Juntos
Preliminary findings in the development of a digital health intervention for the Latino MSM community

Background
Health inequalities in lesbian, gay, bisexual, trans, and queer communities, particularly for racial minorities, remain a primary concern in the U.S.
- Health disparities disproportionately affect communities of color and diverse sexual and gender identities
- MSM of color experience more stigma, lack of community support, inadequate access to health facilities and worse health outcomes than white MSM
- Disparities in drug abuse, violence, sex work, and HIV are disproportionately amplified for Black and Latino MSM even though MSM of color are more likely to use condoms and have fewer sexual partners on average than white MSM
- Additional stressors for Latino MSM include fewer sexual partners though outcomes than white MSM

Methods
1. Background Research (Jan-Apr)
   - Conduct literature reviews on:
     - Health status of Latino MSM
     - Key health determinants
     - Effective health programs
     - Existing online interventions

2. Formative Research (May-Oct)
   - Conducted interviews in English and Spanish:
     - Health of Latino MSM & trans community
     - Barriers to healthcare
     - Experiences with healthcare
     - Preliminary website feedback
     - Available health resources

3. Design & Test Website (Jul-Dec)
   - Assess needs from survey results
   - Adapt existing intervention for Black MSM/TW (health/empowerment) for Latino MSM/TW
   - Code & program website including:
     - Educational tools
     - Resources for testing & care
     - Social networking features
     - Newsfeed

Preliminary Results
- Discrimination When Seeking Health Care
  Many participants discussed instances of discrimination and misunderstanding during interactions with health care providers.
- Stigma and Discrimination from within Community
  Participants reported the prevalence of stigma within the Latino/a community as a consequence of deeply-rooted cultural beliefs about gender identity and sexual orientation.
  "Many people still have machismo or do not want to accept that we exist and that we are just different. We didn’t ask to arrive to this world this way. But in their heads, it’s women or men and that’s it.” – MSM/TW participant

- Language Barrier
  Participants attributed ineffective healthcare visits to not only the language barrier between themselves and healthcare providers, but also a general lack of access to bilingual service providers and health information.
  "So the language, the cultural understanding, the need for medical interpreters on site, and understanding more the MSM community would be a huge plus from the medical providers." – MSM/TW participant

- Lack of Support Systems
  Some participants felt that their emotional and psychological needs were not properly met within their networks, while others reported having no secure social support networks.
  "...Immigration tends to lead to people secluding themselves off and forming their own communities, and then those communities start to become really small worlds. And people who are diagnosed with HIV are terrified that their small world is going to find out their HIV status and ostracize them.” – Health service provider

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References