodation or assimilation can lead towards feelings of separation from the strictures of faith, especially within tenets of organized religions which do not welcome homosexuality and/or the practices of "safe sex." This concern was expressed throughout the discussions.

Stability- Each of this theme's subcategories speaks to having a sense of peace, balance, and consistency, which is sought within the participants' social (relationships), financial, physical, and legal aspects of their lives. At the time of this report, the wider economic crisis impacted the participants financially. Thus, financial stability and the ability to take care of basic needs including HIV/AIDS treatment were highlighted as very important.

Support – Participants felt supported when they were physically and emotionally comforted by their family, friends, community, others, and/or organizations. Support comes when an individual knows that he is part of a community of people who love and care for him, who value and think well of him. Aspects of support that were of concern to the participants could be found both within the social and organizational domains. Participants were looking for a social network of other MSM that they can identify with as well as organizations that understand their issues and can provide the services they look for whether health, social, cultural, and/or legally related.

Personal Health – Worries about maintaining personal health, especially preventing or managing HIV/AIDS status was frequently cited. Some participants spoke to the lack of reliable and accurate information and ignorance of available services.

The concerns of Latino MSM seemed to be very similar among the different age groups of participants; however, perceptions about HIV and AIDS often differed. Older participants expressed their fears and associations with HIV and death because they remember hearing about or knowing people who died from AIDS. In comparison, younger participants talked about HIV as a chronic disease and referred to HIV awareness events as opportunities to connect and meet others.

This study also sought to describe any differences that emerged between those who recently arrived in the U.S. or who are living here without proper documentation and those born in the U.S. or who are significantly acculturated. The concerns mentioned above are applicable to both groups, however, Latino MSM who had recently immigrated to the U.S., both those documented and undocumented, felt more marginalized, perceiving that they carry a multilayered stigma. They also felt they had stronger religious beliefs and practice of cultural traditions. Coming to a new country and assimilating is an intimidating process especially without knowing the language and having the necessary education and gainful employment. Not understanding the new country's "systems" can compound this process. In addition, for the undocumented Latino MSM, survival was cited as their priority, thus, it was felt that MSM who were in this situation needed extra support that is culturally and linguistically appropriate and offered in a safe place in order to alleviate fear of deportation. One participant explained:

> *Gay Latinos that have recently immigrated to the U.S. need a lot of support and need to feel safe. It is very important to create this safe place for them. What I can't find much of is a support system. Not being born here, we don't have family members or others. We don't have anybody for support.*

Immigration status can be an especially difficult challenge. The process of obtaining legal status can be lengthy, complicated, and stigmatizing. Participants spoke to their fears of deportation, especially if they were HIV positive, and the resulting mistrust of government was cited multiple times. Hispanic/Latino MSM who had been in the U.S. for a long time mentioned that they were familiar with the anxiety felt by those that had recently immigrated to the U.S. and that they could provide mentorship in order to assist with the acculturation process.

Hispanic/Latino MSM Ideal Healthy Lifestyle

Participants expressed a wide variety of opinions related to the personal significance of what constitutes a healthy lifestyle. Despite the range of responses, most participants' ideas fell within generic and universal notions about healthy lifestyles expected from any group of adults, regardless of race, language, or culture. Moderation was stressed throughout the discussions especially around eating habits, sexual behavior, and being involved in stressful situations. When examined collectively, one can appreciate their holistic and comprehensive nature in that they integrated both mind and body referents by mentioning work, belonging, relationships, nutrition, and mental health as important contributors to a healthy lifestyle. This context provides a framework for providing HIV prevention services that addresses the "balance" of the individual. For example, Latino MSM can gain health or remain healthy by not practicing behaviors that would put them at risk and receiving services addressed at the physical, mental, and social elements of his life. The participants included notions of acceptance, social support, and involvement with others, which were highlighted earlier as major concerns. Participants framed their notions of a healthy lifestyle around their gay identity, behavioral issues (nutrition, exercise, etc.), social life, and mental health (self acceptance and positive outlook).

Having Sense of Community **-** Many participants felt that it was important to have a safe place and feelings of belonging, which was also reflected in the concerns discussed above. Many comments explicitly stated how the lack of sense of community contributes to lack of well-being.

Having Social Acceptance **-** Social acceptance, which many participants related to their experiences of stigma and discrimination, was also a notable component of a healthy lifestyle. Indicators that portrayed social acceptance included *having a stable relationship* and family and community support.

Having "Balance" with Mind/Body/Spirit **-** The majority of the participants presented fully integrated notions of a healthy lifestyle that incorporated mind, body, and spirit. Some participants felt that as MSM age, these holistic tendencies get emphasized.

Having a Strong Sense of Self Worth and Acceptance **-** This subcategory was mentioned quite often throughout the discussions and relates to MSM concerns. Having a sense of worth and self-acceptance is also related to the "balance" that is sought between mind/body/spirit.

Maintaining a Positive Attitude and Avoiding Negativism **–** The importance of having a positive attitude was discussed in almost all of the groups and in many of the interviews. The participants who disclosed their HIV status as positive especially emphasized this notion for being healthy.

Maintaining Physical Activity **-** Many respondents felt that being physically active kept one healthy.

Maintaining Good Communication with Partner and Family**-** Good communication with others was mentioned by some as healthy. Good communication was described as having few conflicts and/or being able to peacefully resolve conflicts to everyone's satisfaction and benefit.

Balancing Time **-** Having a comfortable balance in how people spend their time (work, recreation, and other activities) was also thought important. Not having this balance brings stress and leads to illness.

Avoiding Risk Behavior **-** Some participants framed the concept of a healthy lifestyle in terms of avoiding risk behavior and sharing with the community at large ways to prevent diseases such as HIV.

Being Active in the Community **–** It is important to note that for some being active within their community (however they define it) maintains and defines living a healthy life. Active means participating in community events and volunteering for the benefit of all.

Healthy Lifestyle Notions Among Recent Arrivals/Undocumented Immigrants **-** No overt differences were noted in the perception of a healthy lifestyle between recent arrivals and/or undocumented immigrants and U.S.-born Latinos. Immigrants, or recent arrivals, however stressed some issues more than others (for example: the importance of having work or a comfortable financial status and having legal documentation). Nevertheless, it is important to understand some of the differences between these two groups in terms of life experiences when planning for HIV prevention.

According to participants, the immigrant population is quite diverse. As one participant described:

> *They gravitate to one another based on region from where they come from, language/dialect that they speak, and I didn't even know that there was a division, not division but identity, from the Southern and the Northern part of Mexico, and central part, and they are very proud of those differences, you know they are slight differences, but to them they are very important.*

Some participants point to the differences between foreign-born Latinos and U.S.-born Latinos in the way they talk about sex. For some immigrants talking about sex is very taboo, and indoctrinated religious beliefs make this even more difficult, while U.S.-born Latinos speak about sex more freely. One participant also felt that recent immigrants have a greater sense of community because the new arrivals tend to seek each other for support, form a close-knit community, and adhere more strongly to Latino cultural values compared to U.S.-born Latinos who are more independent and many times do not have a support network they can rely on.

The men's perceptions of healthy lifestyle speak to possible amenable areas of risk. For example, Latino MSM who are in a troubled relationship might cope with their feelings, such as sadness, loneliness, and/or anger, by engaging in risky sexual behavior with someone other than their partner. Their priority at that time is not "using protection," instead it is finding company and comfort. Organizing and promoting MSM support groups that deal with topics such as "having a healthy relationship" may help build healthy coping skills, which in turn would reduce risky behavior. Thus, risk is addressed by knowing the elements of a healthy lifestyle and capitalizing on these elements.

Major Issues Influencing HIV/AIDS Risk Among Hispanic/Latino MSM

Many of the participants were either living with HIV/AIDS or were involved in the treatment or prevention of HIV. Some were highly educated as indicated by the sophistication of their answers. Thus, it is not surprising that most understood information about modes of transmission and HIV risk behavior, including drug and alcohol use and its association with unprotected sex. Their concerns such as the need for acceptance and sense of community as mentioned in the previous section (3.2.1) also affect exposure to risky behavior such as self medication for depression.

Alcohol, Drug, and Condom Use Risk Context **-** Many participants were keenly aware of the risk posed by the use of alcohol and drugs. The high probability of not using protection while engaging in sexual activity when high on drugs or inebriated was mentioned repeatedly through the discussions. Furthermore, a relationship was made by many participants between the feeling of alienation and isolation that many Latino MSM feel and the temptation to use drugs or alcohol to forget their concerns, and deal with potential depression.

HIV Prevention Messages are Outdated **–** The majority of the participants mentioned that HIV prevention messaging is no longer on "the radar". Being HIV positive or having AIDS is no longer considered a *death sentence* by the younger generations and perceptions have shifted towards viewing HIV/AIDS as a *chronic illness*. While this shift is comforting to newly

diagnosed individuals, it presents a challenge when creating HIV prevention messages that will cause behavior change. One participant speaks to this issue with this quote:

> *…for a thing that's so small, so invisible, like this threat of AIDS, it's not seen, and it can't be touched. How can it destroy you? And obviously the fact that it doesn't kill you right away, instead it's a thing that you have, there are no symptoms for many years…and on top of that I think it's the fact that it's not as present [messaging] as it was before.*

Many liked the new direct, edgy, and captivating social marketing campaigns to curb the use of methamphetamine because they were extremely direct, which participants felt was vital to *grabbing everyone's attention* again.

Living "The Gay Life" – Many discussants felt that the perceived concept of what constitutes a "gay life" places one at risk. If someone who is gay perceives the "gay life" as a party, including promiscuity and substance use, then he feels prone to live this lifestyle in his want to fit in and belong to the gay community. Many participants associated the "gay life" with *party and play* and *drugs and sex*. This issue is perceived to especially impact younger MSM and those not feeling emotionally secure. One participant described the term "gay life" as *party, party, party, bars, bars, and bars.*

Relation between Lack of Acceptance, Support, Sense of Community and Stigma and Risk – As mentioned above, other risk factors mentioned by some participants were not being accepted as a gay person and feeling rejection by society. These feelings become influences on risk behavior when they lead individuals to cope by using substances and having promiscuous sex.

Cost of Condoms – Some participants felt that the cost of condoms was too high, preventing some from obtaining them. Some explained that they did not buy them but get them free at community events (such as gay events). Other respondents described the embarrassment one may feel in purchasing condoms.

HIV Transmission Knowledge – A few participants detailed blood transmission through an open sore in the mouth, bleeding gums, or irritation in the foreskin due to harsh foreplay. They claimed that many people do not understand or are not aware of these types of risk.

Age Differences in Perceptions of HIV and AIDS Risk – A consensus was seen among participants that age directly correlates with risk; the younger the MSM, the more risk behaviors he will engage in. As one ages, the stereotypical gay lifestyle becomes less appealing. Younger gay men attribute the HIV and AIDS problem to the older generation's experience of the "AIDS crisis" and do not see it as a problem for themselves. One participant stated that younger people see condom use as *luggage that one needs to carry for the rest of his life*. An older man stated that he copes with *the threat of HIV infection through monogamy*.

Recent Arrivals/Undocumented Immigrants and HIV and AIDS Risk **-** Participants stated that recent arrivals lack accurate and culturally-sensitive information about HIV or information from sources they trust. They indicated that immigrants lacked a comfortable and safe place where such information could be delivered - *where people embrace you instead of bash you.* Discussants spoke often of this group as not having health insurance and not knowing how to get help or the needed risk reduction information. This lack of information and resources was felt to place them at risk for acquiring HIV. A participant mentioned:

> *There is little information of what to do next when lacking health insurance. People don't know if they can get tested. For people that are less educated, maybe recently here, and do not have medical insurance or a good job, and they don't know what to do when they get into trouble. It all leads to risk.*

Some participants described how the acculturation process itself may place the person at risk for contracting HIV/AIDS. They outlined a couple of ways in which this occurs. First, new arrivals to this country do not know how the U.S. educational, health, legal and employment systems work. They do not know where to seek accurate information, access healthcare, get tested, or find places to exercise a healthy lifestyle. In addition, moving away from families and friends combined with not having a social support network in this country leads to loneliness. People in this group may then seek company, support, and a sense of belonging from casual sexual partners and through alcohol and/or drug use, which combined with lack of accurate education about STDs increases their risk in contracting HIV.

It is important to note that some spoke to the Latino culture as a window of opportunity to develop and implement HIV prevention strategies. Among some Latinos, a great deal of importance and authority is given to what others say, particularly strong women figures in the family. For example, a person may believe that the flu is acquired, not through a virus but through exposure to the cold. It is so because grandma or an aunt or a cousin says so. Such deference to authority might result in a positive prevention strategy by using women as messengers in social marketing campaigns.

On the other hand, a misinformed authority figure might lead the person astray. As one participant noted:

> *We come from a culture that gives importance to what a friend (or relative) says, what the guy over there says, or a person that tells you. "It's been eight years since I slept around and I didn't get anything." So we put more importance on hearsay, on the advice of other persons, than on facts. Because we know a friend that didn't get it, so it's a reality. As soon as a person, family member, or a friend in whom you trust [says something], it's a scientific fact, and you don't need more information.*

Therefore, the HIV message that a man may hear from public health authorities might be difficult to grasp if it contradicts other input.

The above contextual results provide a picture of the participants' complex lives, which not only influenced their responses to the overall evaluation questions but must be understood to address

their HIV-related needs. Thus, these themes will repeat throughout the results below. The report continues by outlining the results specific to the original formative evaluation questions.

3.2.2 Evaluation Question 1.

What services should be in place to address sexual and drug use behaviors associated with HIV infection among urban Hispanic/Latino MSM?

Issues Perceived in Current Prevention Services
To help frame the suggestions for service planning, an understanding of service issues is needed. These issue themes described below came up throughout the discussions and are listed in order of frequency of mention.

Sexual Behavior Issues Not Being Addressed - Most of the participants indicated that they do not perceive sexual behavior issues related to HIV as being addressed by any local organization or governmental agency, especially in relation to the Latino MSM. Compounding this issue is that organizations have also not addressed the lack of community that exists among Latino MSM. Thus, organizations need to include Latino MSM in HIV prevention planning and implementation.

Organization Mistrust - Overall mistrust of the government (as explained in Section 3.2.1) leads to mistrust of service providing agencies that receive funding from the government or are perceived to have a relation to the government. Some participants that were undocumented stated that the fear of deportation prevents service use, especially testing. They are not willing to give personal information that then may be used to track their location. These fears are stronger if the test results are positive.

Cultural Barriers to Prevention Service Use - Cultural barriers to preventive services were highlighted by the discussions. These barriers include the theme of "machismo" which is evident in nearly all Latino cultures and is linked to male dominance - the role of protector, provider, and decision-maker. Gender role perceptions play a heavy influence on behavior. Being *too gay* is conceived by the greater Latino community as too feminine. The lack of acceptance by the larger Latino community and Catholic Church of homosexuality and safe sex practices hinders free expression and open service utilization. Being on *the down low* was mentioned quite often. In addition, most discussants and nearly all of the Spanish-speaking participants perceived a lack of cultural appropriateness and sensitivity of materials, services, and treatment from prevention and treatment providers. They described how the information that they do find is usually in English with the few in Spanish being badly translated or highlighted with red, orange and yellow colors for a *Latino look*. Materials also did not address regional differences found in the Hispanic population. This insensitivity was thought to hinder risk reduction education, procurement of testing services, and HIV service utilization.

Service Provision Issues - Various participants felt that services and information were not consistent across agencies. Providers, at times, acted unprofessionally especially concerning confidentiality protection (also see Sections 3.2.4 and 3.2.6). As one participant stated:

You go there and they are worse than you. One arrives looking for things and leaves thinking the guy has problems…so they don't have anything that is useful for you.

Constant turnovers were seen as tiring and uncomfortable for clients who had to repeat their stories again and again. In addition, programming funding restrained service availability and longevity. Services, especially testing and treatment, were perceived as expensive. If a person cannot relate to the prevention materials, messages, and services and sees them as inadequate, short-lived, and costly then one will not seek them out.

Relating to the more holistic Latino worldview as mentioned in Section 3.2.1, some participants spoke to not finding services beyond testing. These same participants were searching for comprehensive services that included stress management, housing assistance, case management for those living with HIV/AIDS, and support groups.

Prevention Messaging Issues -Many of the issues discussed related to prevention messaging. The most prominent issue mentioned by almost all of the participants was the notion that HIV risk and prevention is no longer "on the radar screen" (also see Section 3.2.1). Thus, if HIV/AIDS is not seen as important, prevention is not a priority. The second messaging issue felt to be important was the lack of Latino MSM role models including HIV positive role models, both at the national and local level. Many also were concerned that messaging is not reaching the young, especially at the elementary, middle, and high school levels.

The following results outline participants' suggestions in addressing the above mentioned issues. Themes include Prevention Messaging, Service Needs and Provision, and the Integration of Substance Abuse Prevention. Furthermore, age differences in service suggestions are highlighted below.

Prevention Messaging

Many subcategories of suggestions were offered in getting HIV prevention *back on the radar.* It was important for the discussants that knowledge of specific target populations such as youth, substance abusers, transgender, HIV positive persons, and regional subpopulations be incorporated into messaging. These suggestions are ordered by frequency of mention.

Use Positive Messages and Positive Role Models – Almost all participants mentioned using a positive tone. The tone must also include acceptance. *It is ok to be Latino and gay*. Fear messaging only creates stress. Discussants felt that they get lost in the NO messages such as "don't have unprotected sex" and "don't do drugs." They would rather see the DO message with answers to what they can do to keep healthy. Many suggested using local representative icons as faces with the message.

Stress Personal Responsibility – Personal accountability was thought important by many discussants. Sending this type of message would empower individuals with self-control. As one participant stated:

It is all up to you, you know. You are in control of your own destiny, you are the one…it is still up to you.

Integrate Message – The majority of participants voiced that an HIV prevention message would reach more people if it were integrated into activities in which the community already participates (for example: fiestas, sporting and cultural events, etc.).

Start Young – Many suggested providing HIV information and education to the younger generation through schools. Risk behavior starts young, thus should be addressed at that younger level.

Provide an Inclusive Message – Families are important and influential in the lives of Latino MSM. Many participants suggested integrating family as a part of the message as well as directing messages to family. Latino MSM's families sometimes struggle with acceptance issues as mentioned in Section 3.2.1. They also do not know where to turn to receive help, not only with these struggles but also with their desire to help their sons, brothers, uncles, etc.

Address Sexual Risk Directly – Interestingly, the majority of men mentioned the direct methamphetamine advertisements as being effective in getting the message across. The advertisements did reach and affect them as well as their friends. They felt that HIV prevention messages may need to be that direct. A few others, however, did voice their displeasure with those advertisements.

Use Technology Appropriately – Many participants referred to phone and computer technology as a powerful tool to disseminate messages. Specific mention was made of internet social networking sites and text messaging as ways to distribute messages. However, they did caution that not everyone is familiar with or even likes this way of communication.

Use Marketing Venues – Participants suggested distributing HIV prevention informational and promotional materials to gay-identified venues and non-conventional popular venues (for example grocery stores, liquor stores, and community events). See Attachment F for a complete list of venues mentioned during all discussions.

Service Need and Provision

The participants spoke both to what services they felt were important as well as how activities within the services should be planned.

Suggestions for Service Needs - The majority of participants mentioned the importance of integrating a variety of services to address the Latino holistic worldview and comprehensive needs. Services mentioned in order of importance included support groups for both HIV positive and negative individuals; HIV testing; mental health and substance abuse treatment and support; education such as GED, English, and HIV and sexual health; skills building sessions such as computer classes; and legal, employment and housing assistance. A navigation support system, which could be led by those Latino MSM that are acculturated with the U.S., was mentioned several times to help those newly arrived in the U.S. understand and navigate the educational, health and legal systems.

Participants stated they would like all these services to be provided by one organization, if possible, but would be satisfied with a seamless network. However, coordination between

agencies in the network was necessary to avoid redundancy of services. Furthermore, Latino MSM feel it is important to provide parental and family support programming to assist their loved ones in understanding, accepting, and aiding the Latino MSM in their lives.

Almost all group discussions mentioned a Hispanic MSM hotline to provide support and assistance to the members of this community, their friends, and families. The free information phone number should be advertised widely. One participant actually described a "come on:" *If your son is gay, call this number so you can understand him.* This type of support could also be achieved through a website. However, some Latinos do not have access to the internet, especially those who have recently immigrated to the U.S. and are not documented.

Activity Suggestions – Of utmost importance to the Latino MSM who participated in these discussions was that services be provided in a safe place without substances and by skilled and culturally competent individuals and/or agencies/organizations (also discussed in Section 3.2.30). The majority of discussants stated that they would be more enticed to access HIV prevention services if these were combined with other activities, such as sporting events, health fairs, or cultural and educational events. Some participants actually stated that they would not come if it was a specific HIV event. As one participant stated:

> *Instead of saying it is an HIV group, because that scares everybody away, tell them this is a group to learn about sexuality. Then you throw in diseases and HIV. If you put in HIV, of course everybody is like "Fuck that. I'm not going to go!" Especially Latinos because we are hard headed. So I mean you need to put a different approach. You are not going to lie to them, but do something to get them there.*

Therefore, when providing HIV prevention activities it is best to mention that these will be available, but have the main focus of the activity be something different, such as a cultural event to bring the community together that among other services offers HIV information and testing.

Skill-building activities and other opportunities for growth where HIV messages can be incorporated should be in line with their passions and strengths (for example: leadership workshops, theatre, art, and cooking). They would like to see fun and interesting activities that are inclusive of family and community. Many participants mentioned having sport events, specifically soccer and volleyball, and art and cultural events that incorporate mariachis, pig roasts or piñatas. These types of events remind Latino MSM of their roots and help integrate the men in the Latino MSM and/or larger Latino community. Furthermore, past activities incorporating HIV prevention education and testing at venues such as bars and bathhouses were also perceived as successful.

Integration of Substance Abuse Prevention

It was explained by the participants that substance abuse is an issue that is rarely discussed or addressed in the Latino community. However, several participants felt that promoting information about the risks of substance use was easier than promoting HIV prevention. The majority of discussants felt that one could *tackle* both messages by stressing that substance use leads to poor decision-making and increased risks. Thus, the substance use message should be integrated on all HIV material. Several participants suggested using personal stories or

testimonies of how someone's use of a substance leads to an HIV positive status in educational material. It was thought ideal if one could integrate substance abuse and mental health with HIV prevention and/or treatment services or vice versa. All agreed that HIV prevention activities be substance-free.

Age Differences in Service Suggestions

Discussants felt that the younger generation's "invincible mentality" combined with their naivety and the belief that HIV/AIDS is no longer a major health problem has created a prevention dilemma. Thus, they emphasized targeting the younger age groups in schools or young support groups. They suggested using trusted mentors who can model a healthy lifestyle and act as a support.

While overall service suggestions were similar among the different aged participants, messaging dissemination strategies and/or locale of testing differed. As presented in the Section 3.2.1, younger MSM over the age of 18 are perceived to engage in more open, risky *gay party life* behavior. Thus, the most commonly listed venues to reach this group were bars, dance clubs, liquor stores, and bathhouses.

The younger discussants stressed the use of technology (phone and computer). This suggestion reflects their comfort with the use of this technology. Dating websites such as Gay.com, Manhunt.net, Adam4adam.com, Interactivemale.com, and Craigslist were mentioned along with the social network sites Connexion.org and Facebook.com. They were open to using text messages to disperse prevention information. Many of the older participants also mentioned using online dating and social networks, though they cautioned that not everyone has access to the internet or feels comfortable using it. One participant mentioned that he likes to frequent coffee shops and non-gay venues to meet a partner the "old-fashioned" way.

3.2.3 Evaluation Question 2.

How (by whom when, where, how often, etc.) should the services be delivered to best meet the prevention needs of urban Hispanic/Latino MSM?

The concept of a trusted, professional Latino MSM "leader" or lead organization emerged who would guide prevention efforts and use other Latino MSM volunteers (or staff) as helpers. This overall picture may be correlated with the participants' perceptions of a lack of a cohesive community. From discussion data, a lead person or agency was thought to not only need to build community but also lead prevention efforts. Interestingly, the discussants felt unprepared to take on this leadership role but saw themselves as "helpers." Training was a recurring subcategory linked to both leadership and helper roles. One can connect the perception of "unpreparedness" and this need for training to the repeated mentions of unprofessionalism the participants experienced in the past. This experience of unprofessionalism created mistrust of current Hispanic servicing agencies and this strong push for more professionalism. Some participants took this need further by requesting a balance between professionalism and passion when serving the Hispanic MSM community.

The following addresses the "who, when, and where" suggestions of the participants. Importance is suggested again by order of mention.

Who Should Provide Services

Leaders – Leaders were described as sharing a common experience, passionate, educated, and prepared. Participants felt having a credible reputation and a positive attitude were crucial. Honesty, transparency, consistency, and discretion were important. Participants emphasized finding leadership from within the target population. As one participant explained:

> *The trust of the Hispanic person in the community with someone from their own community is stronger than with a person that just speaks a lot of Spanish. It's much related, because many times it affects gaining their trust, getting them to open up.*

Organizations **-** A safe environment defined by feelings of acceptance and support was very important, as well as a stable organization that was going to be there for "the long haul" and not dependent on external funding. Some participants were concerned that current agencies may be only "in it for the money" and do not have a true community interest.

Volunteers **-** The majority of participants when asked if they would get personally involved in planning said they would if they received training and support. As mentioned earlier, very few felt prepared for either a leadership or volunteer role. Incentives such as money or skill building were suggested as ways to attract volunteers.

When Should Services Be Provided

All the participants stated they want services available 24 hours a day and seven days a week. Some of the Latinos who recently immigrated worked more than one job making it difficult for them to access services unless they were conveniently available.

Where Should Services Be Provided

Services according to our participants should be provided at the Latino and mainstream community level, especially prevention messaging. In addition, specific Latino MSM venues should be targeted (see Appendix F for a list of mentioned venues). Many discussants thought it best to have the lead organization adjacent but not in the Latino community to avoid stigma. In addition, if services were not provided near the Latino community, then they should be centrally located near the mainstream gay community where transportation issues could be minimized (for example: Cheesman Park, Capital Hill, and Downtown).

3.2.4 Evaluation Question 3.

What are the best methods by which to include urban Hispanic/Latino MSM in the planning, development, implementation, and evaluation of services?

Three themes in order of frequency of mention and importance emerged in the analysis of this inquiry: Need for Leadership, Recruitment, and Participation Issues and Suggestions.

Need for Leadership
In all group discussions, when participants were asked about their interest in getting involved in HIV prevention, most of them mentioned the lack of and need for appropriate Hispanic/Latino MSM leadership, which would motivate them to get involved. In other words, most participants wanted someone they admired who they could follow. Very few stated that they would be willing to take the leadership of an organization or activities without first receiving necessary skill-building support. This concept was mentioned above and re-emphasized here. The discussants did not want to be involved if there was not respected leadership. Again, it was suggested that leaders should come from within the community; people who literally speak their language and who understand the issues of being immigrant, Latino, gay, and/or HIV-positive. Once trust is established then the community involvement in planning, development, implementation, and evaluation of the implementation may increase.

Recruitment
The majority of the participants felt that the use of a trusted role model was a priority in gaining the interest of the community. Having a good relationship or building trustful partnerships with the community was cited as crucial in motivating individuals. Some individuals spoke of wanting to be associated with those of *impeccable reputation,* again, alluding to the issue of "unprofessionalism" experienced in the past. Many participants suggested collaborating with key people in the community who have a solid network of friends that they can then ask to be involved. Word of mouth was suggested as a mechanism for recruitment and was seen as the most powerful tool to distribute positive information among the Latino population. When a strategy or program works, people tell their friends. Other recruitment strategies were the use of incentives (both monetary and those targeting personal interests) for participation and inclusion of all, especially women who are very influential in Latino men's lives. Some suggested working with schools and/or universities that already have established and trusted MSM support systems may help with recruitment of more educated and knowledgeable people.

Participation Issues and Suggestions
All discussions were colored with the perceptions of the current lack of organization among the Denver Metro Latino MSM community as mentioned in Section 3.2.1. Participants were asked if they would personally get involved in the planning, developing, and implementation of services. Their involvement, once again, came with the conditions that it must be with a credible leader and that their interests and potential be seen and utilized. They expressed the need for "meaningful work". A participant addressed this meaningful work requirement this way: *Need to provide opportunities to actually be involved in interesting and meaningful things and not just no-brainer tasks.* In addition, the work and investment of time by volunteers/participants must be honorably recognized. By doing so, volunteers develop a sense of belonging as well as ownership. A few participants suggested using current research findings in marketing efforts as a basis for the need for involvement.

Age Differences
The younger participants stressed the importance of recruiting leaders or volunteers at schools and universities, as well as using their already established lesbian and gay support organizations, which has been discussed above. They pointed out that these student organizations educate and incubate people who want *to use their skills and their experience.*

Bridge Gap between U.S. and Immigrant Populations

Many of the participants felt that involving recent immigrants would be difficult because of the mistrust and fear that is often associated with possible deportation and/or having less experience with the American systems. Nevertheless, several participants were very supportive of the idea of recruiting the more acculturated person to help bridge the gap that is seen to exist between those recently immigrated and the ones born in the U.S. This person could also train those who are less acculturated for appropriate roles in planning, implementing, and evaluating services.

3.2.5 Evaluation Question 4.

How should the services be adapted to best meet the prevention needs of men born in the United States (U.S.) and those born outside the U.S.?

The discussants told us that overall services should be adapted similarly for those men born in the U.S. and those born outside the U.S. (see Sections 3.2.2, 3.2.3, and 3.2.6.) However, the contextual lives of those more recently immigrated and/or less acculturated tells us that this group may need special considerations and adaptations that address their feeling of being more marginalized, carrying of more stigma, and the special mistrust of government due to their fear of deportation. The vast majority of participants expressed the need for extra support that is culturally and linguistically appropriate that can be found in a perceived safe and trusted environment. Most participants felt that the support should include the full scope of services to address their many needs to survive, especially education, employment, and the obtainment of legal status. The support system should also help build a social network that alleviates any feelings of loneliness. One participant explained:

> *The Latino immigrant feels very alone in this country because of the language and for the things he doesn't know. So we need someone who will inform us about things. That would say "Here we are. If something happens to you, we will be here, don't worry". That's what we need.*

Services should address the diversity of these Latino men and integrate their stronger sense of religiosity and practice of cultural traditions and art. Participants felt that services should be mobile and not be identified as HIV-specific or *too gay*. Special attention in messaging and prevention services must be paid to the way the less acculturated talk about sex and sexual behavior. A few participants suggested the use of more acculturated "mentors" who can generate trust with those who have recently immigrated to the U.S. and help educate them about the different systems in the U.S., especially those related to work, health, legal and education, and provide assistance with their navigation. The recently immigrated participants stressed that services need to be affordable and convenient for work schedules. They also stated that anonymous testing should be available in potentially less stigmatizing locations and within non-HIV activities. If left to stand alone, HIV prevention activities could negatively impact one's sense of privacy and confidentiality, fueling already ingrained fears of the government and organizations that receive government funding.

The greater sense of community this group might feel may be seen as an opportunity for prevention message dissemination and possibly recruitment for those wanting to be involved in the planning and implementation of prevention services. In fact, many participants mentioned it would be helpful to involve women in planning and implementation of services. Women are seen as key players in the lives of Hispanic MSM.

3.2.6 Inclusion of Hispanic/Latino MSM in HIV Testing

The CDPHE was interested in gathering data to inform HIV testing services in this population, so a special inquiry was made. Almost all the participants when asked for suggestions on testing mentioned mobile services with the availability and location of testing advertised.

To emphasize why testing is needed, they suggested using national and local prevalence and incidence statistics in all marketing material. Incorporating testing with other non-HIV activities was seen by some participants as another strategy.

Anonymous testing was preferred by most participants. It was interesting to note that the group participants did not know that there is anonymous testing in Colorado, including "home" tests. The first step to ensure testing could be addressing this misconception. As a side note, the group facilitators and interviewers did provide anonymous testing information to the participants after the data collection phase.

Confidentiality was extremely important to almost all participants, and they emphasized testing be done in a private place. An interesting debate ensued on this topic. Some participants supported testing in a public place, such as a bar or sports event, as long as the results were given in private while others completely opposed this. These opposing discussants felt people would be very uncomfortable if the test results were positive and they had to return to their friends and/or the event.

Testing should be free or offered at a very low cost. The process must be quick and easy and not include lengthy surveys which are viewed as intrusive. In addition, participants want support services for after receiving results of the test, especially if the results are positive. These support services should include assistance with next steps. The participants were comfortable with seamless referral to other services that utilize holistic approaches.

Many participants related past breaches of trust and confidentiality in their testing experience. Mistrust, again, surfaces and highlights the extreme importance of privacy and confidentiality within testing and other HIV prevention services.

4. DISCUSSSION/RECOMMENDATIONS

This report conveys information about perceptions and recommendations gathered from urban Hispanic/Latino MSM in the Denver Metro area, which will be used to inform CDPHE and its grantees on HIV prevention planning and programming. It tells a story of the contextual lives of these men and how this background influenced their HIV/AIDS risk, prevention, and service experiences. While the results and recommendations of this report are comparable to those found in earlier reports commissioned by the CDPHE this past year, this particular evaluation not only provides insight, but it also provides a frame of reference of urban Latino MSM life that influenced group and interview responses.

One overarching theme divulged from focus group and interview data surrounded the participants' perception that there was a lack of **sense of community**, which colored past attempts at prevention planning and service implementation**.** Repeatedly, throughout group discussions and interviews, references were made to the lack of sense of community among Latino MSM and the need to develop a stronger and cohesive community. The majority of men felt that they were not connected to the mainstream Latino or MSM communities. People become members of a community when they feel emotionally secure, share an emotional connection, are personally invested, and feel a sense of belonging to or identification within the community. People must feel that their own opinions can influence group decisions in order to feel rewarded for their participation. If the rewards or benefits are not felt, the individual will withdraw from their commitment. This particular type of behavior was described by the participants. In addition, a need for strong Hispanic MSM leadership was felt. The participants wanted influential persons (leaders) in HIV prevention efforts who acknowledge the importance of other people's needs, values, and opinions. Involvement of Latino MSM is crucial to restoring community ownership. It is interesting to note that the focus group process was seen by many members as the starting point to build this sense of community as demonstrated by the quote below.

> *I think what you guys are doing is really great and this is the first time that I ever participated in something. When I heard about it I was actually kind of proud to participate in this show. I think what you guys are doing is really, really great and I think that this is going to be a start to something really good.*

Focus group facilitators noted that once the group started feeling comfortable with one another they would excitedly share their opinions, happy that someone was interested in hearing what they had to say, and felt that they might be able to make a difference. This comfort shows the need that exists in this community for true and honest community involvement.

Throughout the focus groups and interviews, probing questions sought the differences between Hispanics/Latinos that were either born or well acculturated to the U.S. and those that had recently immigrated to this country. In terms of sense of community, a point was made that those who recently arrived and/or are undocumented may have a greater sense of community than those born in the U.S. out of necessity, since they rely on each other to survive. However, when talking about substance abuse, some participants mentioned that this community in particular is

very isolated and experiences a great deal of depression, which is self-medicated through substance use.

Loneliness and isolation that participants described from lack of sense of community are also experiences that have been long been identified in the mainstream gay population. The participants were concerned about other past identified mainstream issues like acceptance, stability, relationship, support, health, religion and family.[10] The participants seemed to be different from the mainstream gay population by their language and language skills, culture, the wide diversity in terms of countries and region of origin, group reference (for example: Chicano vs. Latino), education status, and health literacy. At times they have to contend with immigration-related issues such as survival in a strange land, acculturation, obtaining legal status (for example: their fear of being deported), and feelings of isolation. Understanding and incorporating the context of Latino MSM lives within HIV prevention are paramount.

Latino MSM have a different culture, which plays a very important role in their daily lives and their decision making. Furthermore, many Latino MSM speak Spanish exclusively, which presents an added barrier for integrating themselves to the larger MSM community and to mainstream HIV services and programs.

The interviewed Latino MSM agreed on some main themes and brought their own experiences, backgrounds, diverse culture and thoughts into the mix, highlighting the uniqueness of each individual. This individualism presents a difficult challenge when creating and implementing services and activities because there is not one program that fits all needs and wants of this community. Programs and activities that might interest some individuals will not interest others, even if all of them are Latino MSM. Thus programming and services need to be varied and inclusive. The purpose of this discussion is to provide a picture of their complex lives in order to further understand their HIV-related needs. In this way, planners can develop the array of services and activities needed to attract, involve, and retain a large number of Latino MSM in HIV prevention programs within the Denver metropolitan area.

The evaluation study participants have a **holistic view** of the world. Take for instance, their referents to body, mind, spirit, nutrition, relations, and safe behavior when they defined a healthy lifestyle. As conversations turned towards prevention and HIV/AIDS-related issues, they also included multiple referents such as schools, churches, media, family, women, the straight community, and the white gay community. These findings suggest that HIV-related services for this population need to be comprehensive and holistic in nature.

The results suggest that many participants seemed to experience a great deal of conflict due to personal identity problems. Many participants saw their self-worth as compromised by a number of conformity issues in terms of self and/or the American and Latino society. Issues of reconciliation of being gay within a strict and uncompromising religious upbringing, predominant in Latino cultures, contribute to societal alienation. Furthermore, this alienation is augmented by not feeling part of mainstream society due to being Latino and gay.

[10] Arnold H. Grossman1 and Matthew S. Kerner (1998) Support Networks of Gay Male and Lesbian Youth International Journal of Sexuality and Gender Studies Volume 3, Number 1 / January, 1998, 1566-1768

A hypothetical example illustrates: a non-English speaking, undocumented, gay Latino wants information. He wants to get to know someone—to belong, in a language and culture that he can understand. He attends an HIV-related group-level intervention, perceives that the quality of services is poor and that the facilitator is not sensitive to his needs and culture; his needs are not addressed. The experience is repeated again. Eventually, because of his negative experiences, he begins to feel tired, skeptical, and indifferent. Similarly, the ongoing barrage of news and national dialogue related to immigration makes him feel cautious about getting involved with any organization that is related, in reality or appearance, to the "government." The fear of deportation, in the words of one of our participants, is greater than the fear of *getting gonorrhea*. A composite picture of the participant shows that he is jaded and mistrustful. Understanding and acknowledging the life context of the Latino gay community with its complexities becomes important. This awareness should be considered in guiding the development of HIV prevention efforts to reach this specific community.

Overall, the results tell us that Latino MSM probably do not differ much from mainstream MSM in their prevention and service needs, nor in their motivation to be involved in prevention of HIV/AIDS in their communities, as long as their life context and culture are taken into account.

Current issues that impact service planning and implementation that the participants highlighted included: 1) the perception that Latino sexual behavior issues related to HIV are not being addressed by any local organization; 2) current organizational mistrust; 3) cultural barriers to prevention service use such as machismo, no acceptance by Latino community and church, and lack of cultural sensitivity; and 4) service provision issues including perceived lack of professionalism, inconsistency, staff instability, and perceived high cost of services. Specific issues in messaging were included in the discussions: 1) HIV prevention as currently "not on the radar screen;" 2) lack of the use of appropriate Latino MSM role models; and 3) lack of appropriate and accurate HIV prevention information and its reach to youth. These issues seemed to influence participants' suggestions and recommendations for future programming.

The following broad recommendations, ordered within themes by participant emphasis, summarize the overall results and are organized based on the original formative evaluation questions outlined within the CDPHE Documented Quote.

What services should be in place to address sexual and drug use behaviors associated with HIV infection among urban Hispanic/Latino MSM?

- **Prevention Messaging:** Tailor messages for subgroups of Latino MSM. Use positive messages and representative role models. Consider implementing a Hispanic/Latino MSM hotline. Develop an informational website. Stress personal responsibility of Latino MSM. Integrate messages with community activities, such as health fairs, sporting events, or cultural events. Target young Latino MSM. Be inclusive with messages by including family and community and also add supporting messages for family. Address sexual risk directly by considering "in your face" advertisements. Use technology for the young and those that use technology. Distribute HIV informational and promotional materials in gay-identified and non-conventional popular venues.

- **Service Needs:** Provide a full range of services including mental health and substance abuse treatment and support, education, and employment and housing assistance. Provide support groups. Provide HIV testing and counseling support for results. Provide service coordination and navigation. Provide parental and family support programming.

- **Activity Planning**: Provide a substance free safe place with skilled and culturally competent staff. Incorporate other activities that are not exclusively HIV prevention such as sporting, cultural, and community events. Incorporate skills building and career growth opportunities. Provide fun and interesting activities. Be inclusive by involving family and community. Use computer and/or phone technology, especially for the younger MSM. Make services mobile.

- **Substance Use:** Integrate the substance use risk message throughout prevention activities. Use personal stories or testimonies of how substance use lead to becoming HIV positive. Integrate both mental health and substance abuse services, if possible, or have a trusted and seamless referral network. Plan and implement substance free activities.

How (when, where, how often, by whom, etc.) should the services be delivered to best meet the prevention needs of urban Hispanic/Latino MSM?

- **Service Provision** – Provide in a culturally sensitive way.
  - **Who** – Use someone that shares a common experience, with passion, education, preparation, a credible reputation, and a positive attitude. Be honest, transparent, consistent, discrete, ethical, professional, and positive. Be there for the "long haul." Train and provide volunteer leaders with appropriate HIV related materials.
  - **When** – Have services available 24 hours a day and seven days a week.
  - **Where** – Provide services at the Latino and mainstream community level, especially prevention messaging. In addition, use specific Latino MSM venues. For service provision, have organizations adjacent, but not in, the Latino community to avoid stigma related to HIV and homosexuality or in a central location known by the mainstream MSM community such as Cheesman Park, Capitol Hill, or Downtown.

What are the best methods by which to include urban Hispanic/Latino MSM in the planning, development, implementation and evaluation of services?

- **Leadership** – Be trustworthy, honest, charismatic, credible, professional, responsible, knowledgeable, resourceful and organized.

- **Recruitment** – To recruit Hispanic/Latino MSM to assist in planning and implementing services, use trusted role models, stakeholders, word of mouth marketing techniques, and incentives (both monetary and those targeting personal interests). Provide accurate information and training for participants. Attempt to recruit both U.S. born and foreign-born Latino MSM, and be inclusive of key stakeholders that are not Latino MSM, but have well-established relationships with the community. Include young MSM by recruiting through schools and universities that have already established support systems.

- **Activities** – Present research findings to involved MSM so they know how important their involvement is and for them to disseminate accurate information. Integrate planning and developmental activities with other non-HIV prevention events. Request meaningful

involvement from and provide recognition on a continual basis for all participants and volunteers.

How should the services be adapted to best meet the prevention needs of men born outside the U.S.?

- **Prevention Services** – Be especially supportive, trustworthy, and personal. Make sure services are provided in a safe place, and that support is given throughout the acculturation process with a full scope of services such as education, legal assistance, job training, etc. Provide navigation and/or case management with the U.S. educational, health, and legal systems. Integrate testing with other activities being mindful that privacy and confidentiality are a must in an environment where fear of authority is already established. Use mobile services that are not identified as HIV specific or openly targeting the gay community. Locate testing adjacent to the community to address stigma. Integrate cultural activities and art.

A specific inquiry concerned ***how to ensure HIV testing among Latino MSM.*** The participants provided the following recommendations.

- **Comfort –** Address comfort issues, such as testing anonymously, providing tests in a private place to ensure confidentiality, and offering tests for free or at a very low cost. Make the testing process quick and easy. Do not include any lengthy surveys that are viewed as intrusive. Provide support for the results as well as a plan for next steps. Add to other activities as much as possible so that HIV testing is not singled out.

- **Mobile Services – B**ring testing to the community, however do not refer to it as HIV testing. Communicate where and when testing will be available. Include local prevalence and incidence numbers in marketing materials to explain why testing is needed.

It must be stressed that there is a need to build this community. The Latino MSM participants expressed their willingness to be directly involved in this restoration. As one participant commented:

> *Back to Obama's example, he drove barriers and he made bonds. That is what we need to do. This group of people in this room, we are educated, we are aware, so we know how things work. We know when we see a poster with white gay guys on it…So…I think it is our responsibility, if we are going to be at this meeting, to go out and act. We need to go to those white gay clubs, organizations, and meetings to make a presence. We need to break that barrier and say that we are here, make a bond, and become one with them. Because we are … separate, so we need to break the barriers and make bonds. And actually that is the only way that we can grow, not only as a community but as a people, as a society. We can't do it by ourselves or we would have already done it. We have to push ourselves, we know what is going on, we see these posters, we understand what is happening, but we need to make that effort. It is not easy but it is up to us, and if we don't make that effort after today, then we can't come back here and complain about it, talk about it.*

APPENDICES

Appendix A: Urban Hispanic/Latino MSM Project Advisory Group

Appendix B: Participant Recruitment Flyers

Appendix C: Data Collection Tools

- Call Screening Tool
- Demographic Survey
- Focus Group/Interview Discussion Guide
- Group and Interviewer Facilitator Summary Form

Appendix D: Participant Demographic Survey Results

Appendix E: Code List

Appendix F: Hispanic/Latino Venues Cited

APPENDIX A

URBAN HISPANIC/LATINO MSM PROJECT ADVISORY GROUP

JSI Research & Training Institute, Inc.

Colorado Urban Latino MSM Needs Assessment Advisory Group

Name:

1. Abraham Moreno
2. Augusto Di Laura
3. David Abundez
4. David Cruz
5. Diego Carrillo
6. Erick Reza
7. Felix Sanchez
8. Jason Altamirano
9. Raul Rodriguez
10. Rigoberto Serellano

APPENDIX B

PARTICIPANT RECRUITMENT FLYERS

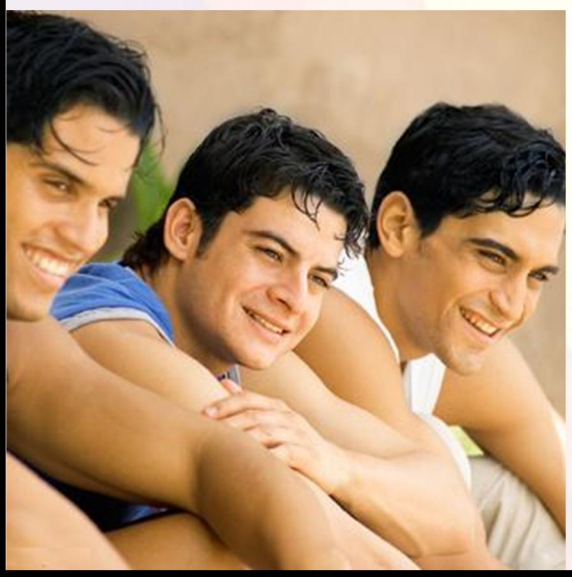
¡Tus ideas cuentan!

Juntos haremos la diferencia.

Grupos de discusión y **entrevistas** para **Latinos**; mayores de **18** años; **Gay**, **Bisexuales** o **Transgéneros** para decirnos como mejorar los servicios de prevención de VIH en tu comunidad.

¡Nos interesa escuchar tus ideas!

Contáctanos para más información de como participar.



303 • 262 • 4331

proyectoideas@jsi.com

Ofreceremos

Incentivo$ en efectivo

por participar.

JSI Research & Training Institute

Charlas Con Latinos
(303) 262-4331
proyectoideas@jsi.com

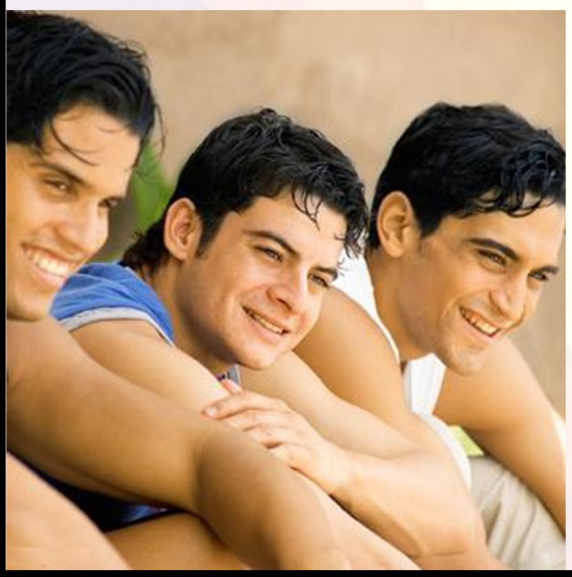
Your ideas count!

Together we will make a difference.

Group discussions and **interviews** for
Latino; **18** and over; **Gay**, **Bisexual** or **Transgender**
to tell us how to improve the HIV prevention services
in your community.

We are interested in hearing your ideas!

Call or e-mail to learn how to participate.



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proyectoideas@jsi.com

We will offer

CA$H incentives

for participating.

JSI Research & Training Institute

Latino Services Discussions
(303) 262-4331
proyectoideas@jsi.com

APPENDIX C

DATA COLLECTION TOOLS

- CALL SCREENING TOOL
- DEMOGRAPHIC SURVEY
- FOCUS GROUP/INTERVIEW DISCUSSION GUIDE
- GROUP AND INTERVIEWER FACILITATOR SUMMARY FORM

HIV Prevention Among Urban Hispanic/Latino MSM Call Screening Tool

Thank you for calling. Let me explain our project. JSI is conducting focus groups and one-on-one interviews about HIV prevention services for Latino/Hispanic Men who have Sex with Men living in the Denver Metro area to assist the Colorado Department of Health's STI/HIV Section, make decisions on services provided to this community. We are providing a $30 dollars incentive for those that qualify and participate. Your comments and all discussion will be kept confidential. No names will be attached to your comments. The focus groups will be held in a place convenient to the group and will be approximately one and a half hour long.

Can I ask you a few questions to see if you are able to participate? ☐ Yes ☐ No
If no, thank them for their interest and wish them a nice day. *If yes, ask them the following questions.*

---

1. How did you hear about this project? _____

2. What gender do you best identify with? ☐ Male ☐ Female ☐ Transgender (Must be male or transgender)

3. Do you have sex with men? ☐ Yes ☐ No

4. What is your sexual orientation?
   ☐ gay/homosexual ☐ straight/heterosexual but has had sex with men
   ☐ bisexual ☐ other: _____

5. How old are you? _____ *(Must be 18 or older)*

6. What county do you reside in? *(Must live in one of these counties)*
   ☐ Adams County ☐ Arapahoe County ☐ Boulder County
   ☐ Broomfield County ☐ Denver City or County ☐ Douglas County
   ☐ Jefferson County

7. Where were you born? ☐ USA ☐ other: _____ How long have you lived in USA? _____

8. What is the ethnicity/race that best describes you? _____

If not eligible at this point, please explain that and thank caller for his interest. Ask him to have his friends that might qualify call.
If eligible, ask the following questions:

9. Would you like to participate of a focus group? ☐ Yes (***go to question 10***) ☐ No (***go to question 9a***)
   9a. If no, would you prefer to participate in an interview? ☐ Yes ☐ No *(If no, thank caller for his time)*
   If yes, ask caller which interviewer he prefers: ☐ Male ☐ Female ☐ it doesn't matter
   And if he prefers a: ☐ Face-to-face interview or ☐ Phone interview

10. Would you prefer to attend a focus group (or have the interview) in Spanish? ☐ Yes ☐ No ☐ Either

11. What time of day would be best for you? ☐ Morning ☐ Afternoon ☐ Evening ☐ Saturday

12. Can you provide us your contact information so we can inform you when the focus group/interview will be held and where?
    Name: _____
    Telephone: _____ Is it ok to leave a message? ☐ Yes ☐ No
    Email: _____

We will contact you in the very near future to tell you where and when the focus group will be held (or to schedule an interview at a time and place convenient to you). Thank you for calling us, we look forward to hearing your comments and suggestions.

Suggested date and time of participation: _____

ID# _____
Version Date: 1/11/2010

PLEASE DO NOT PUT YOUR NAME ON THIS SURVEY

HIV Prevention Among Urban Hispanic/Latino MSM
Focus Group and Interview Demographic Survey

1. How old are you? _____

2. With what gender do you best identify?
   - ☐ male
   - ☐ transgender (M to F)
   - ☐ transgender (F to M)

3. What is your sexual orientation?
   - ☐ gay/homosexual
   - ☐ bisexual
   - ☐ straight/heterosexual but has sex with men
   - ☐ other: _____

4. What is your race/ethnicity? _____

5. How long have you lived in the U.S?
   - ☐ born and raised in the U.S. and if so:
     - ☐ first generation
     - ☐ second generation
     - ☐ third generation or greater
   - ☐ less than 2 years
   - ☐ 2 - 5 years
   - ☐ 5 - 10 years
   - ☐ greater than 10 years

6. What languages do you speak and understand?
   - ☐ English only
   - ☐ primarily English and some Spanish
   - ☐ fluent in both English and Spanish
   - ☐ Spanish only
   - ☐ primarily Spanish and some English

7. What county do you live in?
   - ☐ Adams County
   - ☐ Arapahoe County
   - ☐ Boulder County
   - ☐ Broomfield County
   - ☐ Denver City & County
   - ☐ Douglas County
   - ☐ Jefferson County

8. What is your current employment status?
   - ☐ employed full-time
   - ☐ employed part-time
   - ☐ unemployed
   - ☐ disabled
   - ☐ other: _____

9. What is your approximate yearly income?

- ☐ less than $10,000
- ☐ $10,001- $20,000
- ☐ $20,001- $30,000
- ☐ $30,001- $40,000
- ☐ $40,001- $50,000
- ☐ over $50,000
- ☐ don't know

10. What is your level of education?

- ☐ less than high school
- ☐ high school/GED
- ☐ currently in college
- ☐ two-year college degree
- ☐ four-year college degree
- ☐ graduate degree
- ☐ other: _____

11. What is your current relationship status?

- ☐ single with no relationships in the past year
- ☐ single with only casual or anonymous encounters in the past year
- ☐ in a committed relationship of less than one year
- ☐ in a committed relationship of more than a year
- ☐ other: _____

12. Do you have health insurance or coverage? ☐ yes ☐ no

13. In which county do you get the majority of your HIV prevention information and/or services from?

- ☐ Adams County
- ☐ Arapahoe County
- ☐ Boulder County
- ☐ Broomfield County
- ☐ Denver City & County
- ☐ Douglas County
- ☐ Jefferson County
- ☐ Other: _____

14. Do you… (Please check all that apply.)

- ☐ have oral/anal unprotected sex (without a condom or dental dam)?
- ☐ use recreational drugs?
- ☐ have multiple sexual partners?
- ☐ prefer not to complete this question
- ☐ None of the above

15. Have you ever been tested for HIV/AIDS? If so, how often?

- ☐ never
- ☐ every 6 months
- ☐ every 2 years
- ☐ only once before
- ☐ every year
- ☐ other: _____

16. Where do you get your HIV prevention information? (Please check all that apply.)

- ☐ friends and family
- ☐ internet
- ☐ media (i.e. T.V., radio, magazines, newspapers)
- ☐ social venues (i.e. bathhouses, bars, clubs, cafes)
- ☐ health care professionals
- ☐ HIV prevention specialists
  Where (city or county): _____
- ☐ public organizations
  Specify: _____
- ☐ Gay Parade
- ☐ other: _____

17. On a scale from 1 to 10, how would you rate the quality of the HIV services in your area? (Please circle one of the numbers below)

1 2 3 4 5 6 7 8 9 10 or ☐ I do not use HIV prevention services
Poor Great

What would make them better? _____

_____

_____

_____

_____

_____

_____

_____

THANK YOU!

HIV Prevention among Urban Hispanic/Latino MSM
Focus Group/Interview Guide

JSI is holding focus groups with Latino/Hispanic Men who have Sex with Men (MSM) living in the Denver Metro area to assist the Colorado Department of Health's STI/HIV Section, make decisions on HIV prevention services provided to this community. Please be as honest as possible when responding to the focus group questions and only use first names when addressing yourself or another. We will be recording the session and we do not want to identify you on the recordings. All of your responses will remain anonymous in the final summary findings. We must note that we cannot protect confidentiality outside of this group setting. Thus, we ask you to please keep here what others may say here. Do you have any questions before we start?

Icebreaker - What is the most recent movie you saw?

Discussion Questions:

1. **What are your most important CONCERNS as a Latino gay or bisexual man?**
   → Probe: In your opinion, would your concerns be different from those of a Latino MSM who has recently immigrated to the U.S.?

2. **What does a healthy lifestyle look like to you?**
   → Probe: From your experiences with friends, family or those you have dated, would this be different for someone who has been in the U.S. for a long time versus someone who recently came to this country?

3. **In your opinion, what are some of the major issues influencing risk for contracting HIV/AIDS among Hispanic/Latino MSM?**
   → Probe: What is needed to address those issues?
   → Probe: From your experiences with friends, family or those you have dated, would this be different for someone who has been in the U.S. for a long time versus someone who recently came to this country?

4. **How can Hispanic/Latino MSM be included in the planning, development, implementation and evaluation of prevention services?**
   → Probe: How do you think members of the community could be involved?
   → Probe: Would you personally get involved in the process? If not, why?

5. **What recommendations do you have for HIV prevention services?**
   → Probe: What strategies and services should be included?
   → Probe: Who should be involved in designing the services?
   → Probe: Who should provide the services?
   → Probe: What ideas do you have about where and when services should be offered?
   → Probe: What suggestions do you have to address the issue of substance abuse as part of HIV prevention?
   → Probe: What are some ways to ensure that Hispanic/Latino MSM are tested for HIV regularly?
   → Probe: In your experience with friends, family or someone you dated, how should these services be changed for men born outside the U.S. and who have recently arrived to this country?

Is there anything we have not touched on that you feel is important for us to know in planning of HIV prevention services for the Urban Latino community?

CONCLUSION: Remember that all this information is confidential; be respectful not to share any personal information about anyone outside this meeting. We have $30 cash for each of you in appreciation of your willingness, time and honesty to participate in this focus group.

Focus Group #: _____ Begin Time: _____
Date: _____ End Time: _____

HIV Prevention Among Urban Hispanic/Latino MSM
Focus Group Summary

1. How many attended? _____ How many demographic surveys returned? _____
2. Any challenges or anything unexpected?

3. Summary of key points made:

-
-
-
-
-
-

4. Any suggestions for follow-up for next group?

APPENDIX D

PARTICIPANT DEMOGRAPHIC SURVEY RESULTS

HIV Prevention among Urban Hispanic/Latino MSM
Focus Group and Interview Demographic Survey Results

	No.	(%)
Participants		
Focus group participants	42	(78)
3 English speaking groups		
3 Spanish speaking groups		
Interview participants	12	(22)
5 English speaking participants		
7 Spanish speaking participants		
Total participants (N)	54	(100)
Total participant screened	63	
Participation rate	86%	
Gender		
Male	52	(96)
Transgender (M to F)	2	(4)
Sexual orientation		
Gay/homosexual	48	(89)
Bisexual	5	(9)
Straight/Heterosexual but had sex with men	1	(2)
Age		
18 – 24	8	(15)
25 – 29	2	(4)
30 – 34	11	(20)
35 – 39	15	(28)
40 – 44	8	(15)
45 – 49	5	(9)
50 – 54	5	(9)
Race/Ethnicity		
American Indian/Spanish	1	(2)
Chicano	2	(4)
Hispanic	20	(37)
Latino	24	(45)
Latino/Native American	2	(4)
Latino/White	2	(4)
Spanish	2	(2)
Spanish/Black	1	(2)

	No.	(%)
How long have you lived in the U.S.?		
Born and raised in the U.S. – 1° generation	5	(9)
Born and raised in the U.S. – 2° generation	4	(8)
Born and raised in the U.S. – 3° generation or greater	11	(21)
Less than 2 years	0	(0)
2 – 5 years	6	(11)
5 – 10 years	13	(25)
Greater than 10 years	14	(26)
What languages do you speak and understand?		
English only	7	(13)
Primarily English and some Spanish	11	(20)
Fluent in both English and Spanish	25	(46)
Primarily Spanish and some English	10	(19)
Spanish only	1	(2)
What county do you live in?		
Adams County	6	(11)
Arapahoe County	13	(24)
Boulder County	0	(0)
Broomfield County	0	(0)
Denver City & County	28	(52)
Douglas County	0	(0)
Jefferson County	7	(13)
What is your current employment status?		
Employed full-time	33	(61)
Employed part-time	7	(13)
Unemployed	10	(18)
Disabled	3	(6)
Other	1	(2)
What is our approximate yearly income?		
Less than $10,000	11	(21)
$10,000 - $20,000	10	(19)
$20,001 - $30,000	7	(13)
$30,001 - $40,000	4	(7)
$40,001 - $50,000	10	(19)
Over $50,000	9	(17)
Don’t know	2	(4)

	No.	(%)
What is your level of education?		
Less than high school	3	(6)
High school/GED	24	(44)
Currently in college	3	(6)
Two-year college degree	2	(4)
Four-year college degree	11	(20)
Graduate degree	7	(13)
Other	4	(7)
What is your current relationship status?		
Single with no relationships in the past year	13	(25)
Single with only casual or anonymous encounters in the past year	15	(28)
In a committed relationship of less than one year	6	(11)
In a committed relationship of more than a year	14	(27)
Other	5	(9)
Do you have health insurance or coverage?		
Yes	33	(64)
No	19	(36)
In which county do you get the majority of your HIV prevention information and/or services from?		
Adams County	4	(8)
Arapahoe County	5	(9)
Boulder County	2	(3)
Broomfield County	0	(0)
Denver City & County	37	(70)
Douglas County	0	(0)
Jefferson County	4	(8)
Other (please specify)	1	(2)
Do you… (Please check all that apply.)		
have oral/anal unprotected sex (without a condom or dental dam)?	27	(51)
use recreational drugs?	8	(15)
have multiple sexual partners?	15	(28)
prefer not to complete this question	3	(6)
None of the above	17	(32)

	No.	(%)
Have you ever been tested for HIV/AIDS? If so, how often?		
Never	0	(0)
Only once before	7	(13)
Every 2 years	3	(6)
Every year	16	(30)
Every 6 months	23	(43)
Other (please specify)	4	(8)
Where do you get your HIV prevention information? (Please check all that apply.)		
Friends and family	14	(27)
Internet	25	(48)
Media (i.e. T.V., radio, magazines, newspapers)	15	(29)
Social venues (i.e. bathhouses, bars, clubs, cafes)	13	(25)
Health care professionals	24	(46)
HIV prevention specialists	27	(52)
Public organizations	9	(17)
Gay Parade	10	(19)
On a scale from 1 to 10, how would you rate the quality of the HIV services in your area? (1 = poor, 10 = great)		
1	1	(4)
2	0	(0)
3	3	(6)
4	3	(6)
5	4	(7)
6	5	(9)
7	8	(15)
8	9	(17)
9	4	(7)
10	12	(22)
Average rating	7.14	
I do not use HIV prevention services	4	(7)
Recruitment Venues (Includes All Call Screenings)		
Friend (Includes AG)	40	(63)
Flyer	7	(11)
JSI Staff	9	(14)
Craigslist	3	(5)
ARTS presentation	2	(3)
BCAP	1	(2)
CAP	1	(2)

What would make HIV prevention services better?

Advertisement/Marketing

- advertise their services more for people so they are available
- awareness and use.
- diffusion of current information.
- more advertisement to let people know where the facilities are, hotlines.
- more exposed to the communities.
- more exposure.
- more knowledge on prevention, flyers, billboards, television ads with drug prevention
- that the information be more fluid for all the people.
- the diffusion of existing services in a broader manner and the ease to which one can make use of them, and present services in a more fun and less formal manner. Many have fear of making use of them or asking for information.
- they are good, but I believe they need more advertisement.
- they would need to create more awareness outside of the clinic, maybe local commercials.
- Putting more information in the internet and on the radio, and in places that have a sexual atmosphere like spas, night clubs, bars, passing out flyers.

Availability and Quality of Services

- have better service.
- In my best interest things would be better if there were more services available, more help and understanding.
- more and better health centers and clinics; more diffusion of education.
- Nothing. Enjoy privacy of office/doctor.
- Maintaining the respect and balance, being professional and being courteous while providing services.

Culturally Sensitive Education

- more resources in Spanish, including pamphlets and making condoms available in social places like bars, bathhouses, etc.
- bilingual programs in the community (English/Spanish), more accessible and understandable programs for the monolingual community (Spanish) and easy to reach. Also, promote the barriers to protection as well as access to getting tested for HIV.

Free Condoms

- bring back the free condom program in the bars condoms at bars.
- protecting oneself with methods like condoms.

More Funding

- more money.
- more money to have more public events.

Hotline

- a hotline and webpage on the net in Spanish.

Services Specific to the Latino MSM Community

- created/operated BY and FOR Latino MSM.
- have resources within the community.
- more culturally sensitive in their delivery; great to have more local information on HIV prevention online.
- more education for Latinos and more support.
- more reading material, condoms more available.
- more services targeting the Gay community, talking about sex openly.
- more social programs for people dying from HIV+ and couples for more support with HIV.

Social Networks

- Group discussions, social networks, focus groups, more data.

Leadership

- more leadership within the community, with an established and ready strategy.
- perhaps more commitment from the real community.

Miscellaneous

- I don't know yet.
- more, more, more.
- that people follow instructions as indicated.

Outreach

- more outreach.

APPENDIX E

CODE LIST

Code-Filter: All

HU: AnalysesCoding
File: [C:\Documents and Settings\cduclos\My Documents\Latino MSM Data\AnalysesCoding.hpr5]
Edited by: Super
Date/Time: 01/11/2010 12:48:34 PM

1Concerns
1Concern/Acceptance/Community
1Concern/Acceptance/Family
1Concern/Belong
1Concern/Church
1Concern/Discrimination
1Concern/Family
1Concern/Having Good Health
1Concern/Having Good Health/ Information
1Concern/Legal/Status
1Concern/Stability
1Concern/Stability/Emotional
1Concern/Stability/Finanical Status
1Concern/Stability/Relationship
1Concern/Support
1Concerns/Differences
1Concerns/Quote
1Concerns/STD
2Healthy
2Healthy/Differences
2Healthy/Quote
3Risk
3Risk/Addressed
3Risk/Differences
3Risk/Quote
4Community Involved
4How Included
4Personally Involved
5Services/Comprehensive Approach
5Services/Differences
5Services/Funding
5Services/Included
5Services/Issues
5Services/Issues/Chronic Disease
5Services/Issues/Comfort
5Services/Issues/Condoms
5Services/Issues/Coordination
5Services/Issues/Cost
5Services/Issues/Cultural Appropriateness
5Services/Issues/Cultural Barriers
5Services/Issues/Messages
5Services/Issues/Resources
5Services/Issues/Trust
5Services/Message/Internet
5Services/Messages
5Services/Messages/Family
5Services/Messages/Media
5Services/Messages/Positive
5Services/Messages/Quote
5Services/Messages/Role Models

5Services/Messages/Tailored
5Services/Messsages/Culture, Art. Social
5Services/Must Do
5Services/Personalized
5Services/Quote
5Services/Recommendations
5Services/Substanceabuse
5Services/When
5Services/Where
5Services/Who
5Testing
5Testing/Comfort
5Testing/Differences
5Testing/Information
5Testing/Location
5Testing/Media
5Testing/Mistrust
5Testing/Rapid Testing
5Testing/Support/Follow-up
5Testing/Survey
Age
Alcohol
Anything Else
Culture
Culture Media
Culture Personalismo
Culture Vocabulary
Downlow
Drug
Events
Gay Identity
Group Process
HIV Back On Radar
HIV Knowledge
HIV Numbers
Homophobia
Information
Leader Qualities
Representation
Sense of Community
Sense of Community/Acceptance
Specific Places
Super Quotes

APPENDIX F

HISPANIC/LATINO VENUES CITED

Venues Cited to promote services and information about HIV prevention for Latino MSM

Television Channels & programs

- Univision channel (Spanish)
- Cablevision channel (Spanish)
- Telemundo channel (Spanish)
- TV Azteca channel (Spanish)
- Comcast Latino (Spanish)
- 9 News
- Specific shows and ideas such as:
  - TV shows like "Encrucijada" (aired soap opera focusing on health issues) (Spanish)
  - Public Service Announcements
  - Commercials during big national events like the Latin Grammy Award (Spanish)

Radio Stations & programs

- KNRC 1150 AM (English)
- KBNO 1280 AM (Spanish)
- KLVZ 1220 AM (Spanish)
- KJMN 92.1 FM (Spanish) –EL Show De Erazno y La Chokolata
- KXPK 96.5 FM The Peak (Spanish) –Piolin Por La Mañana
- KMXA 1090 AM (Spanish)

Magazines and Newspapers

- The Onion
- Outfront
- El Semanario (Spanish)
- La Voz (Spanish)
- El Centenario (Spanish)

Clubs & Bars

- El Potrero (Latino)
- Tracks
- Vinyl
- JR's
- Charlie's
- La Rumba (Latino)
- The Church
- Tequila Rose
- Fantasia
- Revolución

Supermarkets

- Rancho Liborio (Latino)
- Avanza (Latino)

Technology

- Phone texting
- Facebook.com
- My Space.com
- ManHunt.net
- Adam4Adam.com
- Craingslist.net
- Connexion.com
- Interactivemale.com

Community-Based Organizations

- Denver Health
- Colorado AIDS Project (CAP)
- Boulder AIDS Project (BCAP)
- Planned Parenthood
- Mi Casa Resource Center
- The Center
- Brothers for Brothers
- It Takes a Village

Other Venues & Strategies

- Bus Stops
- Billboards
- RTD in-transportation posters
- Movies like Philadelphia
- Hot Line Number
- Theatre Plays
- Word-of-Mouth
- Gay parade
- Bath houses
- Cheesman Park
- Liquor stores (like Argonauts on Colfax)
- Flyers, pamphlets and posters in the following sites:
    - School's clinics
    - Clinics
    - Coffee shops
    - Other community centers
    - Pharmacy aisles

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