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Theme: **Successful Strategies to Address Religious Issues in HIV Prevention**

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HIV and AIDS is a growing epidemic in the United States and when addressing minority and religious groups, the stigma follows. Arturo Ponce has agreed to share key points for Successful Strategies to Address Religious Issues in HIV Prevention.

What are the Hispanic/Latino HIV prevention challenges you have experienced with providers and religious officials?

1. Lack of collaboration; Six years ago when program started it was too hard to talk to the priest and to give presentations to adults or youth and the priest said no thank you. There are no collaborations.
2. Medical terminology is not adequate; if they accept presentation, you can not talk of condoms or masturbation needs to be very careful when using medical terminology.
3. Negation in regards to the problem; have shown numbers and statistics of people living with HIV/AIDS and they don't believe in the numbers. Most places do not believe they have HIV cases.
4. In terms of HIV providers, not using adequate media to promote services.
5. Not being clear about the differences between rural and urban Latino issues. For example: people in rural areas are naturally more reserved, so confidentiality is even more important.
6. Education. Understand competency because most of the people in Kansas are of migrant population. The people coming to work are from rural areas and they come from small farms and ranches and usually have a low education.

Who is not collaborating, what groups and what individuals? Why is there still not enough collaboration with the epidemic?

95% of Hispanics are Catholic and when I addressed the community and church officials at the beginning, I did not receive any support. Now, along the years they have come closer. An example is a domestic violence group. I decided to join and collaborate in their events to show support but when I invited them for testing on National AIDS Testing Day and World AIDS Day they did not show up. The issue is that Hispanic/Latino stigma

is tripled: The IDU, the MSM and the HIV is what really come together to make the work harder.

What is more difficult, IDU or MSM?

I think both IDU and MSM are equally difficult. I do not see a break through or an immediate solution to the stigma attached to those two. We must continue to try and help by being persistent with a heart support them as we are all human beings. We also need to support them and refer them to proper health services for treatment.

What is appropriate terminology and where can providers access the right resources?

Using the right health educators is important since there is not a book for appropriate terminology and resources. For example: Guatemala has 25 dialects. Six years ago when Arturo went to provide a presentation, he assumed all of the people present were from Mexico and he was using high level terms in Spanish and many people did not understand what was being said. This incident helped Arturo realize that people are very diverse. Now before a presentation, he asks the audience if everyone speaks and reads Spanish. If everyone agrees, the presentation will begin on a medium or low level so that everyone understands. If interpretation is needed, he tries to have someone available to help with additional services.

How does negation take place?

Let us go back to history from the context of this triple stigma. In the past people preferred to say “this person died of cancer”, when in reality the person died of opportunistic infections related to AIDS. Another case is the use of folk medicine to eradicate HIV because the people refuse to accept their diagnosis and the fact they need HIV care. It is hard for them to understand that no medicine will cure HIV/AIDS.

How can we as providers help to alleviate this stigma?

Compassion, I use a soft voice: “You will not cure with these herbs, there is no cure.” It is important to be direct and not cover the truth and be very honest with love and compassion. Provide the facts and be completely honest and that there is no cure and it is necessary to be under medical care and take medication. In Mexico, there is no system for people living with HIV/AIDS and many people are dying from this infection. Many times families don’t support these people and they are left alone. That is why we start with compassion and treat everyone with the same sort of care.

What type of media can be used to promote services?

Radio is the best way to address Hispanic/Latinos in rural communities since most Hispanic/Latinos like listening to the Spanish radio. Hispanics like music and music is a link to their distant lands, to their romantic selves and to social issues. Music soothes the spirit. Hispanics listen to the radio while at work, when driving and whenever they can.

Besides, not all media is available. Access to TV or other media are not always easy to access and radio is everywhere.

The reason for not using TV is that it is very expensive and free channels require cable or dish network which is not always available.

How can we learn more about rural competency?

Not just through what I have mentioned but also by understanding relationship dynamics. For example: women are in charge of preservatives. They learn by talking with communities and they go where communities gather and ask questions. Common places where women may go are soccer tournaments, social events such as September 16th (Independence Day) or Cinco de Mayo and Dia de la Virgen (Lady of Guadalupe Day) on December 12th.

The point is to observe and ask but with respect. It is important to ask questions because this is how you get close.

As a provider you can also offer a variety of services, or you can join with other providers to offer combined services.

What word can be used to describe what it means to be competent?

In general, the word PATIENCE can be used to describe what it means to be competent. Prevention in rural areas whether with Hispanics/ Latinos and with others TAKES TIME. That is the key. That is very important and knowing that it takes at least five years to see any changes.

How can the reality of Latinos who are sexually active; who at the same time may use drugs and alcohol; and end up engaging in risky behaviors be presented to church officials in a logical way and in a way that can create partnerships and support?

1. Develop trust. What I mean is you need to be involved in the community and events. You need to be ready as if you were called for a presentation. Also be ready to provide information about doctors and help give referrals to other Latino doctors. It takes time to develop trust but you need to develop this.
2. Address negation. We already mentioned some ideas but it is important to be direct and clear with when delivering messages.
3. Increase collaboration and communication with church. Need to be available for mass every Sunday. The people need to see you their and that you are involved in the community. This provides good collaboration with the priest also.
4. Develop special religious events called Vigilia; personal invitation strategy to pastors and priests. For example: one candle light is given to each participant. The priest then provides a message to all of the participants and asks them to walk with him.
5. Invite churches to HIV activities and to health events that include HIV education.
6. Invite church to Latino events like Cinco De Mayo.
7. Host Latino events that include HIV education but do not title the event HIV. Use other titles and be creative, for example: Health Education for Latinos

8. Make a link among rehab centers, HIV programs and church and create permanent services.
9. Use incentives (food, gifts, etc)

What strategies have been most successful in the past?

All of them. Each strategy works very well. One strategy that will never work is doing outreach or any educational activities in music events or by trying to talk with people in places like Wal-Mart. This does not work because it is not accepted. People may stop and others will think “why is this person talking to him?”

What kind of support exists at a national level to support other colleagues to address their local churches?

1. The CPG (Community Planning Group)
2. Knowing and joining your CPG.
3. Link with other churches of your kind at a national level who are open minded about HIV and ask them to help you as a liaison. Arturo did it by going to different events with UMMAM and trying to find those who have the same logo and then try to make a connection.
4. Use CBA providers who help in these issues. For example focus area 3.
5. Use the Boarder Health Association
6. Attend conferences, meet people, get inspire, network with other peers, talk, and don't be quiet. Talk to everyone you can. If you are unable to attend conferences such as HPLS, USCA, RCAP due to the cost; ask for scholarships, write an abstract, there is always a way to make it to these types of events.

Biography

Arturo Ponce has been the AIDS director for the United Methodist Western Kansas Mexican American Ministries for two years. When he took the directorship position, he realized the person in the position before him was not able to bring a single Hispanic/Latino into the ministry. He learned that it was difficult because HIV carries a stigma and people do not accept this subject for conversation, especially in rural areas.

For more information about United Methodist Western Kansas Mexican American Ministries please visit www.ummam.org or contact Arturo Ponce at aponce@ummam.org.

- Crystal Keefer