

**Application of the Critical Race and Latino Critical Theories to Explore Social Innovation
in Nonprofit Services Addressing HIV/AIDS Issues in Texas**

by

JACK PHILIPS

Presented to the Faculty of the Graduate School of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

THE UNIVERSITY OF TEXAS AT ARLINGTON

December 2020

Copyright © by Jack Philips 2020

All Rights Reserved



Acknowledgments

First and foremost, I have to thank my wife Norelie and my son Bodhi for supporting me on this journey. They have been by my side the entire way, giving me love and encouragement to complete this project. They always believed in me even when I did not believe in myself. I could not have done this without their love. This is for both of you!

My parents, Raymond and Kathy Chavira, have always pushed me to be the best I can and to believe in what I do. My father instilled in me a love of my Latino community and a pride in who we are. We are a resilient people who can overcome any obstacle. I am eternally grateful for his guidance and teaching on our culture. My mother always believed in me, and I am heartbroken she did not live to see this project completed. She always told me I could do this, and this is dedicated to her. I would be nothing without her example and support. And I want to acknowledge the support of my siblings, JP and Jana. They always root for me to succeed no matter what, and they keep me grounded and humble. Family is everything.

I would also like to thank all of my professors for their wisdom and guidance through this experience. Dr. Karabi Bezboruah has pushed me excel in ways I did not know I could. I could not have done this without her. Dr. Steven Poe, my mentor, predicted I would be here one day even though I did not believe this about myself. I wish you were here so you could say, “I told you so.” And a big thank you to Dr. Maria Martinez-Cosio and Dr. Alejandro Rodriguez for their help, guidance, and pointing me in the right direction when it was needed. I am grateful to have amazing Latinos to look up to, and to demonstrate what is possible in my future.

An additional thank you the Center for Mexican-American Studies at the University of Texas at Arlington and Pat Brandenburg, as their scholarship assisted me in completing this research. Your belief in and funding of this project helped me get to the finish line.

Abstract

Using Critical Race and Latino Critical Theory to Create Social Innovation in Nonprofit Service Delivery: Fighting HIV/AIDS in the Texas Latino Community

Jack Philips, PhD

The University of Texas at Arlington, 2020

Supervising Professor: Karabi Bezboruah

The nonprofit sector is an essential and valuable resource in the United States for aiding marginalized populations. This study focuses on how nonprofit health organizations provide and innovate HIV services, and how they can overcome barriers in delivering quality services for HIV/AIDS education, prevention, and treatment to Latinos in Texas. Nonprofit organizations are on the front lines of the HIV/AIDS fight, through their outreach in the areas of education, prevention, and testing. Nonprofit organizations are examined for barriers and innovations in service delivery as it applies to the Latino community. This study also examines how the integration of Critical Race and Latino Critical Theory principles can create knowledge and understanding of marginalized groups, which can lead to more well informed innovation and practice. There are currently fifty-four million Latinos living in the United States, which makes it the largest ethnic and racial minority group in the country. In the United States, education, outreach, and treatment for HIV/AIDS focuses on all groups as the virus transcends barriers of race and sexuality, but Latinos face significant issues related to culture and immigration status that require nuanced and informed approaches to gain the community's trust and deliver services. A critical approach to innovation can lead to the development of new programs and foster trust between the Latino community and nonprofit organizations.

“History will judge societies and governments - and their institutions - not by how big they are or how well they serve the rich and powerful, but by how effectively they respond to the needs of the poor and helpless”

– Cesar Chavez

Table of Contents

Acknowledgments.....	iii
Abstract.....	iv
Table of Figures.....	ix
Table of Tables.....	x
Chapter 1: Introduction.....	1
Research Questions.....	5
Rationale of Research.....	6
Contributions and Limitations.....	6
Outline of Study.....	7
Chapter 2: Theoretical Framework.....	9
Social Innovation.....	9
Critical Race Theory and Latino Critical Theory.....	15
Chapter 3: Literature Review.....	21
Latino Culture and HIV/AIDS Risk.....	21
HIV/AIDS Testing Behavior in the Latino Community.....	29
Community-Based Outreach Focused on Education and Prevention.....	33
Latino Advocacy and Nonprofit Organizations.....	39
Service and Knowledge Gaps.....	45
HIV/AIDS Policy.....	51
Contributions and Limitations.....	52
Chapter 4: Methodology.....	53
Data Analysis.....	56

Chapter 5: Findings.....	65
Finding 1: Stigma.....	69
Language and Representation.....	72
Immigration Issues.....	75
Women’s Health.....	76
Finding 2: Funding.....	78
Availability.....	82
Competition.....	84
Finding 3: Social Innovation.....	86
Organizational Networks.....	86
Operational Differences and Creativity.....	89
Finding 4: Volunteers and Promotoras.....	94
Chapter Summary.....	96
Chapter 6: Discussion.....	98
Analytic Categories.....	99
Analytic Category 1: Relevance of Critical Race and Latino Critical Theory.....	100
Analytic Category 2: Policy Impairment.....	106
Analytic Category 3: Role of Social Innovation.....	108
Chapter 7: Conclusion.....	112
Policy Recommendations.....	112
Theoretical Implications.....	116
Limitations.....	117
Future Research.....	118

Works Cited.....	120
Appendix A: Interview Questions.....	140

Table of Figures

Figure 1: Takahashi and Magalong Model for Disruptive Social Capital, Modified for Social Innovation14

Figure 2: Conceptual Model, CRT and LatCrit Principle Integration for Innovative Service Delivery.....19

Figure 3: HIV Diagnoses 2008-2019, For Hispanic/Latinos, 13 and Older.....23

Figure 4: HIV Diagnoses 2008-2019, For Hispanic/Latinos, by Age Group.....23

Figure 5: HIV Diagnoses 2008-2019, For Hispanic/Latinos, by Sex.....24

Figure 6: Conceptual Model, CRT and LatCrit Principle Integration for Innovative Service Delivery.....101

Table of Tables

Table 1: Data Collection Methods.....	55
Table 2: Interviews.....	59
Table 3: Existing HIV/AIDS Policy at Various Level of Government.....	61
Table 4: Interview Thematic Frequency.....	65
Table 5: Policy Frequency Chart, Based on Themes.....	66
Table 6: Existing Policy Discussion of Stigma.....	69
Table 7: Respondent Discussion of Stigma Among Latinos.....	70
Table 8: Uncertainty on Confronting Stigma.....	72
Table 9: Presence of Bilingual Staff.....	73
Table 10: Issues of Stigma and Immigration.....	75
Table 11: Stigma and Women’s Health.....	77
Table 12: Ryan White Funding.....	79
Table 13: Areas Lacking Sufficient Funding.....	81
Table 14: Lack of Available Latino Focused Funding.....	83
Table 15: Social Innovation in Participating Organizations.....	88
Table 16: Innovative Operations.....	91
Table 17: Policy Recommendations.....	113

Chapter 1 : Introduction

Introduction

The Latino community in the United States is the fastest growing and second-largest ethnic group. White Caucasian Americans are still the largest demographic in the United States. The US Census Bureau and Office of Management and Budget define Latino as people of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race (Humes, Jones & Ramirez, 2011). This is the definition that is used for this study. According to the 2010 US Census, the Latino population is 50.5 million, which comprises 16% of the total population of the country (Ennis, Vargas & Albert, 2011). 2020 US Census data was not available at the time of this study. The Latino community is still faced with a disproportionate amount of social problems when compared to their white Caucasian counterparts.

It is estimated that within the next 20 plus years, Latinos will overtake white Caucasians as the largest population in the US. This rate of growth is much higher in Texas, where Latinos of any background account for 37.6% of the population, and Non-Latino whites are 45.3% (Ennis, Vargas & Albert, 2011). This population growth is attributed to two factors: continued immigration from Latin American countries and high birth rates among Latino citizens in the United States (Holloway, 2016). Along with this growth comes problems that limit the prosperity of the Latino community: poverty, education, and health.

The Centers for Disease Control (CDC) published a fact sheet in 2017 that highlights that HIV/AIDS is growing problem among the Latino community. Latinos comprise 16% of the total

US population but account for 21% of people living with HIV, an estimated 24% of all newly diagnosed infections (US Department of Health and Human Services: Centers for Disease Control and Prevention, 2017). Latinos living in the United States are three times more likely to be diagnosed with HIV than Caucasians, and Latino men account for approximately 80% of all new infections (Grieb et al., 2016; Kellerman et al., 2005). This increase in new infections has continued to climb each year from 2007 to 2016 (US Department of Health and Human Services: Centers for Disease Control and Prevention, 2017). More significant intervention in the Latino community is needed at the community level to create change in this growing health crisis in the United States (Strug & Mason, 2008). There are many components of Latino culture that make the community behave differently than others: insular cohesion, religion, immigration status, stigma, poverty and education (Askim-Lovseth & Aldana 2010; Brooks et al. 2005; Chen, Meyer, Bollinger & Page 2012; Dang, Giordano & Kim 2011; Ransford, Carrillo & Rivera 2010; Rios-Ellis et al. 2007). These are components of the community that can contribute to the development of stigma towards homosexuality, stigma of being HIV positive, and fear of seeking assistance outside of the community. Lack of knowledge of the condition prevents members of the community from seeking out services they need to address HIV/AIDS (Alvarez et al., 2017). The resources and norms exchanged among tightly knit groups such as the Latino community can be used for positive or negative means, such as promoting health damaging behavior despite the presence of scientific evidence to the contrary (Villalonga-Olives & Kawachi, 2017). Villalonga-Olives and Kawachi (2017) state that many of the norms among group members manifest in ways that have both good and bad outcomes for a group. They can lead to a lack of freedom within a social structure, strong bonds can be exploited for exclusion, or encourage conformity to norms that are not beneficial for an individual.

Many immigrants from Latin American countries do not understand HIV, and country of origin, immigration status, and generational identity make the Latino population very diverse (Askim-Lovseth & Aldana, 2010). There are characteristics of Latino culture that promote cohesion and in some cases, ostracization. The characteristics of the community are examined for possible innovations to the service delivery methods of nonprofit organizations. Social innovation in service delivery leads to organizations responding to societal problems creatively and in a manner that connects with the most people possible; innovation leads to greater diffusion of those solutions into the community (Westley et al., 2014). Social innovation creates a catalytic effect that allows organizations to “address social issues with a fundamentally new approach,” which becomes “scalable, sustainable, and system-changing” (Westley et al., p. 235, 2014). Innovating new solutions for outreach and service delivery to the Latino community can increase awareness of the issue of HIV/AIDS. Increased awareness and education of the community can lead to the promotion of an environment that destigmatizes discussion and acknowledgment of HIV. A study conducted for the Texas Department of Health (Alvarez et al., 2017) found that stigma of sexuality, behavior, and living a life outside of cultural norms are cited by Latinos as the most significant contributing factors for not getting tested or educated about HIV/AIDS. New HIV infections are a significant public health concern, as infection rates are now three times higher for Latinos than the Caucasian, white population in the United States (De Santis, Provencio-Vasquez, Mata, & Martinez, 2016). Despite these increases, effective interventions for shaping outcomes and overcoming stigma continue to perplex organizations (Rhodes et al., 2015). Using critical theory and method, this study examines barriers and innovations happening in four focus areas of Texas. Critical Race and Latino Critical Theory provide a lens to examine this issue with the goal of creating liberation and change (Solorzano &

Bernal, 2001). This framework respects the knowledge and lived experiences of the Latino community, and informs how that knowledge is transformed into action (Rodriguez, Amador & Tarango, 2016).

Nonprofit organizations possess resources that can help the Latino community with HIV/AIDS: knowledge, staff, funding, and a culture that wants to help people (Bryce, 2006; Passey & Lyons, 2006; Bixler & Springer, 2018). The collaboration between the Latino community and nonprofit organizations can contribute to building trust and finding more optimal and socially relevant solutions for the community and how it copes with HIV/AIDS (Bryce, 2006; Passey & Lyons, 2006; Bixler & Springer, 2018). The primary goal of this research is to learn from the experiences of the organizations working with the Latino community to identify opportunities for innovation and change in existing programs and the creation of new ones. Critical Race Theory and Latino Critical Theory are methods of examining the world from the perspective of racial and ethnic groups that have been marginalized socially, politically, and economically from society (Parker & Lynn, 2002). They “prioritize the social categories of race, gender, class, and sexuality and recognize them not only as social constructions but also as categories that have material effects on real people” (Fernandez, 2002, p. 46). These experiences will contribute to the foundation of knowledge in how nonprofit organizations can most effectively engage the Latino community and reduce the impact of HIV/AIDS. This study will focus on how connection to and better understanding of the Latino community can improve nonprofit responses to HIV/AIDS and create social innovation in the areas of outreach and education in the metropolitan and rural areas of Texas. This study will also focus on how improved bonding and communication can lead to better nonprofit practices for the Latino

community through social innovation (Bryce, 2006; Passey & Lyons, 2006; Bixler & Springer, 2018).

Research Questions

Using the principles of social innovation, critical race and Latino critical theories, this study seeks to answer the following questions:

1. How can critical race theory affect the process of innovation in service delivery to Latinos by nonprofit HIV/AIDS organizations in Texas?
 - a. What is the role of culture and language in providing culturally relevant education and outreach strategies?
2. What policies and practices are being implemented by nonprofit organizations that serve the Latino community to educate them about HIV/AIDS?
3. How can nonprofit organizations utilize social innovation to develop improved service delivery methods that engage and increase participation by the Latino community?
 - a. Where do opportunities for social innovation exist?

These questions were investigated using interviews and policy document review. Latino serving HIV/AIDS organizations are the unit of analysis for this study. Interview questions were developed to allow respondents to provide their perspectives and insight into this inquiry. In addition, policy documents were reviewed at the federal, state, and local levels of government to understand how funding and regulations dictate how HIV focused nonprofits are allowed to operate. Seventeen respondents from twelve organizations were interviewed for this study from the four focus areas: Dallas-Fort Worth, the Houston metropolitan area, East Texas, and the Rio Grande Valley.

Rationale of Research

The goal of this research is to examine nonprofit organizations that serve the Latino community to identify areas for innovation in service delivery as it pertains to HIV/AIDS, and to contribute to the expansion of knowledge in service delivery methodology for the community. This study examines nonprofit organizations operating in two urban areas, Dallas-Fort Worth and Houston, to compare how they operate to rural nonprofits in the East Texas area and the Rio Grande Valley. This provides information on how the Latino community differs in contrasting areas of the state. Latino culture and social normative behavior set the community apart when dealing with issues like HIV/AIDS (Askim-Lovseth & Aldana 2010; Brooks et al. 2005; Chen, Meyer, Bollinger & Page 2012; Dang, Giordano & Kim 2011; Ransford, Carrillo, & Rivera 2010; Rios-Ellis et al. 2007). While this is true, urban and rural dynamics can influence how that culture is expressed. This study of nonprofit organizations focuses on the practices of organizations and the experiences of people working with the Latino community, and it will examine how the organizations integrate the community into the development of effective services. Social innovation, critical race, and Latino critical theory guide the inquiry into organizational culture, active client engagement, partnerships, and conditions of service delivery.

Contributions and Limitations

This research examines how a better understanding the Latino community and their unique issues creates opportunities for service delivery in the area of HIV/AIDS, and how the community seeks out the services of nonprofit organizations. Nonprofits work to address some of the most complicated and pressing social issues in our country in a way that the government cannot, and they do so to serve the public good (Bixler & Springer, 2018). They fill in gaps in

service delivery for many groups that fall through the formalized cracks of government service, and those who cannot afford the exorbitant costs of hospitals and other healthcare facilities (Dang, Giordano & Kim 2012; Ransford, Carrillo & Rivera 2010). As the Latino population continues to grow, the United States is facing a potential health crisis if the community is not engaged with innovative solutions for HIV/AIDS. Nonprofit organizations are uniquely situated to provide those services. This study focuses on how existing services may not be meeting the intended goal of reducing HIV/AIDS in the Latino community and identify opportunities for innovation in service delivery methods.

Limitations of this study include cost, time, location, and a global pandemic. Texas will be the location of this research. It will focus on two metropolitan areas and two rural regions: Dallas-Fort Worth, Houston, East Texas, and the Rio Grande Valley (an area near the Texas/Mexico border). Latinos comprise a significant amount of the population in these areas and Texas as a whole, and these were chosen due to the existing nonprofit infrastructure and availability of services (Askim-Lovseth & Aldana, 2010).

Outline of Study

The literature review examines some aspects of culture within the Latino community and how it is coping with HIV/AIDS in other parts of the country. The literature review also examines some current programs and practices that are showing success within the community, such as community health worker/promotora programs. This study inquires whether similar programs exist in Texas or if they do not, why are they not present and could they work in this context? The theoretical framework section examines social innovation and its relevance to this study. This study is qualitative in nature and based on critical race and Latino critical theory

perspectives. Social innovation principles are used to interpret the practices happening at nonprofit organizations in the four focus areas of Texas. The methodology section details data collection through interviews and policy examination, and analysis based on the principles of qualitative content analysis. They are applied as a methodology for the purposes of interpreting data in a relevant way to organizations serving the Latino community. Interviews will be the means of collecting data. Interviews are coded and examined for emergent themes, along with secondary data about existing HIV/AIDS policy at all levels of government that regulates how HIV serving nonprofits operate. The discussion section analyzes what is learned through this process, and the study concludes with policy recommendations and theoretical implications based on the data.

Chapter 2 : Theoretical Framework

Theoretical Framework

Social Innovation Theory examines the elements of organizations that make them more likely to create new and creative ways of serving their clients (Jaskyte & Dressler 2005; Langer & LeRoux 2017; Shier & Handy 2014; Wit, Mensink, Einarsson & Bekkers 2017; Shier & Handy 2019; Shier, Handy & Jennings, 2019). This framework was chosen for this study, as the goal is to understand what organizations in the focus areas are doing to meet the demand of rising diagnoses in the Latino community. Social Innovation among nonprofit organizations could create a culture that encourages professionals in this field to develop better ways of meeting the unique needs and challenges that are leading to an increasing rate of new infections.

Critical Race Theory and Latino Critical Theory provide a way to frame the racial and cultural nature of the work these organizations engage in, and how they influence their outreach efforts and the barriers they encounter serving the Latino community (Parker & Lynn, 2002). Qualitative content analysis (QCA) is used for analyzing the data that is produced through these theories to understand the reality of HIV service nonprofits from their own perspectives. QCA allows for actions to be drawn from critical inquiry to solve social problems built on the insight an experiences of the lived reality of others. QCA is discussed further in the methodology section.

Social Innovation Theory

Nonprofits have become an essential and necessary component of meeting the social service and social welfare needs of vulnerable populations in the United States, and they must

continue to innovate in how they meet those needs to keep up with a changing society (Jaskyte & Dressler 2005; Langer & LeRoux 2017; Shier & Handy 2014; Wit, Mensink, Einarsson & Bekkers 2017; Shier & Handy 2019; Shier, Handy & Jennings, 2019). Nonprofits face high demands for accountability and increased demand on services and must show funders and government grantors that their services are effective and current with the needs of the clients they have chosen to serve (Brown, Andersson & Jo, 2016; Jaskyte & Dressler, 2005; Langer & LeRoux, 2017; Shier & Handy, 2014; Wit, Mensink, Einarsson & Bekkers, 2017; Shier & Handy, 2019; Shier, Handy & Jennings, 2019). Continuing to innovate in the areas of service delivery and client integration is vital to staying current with the needs of a community. Shier and Handy (2016, p. 112) define social innovation as new ideas with the potential to improve the “macro-quality or quantity of life.” Social innovation also includes “creation of a product, process, or idea, and its diffusion” (Westley et al., 2014, p. 234). Social innovation leads to social change through interaction and engagement with the served community while adapting and changing the organization to meet new and emerging needs (Shier & Handy, 2015). The goal is for innovations to be catalytic to fundamentally new approaches for the alleviation of large-scale social problems (Westley et al., 2014). Social innovation can take the form of “changes in attitudes, behavior, or perceptions, resulting in new social practices” (Cajaiba-Sanata, 2014, p. 44). Focusing on the organization’s mission and the community’s well-being while building trust and relationships are key to social innovation (Shier, Handy & Jennings, 2019). “By understanding the conditions that support human service nonprofits to develop and implement social innovation, internal and external organizational dynamics can be adapted or shaped to support such efforts” (Shier, Handy & Jennings, 2019, p. 174). Social innovation is not only about changing the way social agents interact, but fundamentally changing social context by the

creation of new institutions and systems (Cajaiba-Sanata, 2014). Shier and Handy (2016) also state that accepting the responsibility to care for citizens and clients is vital to social innovation, because with this mission comes the burden of producing outcomes that are beneficial to the group being served. It is not an endeavor or responsibility taken on lightly. Many nonprofits are “allocating resources to develop and implement social innovations that create social value with the potential to solve long-standing social problems” (Taylor, Torugsa & Arundel, 2019, p. 1). Taylor, Torugsa, and Arundel (2019) state that novel solutions can be effective, efficient, sustainable, or more than just the existing methods of problem-solving. They can be scaled up to address societal issues rather than just individual issues (Taylor et al., 2019). Social innovation creates opportunities for new solutions to global dilemmas, in the case of this study, HIV/AIDS, and how to help the Latino community (Edwards-Schachter, Matti & Alcantara, 2012).

Social innovation research implies that “structure and context will be the causation factor for innovation” (Cajaiba-Santana, 2014, p. 45). Jaskyte and Dressler (2005) identify organizational culture, comprising of values, norms, and beliefs as a critical component in an organization’s willingness to innovate. It is the primary source for effective and coordinated organizational activity for resolving problems and issues. Organizational culture is an essential component of social innovation that an organization contributes to problem resolution and service delivery. Specifically, freedom to integrate new ideas, teamwork, and ability to challenge the status quo are necessary for organizations to engage in social innovation, as well as having competent leadership that allows for such behavior (Jaskyte & Dressler, 2005). Leadership is quite essential, as organization leaders are responsible for promoting a culture of innovation through developing good ideas and directing resources to their implementation (Jaskyte, 2004). How nonprofits address social problems can often be “nonlinear, inherently unpredictable, and

dependent on their history” (Westley et al., 2014, p. 236). Any social innovation must be sensitive to the current state of the organizations to determine how best to integrate new practices and ideas (Westley et al., 2014).

Cajaiba-Santana (2014) states that social innovation will take place in social systems defined by institutions, and that understanding the historical and cultural context of a given issue or community is very important. Innovation is situated within these contexts. Social innovation is built on knowledge, and when dealing with a group like Latinos, tacit knowledge is integral to effective service delivery (Kong, 2015). Tacit knowledge includes items like cultural norms and attitudes that are difficult to convey and better understood through membership in the group or through the development of trusting, long-term relationships with those outside of the group (Kong, 2015). Kong (2015) identifies social intelligence as a critical component in this process, whereby members of the nonprofit organization select proper behavior and responses in the context of what is acceptable within the culture of the group being served. They reflect perceptions about the group that are accurate through sensitivity to these differences. Social intelligence fosters relationships and trust with Latino serving nonprofits. Trust is critical to effective networks, as developing these relationships involves both risk and cooperation between the two parties (Lambright, Mischen & Laramée, 2010). Edwards-Schachter, Matti, and Alcantara (2012) refer to this process as scaffolding or reaching new people by fostering collaboration and information exchange across organizational and cultural boundaries. Utilization of these exchanges of information and trust are directly translated into social innovation for the service delivery process. An organization has to be willing to listen to the community rather than imposing perceived best practices that are not culturally sensitive to the group (Passey & Lyons, 2006; Bixler & Springer, 2018). The integration of Latinos into the

network requires a “multifaceted approach...that recognizes the importance of input from the community stakeholders in the tailoring of public services” (Wilson, 2012, p. 965).

Understanding culture, shared norms, values, and behavior is essential to integrating Latinos into a network, but it is an elusive concept that comes with issues inherent in the community that can act as a barrier for service delivery (Wilson, 2012). A neglect of the cultural differences of the Latino community, such as immigration status, in a healthcare-focused outreach program can result in adverse outcomes for the community as a whole, and in the case of HIV/AIDS, fatal consequences (Wilson, 2012). The process cannot be a top-down approach, but a democratic and collaborative effort at all levels (Edwards-Schachter et al., 2012). Garcia (2017) states that understating culture is vital to supporting the growth and development of the Latino community in the 21st century.

When Latino community reaches out for help, nonprofits need to seize on that opportunity to connect with them. This has the possibility of creating solutions that may not exist or modifying practices in response to community feedback to better serve them. Then organizations use their resources to make effective interventions and develop services that suit the needs of the community based on collaborative effort between the two groups. Social innovation will be oriented towards social practices and the processes by which they emerge, while also understanding the unique cultural and historical context of the served community (Cajaiba-Sanatana, 2014). Vulnerable populations seek outside resources to meet their emotional and material needs, and organizations seeking to welcome those groups at that moment must accept them along with experiences of stigma, exclusion, and discrimination (Latkin et al., 2013; Malik, 2014; Takahashi & Magalong, 2008; Takahashi & Magalong, 2012). There are spatial dimensions to consider in this search, as groups limited by other circumstances will explore

familiar spaces (work, neighborhoods, bars, schools, etc.) for new resources, and they typically are education, information, and services (Latkin et al., 2013; Malik, 2014; Takahashi & Magalong, 2008; Takahashi & Magalong, 2012). This is the moment nonprofits can help vulnerable communities create a new cycle with new solutions not conceived of previously.

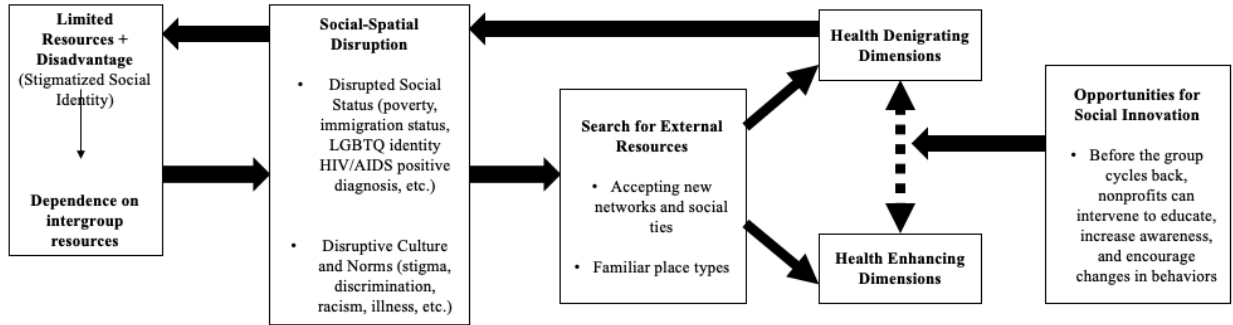


Figure 1: Takahashi and Magalong Model for Disruptive Social Capital, Modified for Social Innovation (p. 186, 2008)

In figure one, the Takahashi and Magalong model identifies a moment when clients seeking external resources will either find them and change their behaviors, or they will not find new resources and cycle back to behaviors that may have negative consequences for their health. It is in that moment of decision that nonprofits organizations have an opportunity to intervene and provide resources to the Latino community to improve their knowledge and outcomes about their health, in this case HIV. To know when this moment is happening, the nonprofit organizations need to have close trust relationships with the community to see what it is happening and how they can intervene in a culturally appropriate manner.

Critical Race Theory and Latino Critical Theory

Social innovation presents great opportunities for change in the area of service delivery, but this relationship must also be examined in the societal context in which it exists. In figure 1, there is a moment highlighted when people will reach out for help, but the organizations providing services must understand where those individuals are coming from to tailor appropriate services for them. The current political climate in our country is not an open and safe environment for Latinos, especially when they are even more marginalized with a condition like HIV/AIDS or because they are undocumented. This study embraces the Critical Race Theory (CRT) and Latino Critical Theory (LatCrit) approaches to research design. Often the best strategies for addressing a social problem are developed when they are culturally sensitive to the group in question, and CRT and LatCrit are methods of examining the world from the perspective of racial and ethnic groups that have been marginalized socially, politically, and economically from society (Parker & Lynn, 2002). These frameworks “prioritize the social categories of race, gender, class, and sexuality and recognize them not only as social constructions but also as categories that have material effects on real people” (Fernandez, p. 2002, p. 46). Alemán (2009, p. 185) classifies this as “racial realism” or recognition of the permanence of the subordinate status of an entire group. White, Caucasian perspectives are privileged as the cultural norm or status quo in the United States. CRT and LatCrit put the communities being examined at the center of research and respect their narratives about how they exist within a society that marginalizes them (Fernandez, 2002). Respecting these narratives promotes liberation and self-determination (Alemán, 2009). Portes and Manning (2013, p. 204) state that experiences may vary within the group, but they will share common themes and especially among communities with high concentrations of immigrants who must surmount

obstacles to participate in “mainstream” American society. For much of American history, Latinos have struggled against economic hardship and discrimination, while simultaneously being encouraged to assimilate and shun their culture for greater integration and success in society (Portes & Manning, 2013). Much of this plight is a hold-over from colonialism, where communities such as Latinos have been exploited and abused (Portes & Manning, 2013).

Eurocentric American history proposes that race is socially constructed, but within this perspective, the accepted understanding is the superiority and position of the white race over people color (Solorzano & Yosso, 2002). Racism is defined in the context of CRT as a group defining themselves as superior to all others, having the power to carry out this agenda, and creating a society that benefits the assumed superior group while negatively affecting other racial groups (Solorzano & Yosso, 2002). CRT is “an attempt to understand the oppressive aspects of society in order to generate societal and individual transformation” (Solorzano & Bernal, 2001, p. 311). Minority perspectives and experiences are marginalized in the United States, and therefore many resources available to the community do not reflect their needs, but those of the dominant identity in the society. CRT puts the marginalized identity in the forefront of research. LatCrit addresses aspects of this idea often ignored by CRT, such as “language, immigration, ethnicity, culture, identity, phenotype, and sexuality” (Solorzano & Bernal, 2001, p. 311).

LatCrit is multidimensional and intersectional, and Solorzano and Bernal (2001) argue it is complimentary to CRT but expands its fundamentals to the Latino identity. LatCrit theorists aim to “promote social justice awareness and activism” (Rodriguez, Amador & Tarango, 2016, p. 230). Latino history, culture, and perspective are legitimate epistemologies, and they can help the community fight against external and internalized racism and oppression that leads to destructive behavior and negative stereotypes (Alemán, 2009).

CRT and LatCrit also call for a reexamination of the concept of race due to it not being a fixed idea, as it is fluid and has decentered social meanings based on the continuing shift of society and political pressure (Parker & Lynn, 2002). Parker and Lynn (2002) assert that race is relentlessly deconstructed and reconstructed with no objective truth or universal meaning. Research on race and society have traditionally ignored communities such as Latinos by not addressing their concerns, have blamed genetics or biology for complex problems, and point to gender or class as a more significant concern (Parker & Lynn, 2002). CRT and LatCrit do not treat race as a “variable that can be controlled; rather, it examines the real impact that racism has had and continues to have within American society” (Romero, 2008, p. 24). These two theoretical frameworks advocate for marginalized populations by directing attention to structural arrangements that inhibit and disadvantage some more than others through dispossession and discrimination in social institutions (Trevino, 2008).

CRT and LatCrit examine how the most well-intentioned practices and policies can still reinforce traditional forms of racial and ethnic subordination. Practices and policies must be viewed within the historical and cultural context in which they exist, and they challenge ideas like colorblindness and meritocracy as solutions to disadvantage, as they are often implemented and guided by the dominant white culture’s view of Latinos (Bernal, 2002). Race-based epistemologies challenge popular research paradigms as they reinforce a narrow foundation of knowledge and culture through the view of the dominant white culture in the United States (Bernal, 2002). LatCrit recognizes that Latinos are creators of knowledge, and practices aimed at the community are not valid without their input in the process, as they “emerge from the experiences a person of color might have at the intersection of racism, sexism, classism, and

other oppressions” (Bernal, p. 107, 2002). This study is guided by the five elements established by Solorzano and Yosso (pp. 25-27, 2002) in CRT and LatCrit methodology:

1. “The intercentricity of race and racism with other forms of subordination”;
2. “Challenge to dominant ideology”;
3. “Commitment to social justice”;
4. “Centrality of experiential knowledge”; and
5. “Transdisciplinary perspective.”

These five elements challenge dominant forms of knowledge while giving privilege to the narratives and knowledge of the Latino community itself. Race and racism cannot be separated from the experience of being a Latino in the United States, and these theories challenge the dominant thinking in society and academia. By recognizing this, activists can use knowledge to advocate for greater social justice and fairness for Latinos through integration of the community’s own knowledge and voice. These theories are applicable in many fields of study. This study seeks to understand what barriers exist that prevent Latinos from accessing nonprofit services to address HIV/AIDS in society, and those barriers are best understood through examining how organizations engage Latinos and where there is a place for innovating new methods and practices for.

Yosso (2007) states that when examining communities of color, there is a tendency to view them at a deficit due to their culture not being the dominant culture of society. Instead of looking for deficits, one should look to the cultural wealth, or resiliency of a community to overcome obstacles through the strength of their way of life. Latinos have strong cultural wealth through bonds of language, family, shared experiences, and resistance to racism and other forms of oppression (Yosso, 2007). In addition to the cultural wealth of the Latino community itself,

LGBTQ+ members bring even more wealth and knowledge to the table through their lived experiences. Gay men and transgender individuals have knowledge and experience with HIV that could be an asset to the fight against the condition when integrated with the cultural wealth of their Latino identity.



Figure 2: Conceptual Model, CRT and LatCrit Principle Integration for Innovative Service Delivery

Figure 2 is a conceptual model of how these ideas coalesce into an applicable theoretical framework for nonprofit organizations. Integrating the principles of CRT and LatCrit into how nonprofit organizations develop services and engage with their clients could produce service delivery methods that are more directly responsive to the community’s needs than general services crafted broadly. Using the culture and knowledge of Latinos could foster collaborative relationships with the Latino community that results in innovative services tailored for successful utilization to elicit a better response from Latino clientele. These collaborative relationships also

create trust networks among organizations and the community that can lead to improved health outcomes overall.

The purpose of this study is not to prove every part of these respective theories true, but rather to combine elements of each into a workable model for nonprofit organizations. If nonprofits strive to understand the Latino community from their own perspective, it will help them align their services to the true needs of the group. CRT and LatCrit helps foster understanding of the circumstances of the group being serviced, and it creates pathways for collaboration that result in improved outcomes for the community. This will also result in less wasted time and resources. This model highlights areas of focus such as organizational culture, active engagement, partnerships, and conditions for service to the Latino community to inform the development of best practices and policies.

Chapter 3 : Literature Review

Literature Review

In the literature review, this study examines several relevant areas of research that are significant to this study. Latino culture and its influence on HIV/AIDS risk is examined from the perspective of sexuality, religion, stigma, women's authority to make decisions about their own health, and socio-economic factors that influence community behavior. Testing behaviors of the Latino community and existing programs are included in the literature review to understand what methods are already being used around the United States to address the issue of HIV/AIDS. The intersection of identity and advocacy is examined, as it is influential on why nonprofit organizations choose to engage in this type of service, and is vital to understanding how these organizations move forward in this work and innovate new solutions.

Latino Culture and HIV/AIDS Risk

The Centers for Disease Control data shows the rise in new infections among Latinos is happening simultaneously with infections decreasing in other populations, such as Caucasians (US Department of Health and Human Services: Centers for Disease Control and Prevention, 2017). Within the community, 88% of diagnoses among Latinos are in men, 75% being among men who have sex with men (MSM) (US Department of Health and Human Services: Centers for Disease Control and Prevention, 2017). MSM is not defined as homosexual. In many cases these men are also married or having sex with Latinas within their community. As a side effect of this practice, infection rates are increasing among Latinas who report that they are married and have only had sexual relations with their husbands (Brooks et al. 2005; Chen, Meyer, Bollinger

& Page 2012; Dang, Giordano & Kim 2011; Rios-Ellis et al. 2007). This practice currently comprises about 12% of diagnoses in the Latino community (CDC, 2017).

One of the most significant issues associated with the rise in HIV infection within the Latino community is the number of people unaware of their HIV status. The CDC (2017) reports that an estimated 17% of HIV positive Latinos are not aware of their status. As of 2014: 83% have received a positive diagnosis, only 58% are receiving treatment, 48% retained treatment protocol, and 48% have a suppressed or undetectable viral load which makes transmission less likely (CDC, 2017). The CDC (2017) also reports that sex is the primary cause of HIV transmission, but they have identified areas of the Northeastern United States, where intravenous drug use remains a significant cause of infection. Many of the barriers within the community that contribute to increasing rates of infection are poverty, discrimination, lack of healthcare, and cultural factors such as stigma, religion, and machismo (Askim-Lovseth & Aldana, 2010; Brooks et al., 2005; Chen, Meyer, Bollinger & Page, 2012; Dang, Giordano & Kim, 2011; Ransford, Carrillo & Rivera, 2010; Rios-Ellis et al., 2007). Immigration status is another significant barrier to testing and treatment that affects the Latino community (Dang, Giordano & Kim, 2012; Ransford, Carrillo & Rivera, 2010; Rios-Ellis et al., 2007; Strug & Mason, 2001). Seeking out education and healthcare may be prevented due to fears of arrest and deportation (US Department of Health and Human Services: Centers for Disease Control and Prevention, 2017). These barriers often result in delayed action (testing and treatment). Delayed action makes the Latino community vulnerable to HIV/AIDS, as many are getting diagnosed in much later stages of the disease and the mortality rate of Latinos is twice that of Caucasians (Chen, Meyer, Bollinger & Page, 2012; Dang, Giordano & Kim, 2012; Grieb et al., 2016; Rios-Ellis et al., 2007; Rowell-Cunsolo et al., 2017). Population estimates approximate that 54 million Latinos

are living in the United States, which would make it the largest non-white ethnic group in the country (Holloway, 2016). Holloway (2016) also states residential patterns show the majority of Latinos locate in urban centers, with some expansion into suburban areas as well. Despite this growth and presence, the Latino community remains elusive to many researchers. More research is needed on the best methods of outreach and education, such as safe sex, means of transmission, and treatment. The prevention and educational methods already in place in the United States are not as effective when broadly applied to the Latino community (Amaro, Vega & Valencia, 2001; Askim-Lovseth & Aldana, 2010; Chen, Meyer, Bollinger & Page, 2012; De Santis et al., 2016; Gant, Dailey, Hu, & Johnson, 2017; Gray et al., 2015; Martin et al., 2005; Otiniano, Carroll-Scott, Toy & Wallace, 2012; Rhodes et al., 2015; Rios-Ellis et al., 2007; Schnarrs et al., 2018; Vissman et al., 2009). Because the Latino demographic includes a

Figure 3

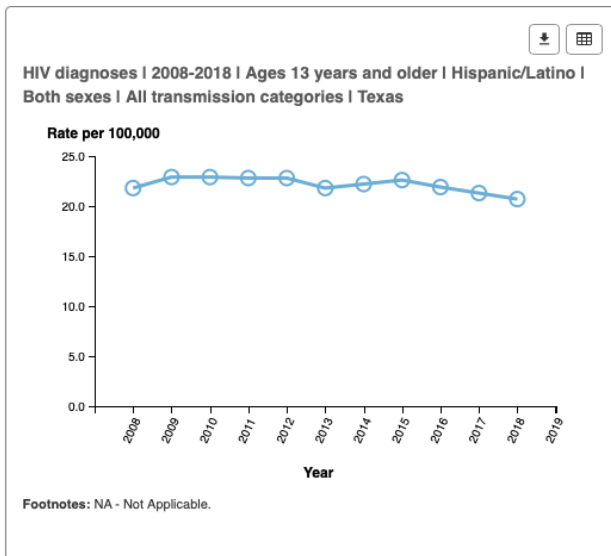


Figure 4

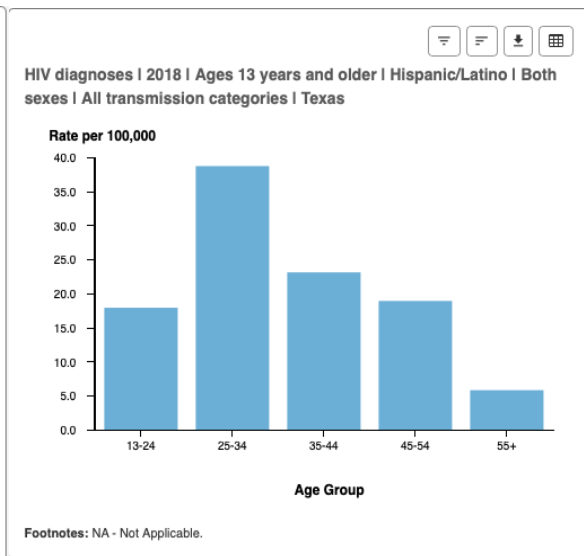
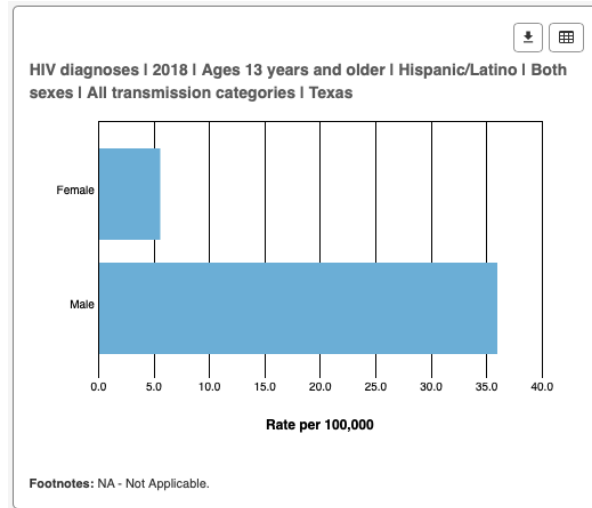


Figure 5



Figures 3 - 5: Data for HIV/AIDS Diagnoses among Latinos living in Texas, obtained from the Centers for Disease Control Atlas Plus database.

<https://gis.cdc.gov/grasp/nchhstpatlas/tables.html>

vast diversity of racial and ethnic identities, which makes changing attitudes and behaviors challenging (Askim-Lovseth & Aldana, 2010). Factors such as culture, religion, and the current political climate are where cultural sensitivity will be vital for innovation and improvement (Alvarez et al., 2017; Askim-Lovseth & Aldana, 2010, Garcia & Harris, 2017; Schnarrs et al., 2018). The stigma of homosexuality and bisexuality in the Latino community keeps men who have sex with men (MSM) silent about the nature of their sexual activity (Alvarez et al., 2017; Amaro, Vega & Valencia, 2001; Brooks et al., 2005; De Santis et al., 2016). Within the Latino community, MSM have the highest rate of HIV/AIDS diagnoses, and many are not aware of their positive status (Erausquin et al., 2009; Gant, Dailey, Hu, & Johnson, 2017; Garcia & Harris, 2017; Gray et al., 2015; Rao et al., 2016; Rhodes et al., 2015; Schnarrs et al., 2018). Among men, the primary means of infection remains men who have unprotected sex with other men

(MSM) and IV drug use (Erausquin et al., 2009; Gant, Dailey, Hu, & Johnson, 2017; Garcia & Harris, 2017; Gray et al., 2015; Lundgren & Delgado, 2008; Rao et al., 2016; Rhodes et al., 2015; Rios-Ellis et al., 2007; Schnarrs et al., 2018).

One of the most prominent aspects of the rise of HIV infections in the Latino community is the effects on adult and adolescent, heterosexual women within the Latino community, which showed an increase of 47% (Alvarez et al., 2017; Amaro, Vega & Valencia, 2001; Chen, Meyer, Bollinger & Page, 2012; Gant, Dailey, Hu, & Johnson, 2017; Gray et al., 2015; Rios-Ellis et al., 2007). While most new infections are among MSM, many of these men appear to be closeted homosexual and bisexual men who continue to also engage in heterosexual sex with their primary female partners due to the stigma of homosexuality (Amaro, Vega & Valencia, 2001; Chen, Meyer, Bollinger & Page, 2012; Rios-Ellis et al., 2007; Schnarrs et al., 2018). Latinas also report not discussing safe sex practices with their male partners when they know their partners may be engaging in sex with other people (Amaro, Vega & Valencia, 2001; Chen, Meyer, Bollinger & Page, 2012; Rios-Ellis et al., 2007). The use of condoms in the Latino community is low, which the study attributes to culture and religion. Women report a stigma associated with asking their male partners to use them for fear of being accused of infidelity outside of the relationship or marriage (Amaro, Vega & Valencia, 2001; Chen, Meyer, Bollinger & Page, 2012; Rios-Ellis et al., 2007). Amaro, Vega, and Valencia (2001) found that half of Latinas said they would not use condoms with a primary partner even if they were HIV positive. Many Latinas leave these decisions up to their primary male sexual partner due to fear of being accused of infidelity (Chen, Meyer, Bollinger & Page, 2012). In Latino culture, machismo is a dominant force, and women do not often question the rules of this practice, which allows men to make most of the decisions concerning sexual activity (Chen et al., 2017). Aside from sex with their

primary partner, there has also been an increase in infection due to Latinas living in poverty. Often women turn to sex work to support themselves and their families. The instance of poverty and socioeconomic stagnation is much higher when Latinas are single, and it leads to an increase of sex work in the communities of the most vulnerable (Amaro, Vega & Valencia, 2001; Chen, Meyer, Bollinger & Page, 2012; Rios-Ellis et al., 2007).

Religion is an essential component of Latino culture, life, and the decision-making process, and it informs other areas of life for a large portion of both immigrants and US-born Latinos (Askim-Lovseth & Aldana, 2010; Ransford, Carrillo & Rivera, 2010). Religion contributes to the stigma of issues such as homosexuality and drug use, as discussed previously, but it can also influence treatment and healthcare decisions. Latinos turn to traditional and religious-based medicine instead of modern medicine for treatment often due to the lack of insurance or discrimination when accessing medical services (Askim-Lovseth & Aldana, 2010; Ransford, Carrillo & Rivera, 2010). Uninsured Latinos often encounter negative resistance when trying to access health services through conventional methods, and this problem is exacerbated by immigration status (Askim-Lovseth & Aldana, 2010; Ransford, Carrillo & Rivera, 2010). The political climate in the United States has become very aggressive towards undocumented and immigrant Latinos, so much so that many avoid engagement with standard societal institutions like medicine (Alvarez et al., 2017; Dang, Ransford, Carrillo & Rivera, 2010; Garcia & Harris, 2017; Giordano & Kim, 2012; Rhodes et al., 2015; Rios-Ellis et al., 2007; Schnarrs et al., 2018). In response to this climate, many turn to healers such as *botanicas* (plant/nature-based medicine) and *curanderas* (folk healers and advisors) for care (Askim-Lovseth & Aldana, 2010; Ransford, Carrillo & Rivera, 2010). Many of these treatments are faith-based. Due to the religiosity of the Latino community, alternative treatments are seen as viable and trustworthy. Lack of health

insurance is a significant barrier to receiving adequate healthcare in the Latino community (Askim-Lovseth & Aldana, 2010; Ransford, Carrillo & Rivera, 2010). The New England Journal of Medicine estimates that 31.8% of Latinos in the United States do not have health insurance coverage, which is the highest level for any ethnic group (Sommers, Clark, & Epstein, 2018). When Latinos engage with modern medicine, they tend to wait until they are very ill to seek treatment, and due to language-barriers, they are less likely to understand their diagnosis. Traditional medicine is less aggressive and more comforting. In the results of their study, Ransford et al. (2010) find that: 65% of Latinos complained about long waits at clinics and hospitals, 35% report being poorly treated by staff, 41% reported communication problems, and 51% said they could not afford the care. Access to healthcare is a persistent problem in the Latino community, and being undocumented can complicate treatment, as lacking access to health insurance in the United States continues to make obtaining healthcare services difficult and expensive (Garcia & Harris, 2017; Schnarrs et al., 2018). These factors increased the likelihood of Latinos to turn to traditional and folk medicine over modern medicine.

There are a few primary factors that contribute to higher HIV infection rates among Latinos: social inequality, poverty, racism, sexism, education level, stigma of HIV and homosexuality, and lack of health insurance (Alvarez et al., 2017; Arya et al., 2018; Amaro, Vega & Valencia, 2001; Rios-Ellis et al., 2007; Askim-Lovseth & Aldana, 2010; Chen, Meyer, Bollinger & Page, 2012; De Santis et al., 2016; Garcia & Harris, 2017; Ransford, Carrillo & Rivera, 2010; Schnarrs et al., 2018). In addition, immigration status adds another complex layer to this problem, as many Latinos remain afraid to reach out for help for fear of deportation (Dang, Giordano & Kim, 2012; Ransford, Carrillo & Rivera, 2010; Rios-Ellis et al., 2007; Schnarrs et al., 2018; Strug & Mason, 2002). This disconnect from modern US society leads to a

knowledge deficiency among Latinos about what HIV/AIDS is, how it is transmitted, and available treatment options. Amaro et al. (2001) report that many Latinos still have misconceptions about HIV vaccines and cures, as well as testing protocols. Much of what Latinos learn and perceive about HIV/AIDS comes from pop culture, TV, and radio.

To a lesser degree, there is a risk associated with intravenous drug use (IDU), but it appears to be specific to subsections of the Latino community. “Data suggests that Latinos born in Puerto Rico are more likely than other Latinos in the US to contract HIV as a result of IDU” (Lundgren & Delgado, 2008, p. 61). Herbst et al (2007) attribute the spread of HIV due to IDU to two main practices: frequency of drug use and sharing of IDU materials. Lundgren and Delgado (2008) also associated drug use and HIV risk with other associated social problems such as homelessness, incarceration, and psychiatric issues. Sheehan et al (2015) state that 10.3% of Latino HIV diagnoses can be attributed to IDU nationwide, but in Florida this increases to 30% for males and 17% for females. Health outcomes for Latinos who acquire HIV through IDU fairs much worse due to lack of healthcare services, psychological stress, and losing positive social networks due to their stigmatized behaviors (Herbst et al., 2007; Sheehan et al., 2015). The risk of mortality for HIV positive Latinos who are IDU is two times greater than those who have acquired HIV through others means, as drug use might accelerate the progress of the disease from HIV to AIDS (Sheehan et al., 2015). This can be due to the increased stress of the immune system, IDU interaction with antiviral medication, and treatment adherence (Sheehan et al., 2015). The existing literature on this subject is light, but the overall impression is that IDU is not widespread among the Latino community, or this could indicate it is not yet fully understood. This is an area that needs more investigation.

HIV/AIDS Testing Behavior in the Latino Community

Any advance in curbing the HIV issue in the community has to start with education and testing. The CDC estimates that 25% of people living with HIV are unaware of their status (Chen, Meyer, Bollinger & Page, 2012). In response to this issue, the CDC is recommending “opt-out” testing for all people 13-64 years of age in all health settings. Men who have sex with men (MSM) are statistically at a higher risk of infection than the rest of the Latino population, at a rate of 46%. Within the larger population of MSM, Latinos account for 55% of new infections (Erausquin et al., 2009). This is far higher than white, Caucasian MSM in the United States and attributed to a lack of awareness of HIV within the community. Due to this lack of awareness, Latino MSM are not getting tested and are not aware of their status as HIV positive, which makes them 3.5 times more likely to transmit HIV to someone else, and individuals who are aware of their HIV status live longer and have a better quality of life due to early intervention (Erausquin et al., 2009). The most substantial barrier to getting young Latino MSM to get tested is socioeconomic status, followed by fears of homophobia and racism. Due to machismo and the stigma of homosexuality, many young Latino MSM hide their sexual identity, and in turn, their HIV status (Erausquin et al., 2009). To combat this problem, the Los Angeles Gay and Lesbian Center (LAGLC) designed an outreach program to target young gay and bisexual Latino men. The program ran from August through October 2004, which was the subject of this study. The LAGLC operates a Service, Prevention, Outreach, Treatment (SPOT) Center in West Hollywood, California. The SPOT center advertised rapid HIV testing, where results were ready in 20 minutes, and the participants received free movie passes in exchange for testing. The program advertised on two gay/bisexual internet sites and three magazines. If participants tested positive, they were provided with free early intervention such as counseling and entry into

medical care programs within 72 hours (Erausquin et al., 2009). Some of the information gained through discussion with the program participants was that many engaged in high-risk HIV behaviors: methamphetamine use, knowingly having sex with HIV infected individuals, and sex with sex workers (Erausquin et al., 2009). The program showed high success with getting Latinos engaged in HIV education and treatment. Also, the program added late-night hours and increased advertising due to its success in attracting young Latino men and getting them tested for HIV.

A similar program was instituted by the Baltimore City Health Department in Baltimore, Maryland. In 2008, the Baltimore City Health Department (BCHD) created a *Latino Outreach Program*. The program comprised of Spanish-speaking community workers who provide HIV education and voluntary counseling and testing within the community (Chen, Meyer, Bollinger & Page, 2012). Of the first 400 Latino clients tested, the results showed that only 37% had ever tested previously. Testing on a regular basis is a recommended practice among individuals in high-risk groups. As a practice, the BCHD Latino Outreach team targets areas and venues with high concentrations of Latino residents and businesses to provide testing (Chen, Meyer, Bollinger & Page, 2012). The sites they typically choose include Latino community-based organizations, clinics, fairs, bars, and neighborhoods. One of the biggest fears among people getting tested for HIV is time, the waiting period between testing and getting the results. There are many new methods on the market that have reduced the time of diagnosis to around 20 minutes. Latinos may be more likely than their Caucasian and African-American peers to delay testing and diagnosis. Latinos are receiving diagnoses during the later stages of the disease when it is more challenging to treat, which increases HIV-associated death within the community (Rowell-Cunsolo et al., 2017).

Latinos living in Baltimore have shown to be diagnosed at a much later stage of HIV/AIDS infection than their counterparts in other racial/ethnic groups (Grieb et al., 2016). In 2008 the Baltimore City Health Department (BCHD) established a program that is more sensitive to the needs of Latinos. The BCHD conducts street and venue-based outreach in a mobile van unit that provides quick, free results to participants. Those diagnosed with HIV are counseled and linked to HIV care at the BCHD HIV clinic, staffed with bilingual clinicians and case managers (Grieb et al., 2016). This program has shown high rates of success in getting Latinos antiretroviral coverage and suppressing their viral loads, which in turn makes them less likely to transmit HIV to someone else. The BCHD still sees gaps in outreach to Latinos, and they have partnered with the Maryland Institute College of Art and John Hopkin's University to create and design outreach ads and programs to target the Latino community. The program is called *¡Solo Se Vive Una Vez!* (You Only Live Once). Through the program and focus groups, the BCHD and its partners identified three areas for intervention: fear of HIV diagnosis, inaccurate perception of risk, and competing priorities (Grieb et al., 2016). Research is ongoing on the implementation of the *¡Solo Se Vive Una Vez!* However early results have shown success in targeting these areas of concern and increasing testing among young Latino gay and bisexual men. Many men reported they believed they might be at risk due to their behaviors in the last 12 months despite having never been tested. They also discovered that men are more likely to use condoms than women. This study revealed much of the same information about Latinas regarding control over their sexual practices and safe sex methods. Many Latinas leave these decisions up to their primary male sexual partners due to fear of being accused of infidelity (Chen, Meyer, Bollinger & Page, 2012). The most significant finding in this study was that HIV testing increased when the person was equipped with HIV knowledge, more so than any

immigration or acculturation factors, perception of HIV risk, or risk behaviors (Chen, Meyer, Bollinger & Page, 2012).

Another study of Latino testing behaviors in the Washington Heights neighborhood of New York found that Latinos are more uncomfortable receiving rapid results, even though they are at higher risk. They prefer standard testing, which can take up to one week to receive results. Rapid result testing has shown to reduce infection rates and increase the likelihood that positive individuals will engage with counseling and treatment due to quick knowledge of status, convenience of locations, and bundling testing with other health services (Rowell-Cunsolo et al., 2017). In the Rowell-Cunsolo et al. (2017) study, they examined participants from the Washington Heights/Inwood Informative Infrastructure for Community-Centered Comparative Effectiveness Research (WICER) to understand the health needs of this predominately Latino neighborhood in New York City, New York. The study focused on participants who agreed to be contacted and listed HIV/AIDS as one of their primary health concerns. Bilingual community health workers collected data, and participants received \$25 for their participation (Rowell-Cunsolo et al., 2017). The community health workers also collected demographic information such as age, gender, education, income, sexual orientation, relationship status, and religiosity. The most significant findings from the study showed that younger, more educated participants with higher incomes and extended residency were more likely to undergo HIV testing. Those who were more religious were also less likely to accept an HIV testing offer (Rowell-Cunsolo et al., 2017). Fear and stigma contribute to the delay or neglect of getting tested for HIV in the Latino community. Studies such as these, coupled with information about new treatment protocols for HIV/AIDS, could increase testing if the Latino community is educated on the fact that HIV is now a chronic but not always fatal condition.

Community-Based Outreach Focused on Education and Prevention

One method that is showing promise is the use of promotoras or using people within the community itself to promote education, testing, and prevention. Promotoras are lay people from the Latino community who go through education programs to become community health workers for their people, communities, and neighborhoods. Community health workers are showing promise in improving health behaviors and outcomes through outreach, screening, health education, maintaining members of a care delivery team, and health care navigators (Otiniano et al., 2012). Many Latinos have had very negative experiences when trying to access and navigate the medical system to get care for HIV. The promotoras program essentially provides them with an advocate and guide to every step of the process. The Promotoras idea came about in the 1960s in Latin America to foster education and social activism (Otiniano et al., 2012). This framework is showing success in HIV outreach to the Latino community, as it remains an insular community that is skeptical of outsiders and US government institutions. Promotoras are of the community they serve; therefore, they do not need to build trust. They are already trusted. The Otiniano et al. (2007) study reviewed a promotora program developed by the UCLA Center for Health Policy Research, *DATA Datos y Democracia* (DyD). The program consisted of two parts: a three-day course in Spanish that taught the basics of research terms and methods using a community needs framework and a workshop that the participants carried out themselves in Spanish, where they presented what they had learned (Otiniano et al., 2012). The program also taught the participants how to plan a community needs assessment. This framework provides an excellent example of how to prepare both nonprofit organizations and Latino community leaders for the work needed within the community.

An example of an effective promotoras program is *Voceros de Salud* or Voices of Health. This study was based in Oregon, a state where Latinos are five times more likely to die early than white Caucasians and non-Latino citizens (Lopez-Cevallos, Dierwechter, Volkmann & Patton-Lopez, 2013). Many of these outcomes are attributed to fear of deportation and strict laws on citizenship requirements passed by the state of Oregon. The *Latino Health Ambassador Network*, or *Voceros de Salud*, engages Latino community leaders and trains them to communicate with the community about the problems it is facing regarding healthcare (Lopez-Cevallos, Dierwechter, Volkmann & Patton-Lopez, 2013). From 2005-2007, Benton County had a Latino HIV Integration Project that utilized promotoras to provide bilingual education and testing services to Latinos. The program was considered highly successful and built trust between the Latino community, the county government, and the social services system. The project was ended after three years and was not funded to continue. The county reported losing all the progress they gained with the Latino community once the program ended. Only one part-time, bilingual worker remains on staff, and the majority of their focus is on diabetes outreach. Due to the gaps that exist, the Northwest Health Foundation provided the *Voceros de Salud* project a Capacity Building Grant to identify local community leaders to fill the space left when the Benton County program ended. Seven local “natural leaders” were selected for a training program to meet the needs of the Latino community in Benton County. The new project was built around three concepts: the socio-ecological framework, community organizing, and social capital. The socio-ecological framework focuses on exploring how social systems function, community mobilization, and addressing individuals and groups that influence the local Latino community (Lopez-Cevallos, Dierwechter, Volkmann & Patton-Lopez, 2013). Organizing revolves around a community-driven approach, or rather getting the community involved in

sustaining itself by harnessing its capacity and power. As the program progresses and creates positive change, social capital is built that gives the program and participants increased credibility. The World Health Organization Commission on Social Determinates of Health identifies promotoras style programs as an integral feature of the right to health (Lopez-Cevallos, Dierwechter, Volkmann & Patton-Lopez, 2013). In this study specifically, the program has led to success for Benton County. The seven local leaders have made substantial impacts on their community, such as engagement with local schools and organizations, appointment to the Benton County Community Health Center Board of Directors, and one has become president of the local school's PTO. Also, one of the female *Voceras* has hosted groups who meet regularly to discuss issues the community needs addressed and host festivals that promote knowledge and culture to the rest of Benton County. The program faces issues such as volunteer availability and poverty within the community, but overall the program is creating a more just and equitable environment for Latinos.

Another program based in North Carolina, HOMBRES, is utilizing men within an adult male soccer league to disseminate information using lay health advisors (LHAs). These community health workers call themselves *Navegantes* or Navigators. To be eligible, they must: self-identify as Latino, belong to the soccer league, be 18 or older, have some Spanish literacy, and provide informed consent (Vissman et al., 2009). The *Navegantes* provide information and referrals, condoms, reframe stigma and negative attitudes, and advocate for community change from within the community. In this study, the men leading the way in this program share their experiences. This qualitative study interviewed 9 of the *Navegantes* who ranged in age from 26-62 years, to see what effective strategies they have developed and could share their experiences as LHAs. Several effective practices that emerged from their accounts: health fairs are more

effective locations for testing than clinics, advising accompanied by condom distribution had more impact, and culturally appropriate materials in Spanish with pictures validated what *Navegantes* shared verbally with their community members (Vissman et al., 2009). Also, the men reported that as their recognition as LHA grew, so did their ability to reach more people. One area that needs improvement would be outreach to MSM. None of the men in this program identified as gay or bisexual, and they had unfavorable opinions or perceptions about LGBT people based on culture or religion. Since MSM are at the highest risk of infection, any effective LHA program would need to include members who identify as MSM and are not afraid to discuss that aspect of their lives with others. The LHAs in this study were ethnically and socioeconomically similar to the target community identified for intervention (Vissman et al., 2009). Sharing their stories with others appears to be effective at building trust and gaining the respect of others in their communities. Overall, this study found that LHAs are effective in reducing infection rates, more so than other methods, because they can reach greater numbers of people, including those at high risk (Vissman et al., 2009).

The key to the success of the community health worker model is empowerment. Empowerment is defined as “the social action process by which individuals, communities, and organizations gain mastery over their lives in the context of changing their social and political environment to improve equity and the quality of life” (Martin et al., p. 372, 2005). As knowledge increases, behavior changes, and risk decreases. This evaluation asks several questions about the promotoras institution to deduce its effectiveness: can promotoras increase HIV knowledge and change self-perceived risk for HIV (Martin et al., 2005)? This study looks at programs based in the Chicago area through Centro San Bonifacio, a grassroots community center. The promotoras operating out of this center provide HIV/AIDS education and street

outreach in four Chicago neighborhoods: West Town, Logan Square, Humboldt Park, and Hermosa. In this study, promotoras recruited 704 adults to participate in an HIV prevention program over a 3 years, with ages ranging from 13 to 69, and most did not speak English. The program is regarded as a success. The study included numerous participants that would have been excluded from a traditional, English based program. Through the use of pre and post-tests, the program showed a 75% increase in the knowledge base about HIV, and this result was achieved amongst participants whose average level of education was sixth grade. Also, the level of self-perceived risk increased as participants learned what behaviors put them at an increased risk of HIV infection. A very encouraging result of the study showed a higher increase in knowledge among Latinas. Women in the community scored the same on the pretest as men but were shown to outscore men after participation in the program (Martin et al., 2005). The hope is that education will empower women to take more control over sexual and gender norms within their household and community. This study is well-deserved validation for the concept of promotoras. The success of these programs are having measurable effects on the Latino community as a whole.

Baltimore has a growing Latino population. 90% of Latinos living in Baltimore are foreign-born, and 82% speak only Spanish (Grieb et al., 2016). When they are in contact with the Latino community, the Baltimore County Health Department has been conducting surveys to understand better how the Latino community perceives HIV and risk. These surveys revealed many misconceptions among the Latino community: transmission through kissing, sharing dishes and utensils, and that people with HIV will appear to be unhealthy (Chen, Meyer, Bollinger & Page, 2012). To address the issues of cultural and linguistic problems in outreach and education, many organizations seeking to help alleviate the problems associated with HIV in

the Latino community have created programs staffed and run solely by Latinos. Currently, there are very few programs that are culturally and linguistically friendly and welcoming to people of Latino origin, especially those who do not speak English (Rios-Ellis et al., 2008). Most analyses of HIV programs in the US have not explicitly focused on Latinos. Some examples given in this study include using story-based novelas on the radio and TV to disseminate HIV/AIDS information (Rios-Ellis et al., 2008). The *Latino Families HIV Needs Assessment Project* conducted focus groups with Latino men and women classified as high-risk and interviews with individuals who were HIV positive. The needs assessment had several goals: (1) describe risks associated with HIV infection among Latino project participants; (2) identify barriers to Latinos' use of preventative HIV/STI health practices; (3) assess Latinos' exposure to HIV prevention education and media messages; and (4) document the needs of HIV positive Latinos (Rios-Ellis et al., 2008). The key themes that emerged from the qualitative investigation were machismo, condom use and negotiation, stigma, infidelity, disclosure, and socioeconomics (Rios-Ellis et al., 2008).

The programs reviewed above all allow the Latino community itself to be partners in the process of addressing HIV/AIDS. These programs are viewed as being successful and share the component of integrating community members through leadership and volunteering to deliver services to their peers. This concept is innovative and promotes responsibility within the community itself. This study will examine urban and rural Texas to discover if organizations are doing similar types of things in the state, or are the organizations in Texas doing different things and innovating in their own ways.

Latino Advocacy and Nonprofit Organizations

Nonprofit organizations that focus on a specific ethnicity or issue within an ethnic community are working for the “social, political, and economic advancement of disenfranchised communities” (Perez & Murray, p. 118, 2016). Organizations may focus on different issues, but they contribute broadly to the advancement of the community’s interests, which can include political, social, legal, or health-related (Perez & Murray, 2016). One of the problems facing nonprofit organizations focusing on the interests of a specific community like Latinos is the pressure to conform to standards set and enforced by funders and other successful organizations (Perez & Murray, 2016). Perez and Murray (p. 118, 2016) highlight three major problems facing organizations: coercive isomorphism, mimetic isomorphism, and normative isomorphism. These pressures force conformity to receive funds, to make programs look like ones that already exist in the field, and professional and organizational norms passed from group to group as people move between them (Perez & Murray, 2016). While the groups may share a collective Latino identity or goal of helping Latinos, outside forces may influence them to use accepted practices that do not align with the group. The goal has to align with the served community while also having access to shared resources and knowledge (Perez & Murray, 2016). Nonprofit organizations allow marginalized communities to access money and power that they cannot on their own, but this access is subject to the pressures of the nonprofit field (Perez & Murray, 2016). Groups that do not conform can be punished or ignored, even though they may have effective and creative ideas to address a social problem such as HIV/AIDS (Perez & Murray, 2016). Groups have to demonstrate to possible donors and funders that they can address a problem while also striving to maintain their commitment to the community they serve.

Along with pressure from the nonprofit field itself, Latino serving organizations have to deal with other complicated externalities that influence the lives of those they serve. The nation benefits when organizations are actively helping minority communities confront social issues, but this effort is tempered by obstacles such as discrimination, prejudice, and nationalism (Cortés, 1998; Garcia & Harris; 2017; Rhodes et al., 2015; Schnarrs et al., 2018). Ethnic serving nonprofits play a vital role in defining the communities they serve and fighting for their inclusion and success in society as a whole (Perez & Murray, 2016). Nonprofits, more than the public and private sectors, are vital for improving opportunities for marginalized groups (Cortés, 1998). HIV/AIDS is not a social issue that respects ethnic divisions. It transcends all demographic categories, and by investing in solutions for the Latino community, nonprofit organizations are benefiting the nation as a whole (Cortés, 1998; Garcia & Harris; 2017; Rhodes et al., 2015; Schnarrs et al., 2018). Majority rule often neglects minority interests, and in the absence of being included in the majority, communities have to explore alternative mechanisms to meet their needs (Hung, 2007). In ethnic serving nonprofits, goals often revolve around two concepts: economic survival and maintaining cultural identity (Hung, 2007). HIV/AIDS does not neatly fit into either of these interests, but nonprofits that do work in this area can do so in a culturally relevant way that resonates with Latinos. Nonprofits in urban and suburban areas are under pressure to fill the gaps not addressed by the public and private sector (Holloway, 2016). Many nonprofits have multiple locations in several municipalities serving a large clientele, but many report challenges when it comes to effectively serving the Latino community (Holloway, 2016). Some of the most common issues organizations report with serving the Latino community are increasing poverty, high unemployment, poor health, and low educational attainment (Holloway, 2016). These factors can compound the effects of a complex issue like HIV/AIDS, as meeting

these pressing needs will supersede problems that seem less consequential or immediate (Holloway, 2016). The primary goal of service providers is to help clients achieve better outcomes in these identified areas, but many programs prioritize poverty, academic education, and other health issues over a concern like HIV/AIDS (Holloway, 2016). The social safety net provided by these nonprofit organizations is vital to the success of the Latinos and to reverse the decline in the community (Holloway, 2016).

Advocacy organizations promote minority groups' interests in the context of the larger society through fighting for recognition, protection of rights, and provision of services that allow minority and immigrant groups to participate more productively in society (Hung, 2007). Nonprofits must tailor services to the group being served and enroll community members to participate in the process. Tailoring programs to the served community requires appropriate use of language, the recognition of values relevant to the community, and presenting information that is relevant and impactful (Scarpaci & Burke, 2016). When nonprofits engage the Latino community with programs and messages tailored to them specifically, they "have a greater likelihood to be remembered, read, and heeded" (Scarpaci & Burke, p. 169, 2016). This requires more than merely printing material in Spanish. Scarpaci and Burke (2016) explored an anti-meth campaign that targeted Latinos specifically in several states in the United States. Along with relevant and relatable language, they identified six critical cultural values of the Latino community: familism, collectivism, *simpatía*, *personalismo*, *respeto*, and power distance (Scarpaci & Burke, p. 170, 2016). Latinos are best engaged with programs and services that respect their culture, recognized their unique struggles, did not minimize their strengths and capabilities, and engaged the family and the community comprehensively (Scarpaci & Burke, 2016). The Scarpaci and Burke study (2016) focused on traditional and social media messaging

to the Latino community on the issue of meth use and consequences. They found that Latinos are less likely to respond to shocking ads tailored for Caucasians that were translated into Spanish and were very conscious that the Spanish used in the ads was solely based on the Mexican dialect and did not use Central and South American Spanish (Scarpaci & Burke, 2016). Services need to be specifically tailored to the groups served and the recognition that Latinos are not a homogenous group. This aligns with the six values identified by Scarpaci and Burke (2016).

The Centers for Disease Control (CDC) has been working with social media to connect communities to effective messages through social networking sites like Facebook, Twitter, and YouTube (Huang, Lin, & Saxton, 2016). Social and internet-based media are effective forms of communication embraced by ethnic and immigrant communities due to the proliferation of internet-capable cell phones, and the CDC recognizes the potential for increasing the reach of health messaging for all groups (Huang, Lin, & Saxton, 2016). Huang, Lin, and Saxton (2016) recognize that social media messaging is ideally suited for nonprofit and community-based HIV prevention efforts. They argue that local nonprofits need to embrace internet messaging for information dissemination, but it has to be guided by an understanding of how different cultures use these resources and providing “relevant and engaging content” to the community (Huang, Lin, & Saxton, p. 540, 2016). Concerning HIV/AIDS, the most critical objectives identified by the CDC are emphasizing prevention and intervention, along with patient advocacy for HIV positive individuals (Huang, Lin, & Saxton, 2016). The Huang, Lin, and Saxton study (2016) identified 101 nonprofit and community-based organizations and researched their engagement with their communities via social media. Their findings show that the highest level of engagement, evaluated by likes, shares, and hashtags, were with messages focusing on prevention and action (Huang, Lin, & Saxton, 2016). Chen, Lightfoot, Szalacha, and Lindenberg

(2017) investigated an internet-based program called *GirlSmart* that focused on educating young Latinas on HIV and other sexually transmitted infections (STIs). This program focuses on Latinas due to issues like poverty, lack of healthcare knowledge, and having less control over the sexual decisions in their life due to the pressures of culture (Chen et al., 2017). The use of technology makes the information widely available to more people and easier to access, as the females in the study could use a tablet or smartphone to participate. The *GirlSmart* program was found to be easy to understand and had 100% utilization by the observed group (Chen et al., 2017). Successes such as this one could be a model for other outreach initiatives within the Latino community and could be easily adapted and implemented by nonprofits and other community-based organizations.

Crucial to nonprofit success in the Latino community is member participation in the process (Cortés, 1998; Flores, 2017; Perez & Murray, 2016; Walker, Ince, Riphenburg-Reese, & Littman, 2018; Wang, Yoshioka, & Ashcraft, 2012). Perez and Murray (2016) argue that community members must be involved in organizations at the highest levels, such as board members, management, and relationship building roles. Having professional and educated Latinos who share the same ethnic identity as those they are serving leads to the creation of effective advocates for their community, and they can guide the organization towards the most culturally appropriate service delivery for their clientele (Perez & Murray, 2016). These “ethnic elites” in organizations provide vital context and legitimacy to their nonprofit organizations (Perez & Murray, p. 122, 2016). The need for more Latino lead and focused organizations is severe, but there is a lack of research about these types of groups concerning external support, specific community needs, and level of demand (Cortés, 1998; Perez & Murray, 2016; Wang, Yoshioka, & Ashcraft, 2013). “Latino nonprofits in the United States are organizations whose

missions focus on Latino community problems” and “are led by Latino community members” (Cortés, p. 439, 1998).

Community involvement at all levels is vital for effective intervention. Latinos possess high levels of social capital in areas that encourage community participation in nonprofit activities: social cohesion, sense of community, neighborhood cohesion, and prior involvement in other community-based institutions (Walker et al., 2018). The Walker et al. study (2018) states that Caucasians and Latinos have different frameworks for understanding engagement.

Caucasians perceive community as an asset available for purchase, where the Latino sense of community is tied to inclusion and protection (Walker et al., 2018). Latino communities have higher levels of social ties, social cohesion, respect of elders, and participation in at least one social group, most often religiously affiliated (Walker et al., 2018). The religious identification encourages some community participation but can have a negative influence on problems like HIV/AIDS. The issue of HIV/AIDS carries a stigma that is often reinforced by religion due to real or perceived ties to homosexual behavior (Amaro, Vega & Valencia, 2001; Brooks et al., 2005). For increased community participation in HIV awareness and prevention programs, nonprofit organizations will need to understand some of these negative components and encourage a sense of community based in emotional connection and fulfillment of needs (Walker et al., 2018).

An example of successful implementation are *asambleas*, or monthly meetings between organizations and community members to discuss problems, solutions, and enrolling community members to help resolve issues (Flores, 2017). The Flores study (2017) focuses on a group called *Justicia Migrante* in Vermont that advocates for better treatment and working conditions for undocumented Latinos in the local dairy industry. By bringing together the Latino community in

Vermont, they have had success in securing healthcare, driver's license access, and back pay for undocumented farmworkers (Flores, 2017). They have also created a state program called *Milk with Dignity* that organized Latino workers to document abuses in their employment, and in conjunction with *Justicia Migrante*, have created a mechanism to ensure workers are treated fairly concerning their human rights (Flores, 2017). By combining the efforts and capital of the nonprofit field with that of the Latino community, *Justicia Migrante* has fostered networking with other progressive and effective organizations and has had success in improving conditions for Latinos in Vermont (Flores, 2017). The Flores study (2017) shows that collaboration between the Latino community and the nonprofit sector can create significant success and improve lives within a highly marginalized group.

For this study, executive level workers and board members will set the tone for the organization. These members decide on important aspects of focus such as service delivery methods, policies and practices, encouragement of innovation, and staffing decisions. As the examples above show, the executive level has the most influence on how an organization allocates its resources to a given issue, in this case HIV/AIDS in the Latino community. This study will examine the types of leadership and practices in urban and rural Texas, and if organizations in the state are open to innovation based on the knowledge of stakeholders in the Latino community itself. The model in figure 2 illustrates how openminded leadership feeds into stakeholder lead innovation.

Service and Knowledge Gaps

Many of the same characteristics of the Latino community that increase their risk for HIV/AIDS also create gaps in delivering service. Latino culture, while very cohesive and pro-

social in many aspects, is one of the most significant contributors to risk and hinders service delivery. These risks directly correlate to knowledge gaps in the community. The most well-identified barrier are the concepts of *machismo* and *marianismo* (Shedlin & Shulman, 2004; Rojas-Guyler, Ellis & Sanders, 2005; Herbst, Kay, Passin, Lyles, Crepaz & Marín, 2006; Alvarez, Jakhmola, Painter, Taillepierre, Romaguera, Herbst & Wolitski, 2009; Hernandez, Zule, Karg, Browne & Wechsberg, 2012; Mata, Provencio-Vasquez, Martinez & De Santis, 2014; Cianelli & Villegas, 2016). *Machismo* and *marianismo* are traditional cultural roles for men and women that are ever-present in most Latino cultures despite country of origin, and these roles reinforce male dominance of the relationship and female subservience (Shedlin & Shulman, 2004; Rojas-Guyler et al., 2005; Herbst et al., 2006; Alvarez et al., 2009; Hernandez et al., 2012; Mata et al., 2014; Cianelli & Villegas, 2016). This relationship dynamic can have significant implications for sexual health. In the *machismo/marianismo* dynamic, men are the providers for the family, and as such are in control of most of the decisions for the household and in the area of sexual relationships including: having multiple partners, condom use, and allowing new sexual knowledge into the relationship (Shedlin & Shulman, 2004; Rojas-Guyler, Ellis & Sanders, 2005; Herbst, Kay, Passin, Lyles, Crepaz & Marín, 2006; Alvarez, Jakhmola, Painter, Taillepierre, Romaguera, Herbst & Wolitski, 2009; Hernandez, Zule, Karg, Browne & Wechsberg, 2012; Mata, Provencio-Vasquez, Martinez & De Santis, 2014; Cianelli & Villegas, 2016). The implications for HIV/AIDS in the community is significant, as use of condoms, especially when someone has multiple partners, is the one of the most proven and traditional ways of preventing the spread of the disease (Shedlin & Shulman, 2004; Rojas-Guyler, Ellis & Sanders, 2005; Herbst, Kay, Passin, Lyles, Crepaz & Marín, 2006; Alvarez, Jakhmola, Painter, Taillepierre, Romaguera, Herbst & Wolitski, 2009; Hernandez, Zule, Karg, Browne &

Wechsberg, 2012; Mata, Provencio-Vasquez, Martinez & De Santis, 2014; Cianelli & Villegas, 2016). Condom usage affects heterosexual Latinas the most. In the Hernandez et al. (2012) study, many of the women interviewed stated that their Latino male partners did not like using condoms, and most of the women reported not knowing how to use male or female condoms during intercourse. Many Latino men in long-term relationships stated that condoms are not associated with “pure love” (Shedlin, Decena & Oliver-Velez, p. 35, 2005). In the Hernandez et al. (2012) study and one conducted by De Santis, Provencio-Vasquez, McCabe, and Rodriguez (2012), many Latinas refused to even discuss their sexual behaviors because of their perception of it being improper. Latinas interviewed who would discuss sexual issues reported that they had a lack of information and did not know where to access information about sexual health (Shedlin & Shulman, 2004). Many stated that the only time the issue was discussed with them was during clinic appointments for pregnancy or through social service programs (Shedlin & Shulman, 2004). The studies show that there is a need for increased sex education for both Latino adults and adolescents, as many do not understand concepts like safe sex and sexual negotiation. “Effective health education is an important strategy for clinicians in diverse practice settings to address individual risk knowledge and behavior” (Mata et al., p. 92, 2014). Nonprofit organizations come into contact with the Latino community more often than medical professionals, and they are uniquely situated and equipped to provide the type of sexual education the community needs to reduce the spread of HIV/AIDS in the Latino community.

In addition to sexual practices, there is a knowledge deficiency about the nature of HIV/AIDS in the Latino community. “Negative health beliefs and misinformation about HIV have also been found to play a role in low retention in care” (Davila, Miertschin, Sansgiry, Schwarzwald, Henley & Giordano, p. 205, 2013). Latinos do not fully understand testing

transmission, the difference between HIV and AIDS, treatment protocols, and that the disease is no longer fatal but chronic (Portillo, Villarruel, Siantz, Peragallo, Calvillo & Eribes, 2001; Shedlin & Shulman, 2004; Rojas-Guyler, 2005; Shedlin et al., 2005; Herbst et al., 2007; Alvarez et al., 2012; De Santis et al., 2012; Hernandez et al., 2012; Cianelli & Villega, 2016). These misconceptions lead Latinos to make assumptions about their health that are not correct and require “gender-specific and culturally relevant interventions” (Mata et al., p. 91, 2014). For example, Latinas reported that they could tell if a man is sick based on his appearance, and if he looks healthy, then they have nothing to worry about (Mata et al., 2012). In the Hernandez et al. (2012) study, many participants stated outdated information about HIV/AIDS, such as contracting it through touch, sharing food and drink, or that they would not contract the disease because they were clean and showered every day. Many also stated they did not know the difference between HIV and AIDS, and once diagnosed, just assumed they had AIDS (Hernandez et al., 2012). These misconceptions foster increased *fatalismo* in the community or the idea that an HIV positive diagnosis is a death sentence, and they must have done something to deserve punishment from god (Cianelli & Villegas, 2016). Having such a fatalistic interpretation of HIV/AIDS limits the community from seeking treatment to manage the disease, and many will be diagnosed much later in the progression of HIV/AIDS, which limits options. Cianelli and Villegas (2016) reported that upon receiving an HIV positive diagnosis, many Latinos give up because they “are going to die anyway” (p. 5, 2016). This is an assumption based on outdated knowledge of the disease. Many Latino immigrants come from countries where HIV/AIDS is not discussed and bring these outdated ideas with them to the United States (Shedlin & Shulman, 2004). Country of origin and knowledge of the disease is correlated, and some countries like Honduras and Mexico have higher rates of infections but lower levels of

literacy and education (Shedlin & Shulman, 2004). The populations are aware of HIV/AIDS as they see it all around them, but the lack of education fosters incorrect information and superstition. Stigma and religious morality contribute to erroneous assumptions, and many avoid testing to confirm a diagnosis as it makes death seem more imminent (Shedlin & Shulman, 2004). In the US, nonprofit outreach programs can help overcome the misconceptions that lead to the spread of HIV/AIDS in the Latino community.

Structural racism towards Latinos and immigrants also creates an environment on the US in which the community is afraid to engage with formal service providers due to fears of deportation and being treated badly by professionals (Portillo et al., 2001; Shedlin & Shulman, 2004; Cianelli & Villegas, 2016; Freeman, Gwadz, Silverman, Kutnick, Leonard, Ritchie, Reed & Martinez, 2017). Structural racism would include aspects like social segregation, criminalization, and unequal resources (Freeman et al., 2017). Many Latinos report that they feel discriminated against when trying to access social or medical services, which affects their likelihood to engage in testing and treatment for HIV/AIDS (Portillo et al., 2001; Shedlin & Shulman, 2004; Cianelli & Villegas, 2016; Freeman et al., 2017). Legal status is a significant barrier to accessing services as many feel a positive diagnosis will result in immediate deportation, or at the very least, make them known to government agencies like ICE (Shedlin & Shulman, 2004). The Shedlin and Shulman (2004) study also found that Latinos are more likely to get an HIV positive diagnosis due to going to a medical professional after already becoming very ill and at later stages of the disease. This limits the ability of medical professionals to put patients on an effective treatment protocol.

Poverty also creates more marginalization and racism. Immigrant Latinos are more likely to be living in poverty and not have health insurance or the ability to pay out of pocket for

services (Portillo, 2001; Cianelli & Villegas, 2016; Freeman et al., 2017). Latinos are more likely to be classified as working-poor and not have jobs with paid sick leave or health benefits; immigrants are often working illegally and have no protections (Cianelli & Villegas, 2016). When Latinos do reach out for services, they often report that the ones available to them are not as quality as the ones for white Caucasians, they are impersonal, and many believed they would receive inferior care because of their race or immigration status (Freeman et al., 2017). Freeman et al. (p. 6, 2017) refer to this as “invisible hostility” or making Latinos feel they are not deserving of care. Latinos also report being ignored if they did not have a translator (Shedlin & Shulman, 2004). These types of practices push Latinos away from engagement with the very services and education programs they need so desperately. Structural discrimination and racism creates barriers based on stigma and fear (Cianelli & Villegas, 2016). Latinos, especially immigrants, report feelings of inferiority due to not being able to afford insurance and care (Portillo et al., 2001; Cianelli & Villegas, 2016). Lacking health insurance in the US makes most HIV services prohibitively expensive, and the community is not often aware that testing and treatment may be available cost-free through nonprofit and community-based organizations (Portillo et al., 2001; Cianelli & Villegas, 2016).

Experiences such as these create distrust and increased marginalization. The nonprofit community has solutions for many of these issues already in place, but greater understanding of the issues facing Latinos and cooperation with the community could produce better practices for engagement. Organizations that innovate more often allow those being served to take on roles within the organization. Much innovation can come from volunteers and clients themselves if the executive level of the organization is willing to listen and integrate those ideas into practice and policy. These innovations can have significant impacts on the utilization of services.

HIV/AIDS Policy

In the United States, HIV/AIDS funding is provided to nonprofit organizations through the Ryan White HIV/AIDS Program. The Ryan White Program was authorized 1990 and received \$2.34 billion in funding allocation from the US government in 2018, which funds HIV/AIDS programs nationwide (HRSA, 2019). The program is administered by the Health Resources and Service Administration (HRSA), a division of the Department of Health and Human Services (HRSA, 2019). The Ryan White program is divided into 5 parts, A-F, that focus on various aspects of living with HIV/AIDS and addressing barriers in that category (HRSA, 2019). The various parts of the Ryan White Program address issues such as service areas, quality and availability of services, housing, women and children, and special projects. The categories are addressed in more detail in the findings sections as they relate to this study. The program is largest funder of HIV/AIDS services nationwide (HRSA, 2019). Three-quarters of Ryan White Program clients in 2017 were considered ethnic minorities, 23.1% of whom were Latino (HRSA, 2019). The program served 534,903 people in 2017, and 50% of all people in the US diagnosed with HIV (HRSA, 2019). In 2017, 85.9% of people in a Ryan White funded program reached the status of viral suppression (HRSA, 2019). The HRSA (2019) website reports that in Texas, 43,784 clients were served in 2018, 14,873 of whom were Latino, and with the majority being in the age brackets of 25-44 and 45-64. The Ryan White policy dictates HIV funding for the entire United States, and local policy is crafted around this program. These details of local response and policy are discussed in more detail in the findings section.

In addition to Ryan White, the Trump administration announced the *Ending the HIV Epidemic* (EHE) Plan in 2019. President Trump stated the goal of the plan is to reduce new diagnoses by 75% before 2025, and a 90% reduction by 2030 (US Department of Health and

Human Services, 2019). Under this plan, \$109 million was allocated by the Centers for Disease Control to 57 target jurisdictions around the US to accelerate the progress of HIV diagnosis and treatment (US Department of Health and Human Services, 2019). The EHE plan focuses on prevention, diagnosis, and treatment by replicating successful programs, and funding studies on barriers to obtaining services in areas with high concentrations of people living with HIV (US Department of Health and Human Services, 2019). The EHE program consists of three phases: phase I focuses on 57 priority jurisdictions around the US, phase II which expands outside of these areas to focus more broadly on the country as a whole, and phase III assumes a drastic reduction in new cases with a focus on maintain current treatment of those diagnosed with HIV (US Department of Health and Human Services, 2019). This plan also allocates significant funds to investigating and fighting barriers and stigma that prevent HIV positive people from engaging with services.

Contributions and Limitations

The literature highlights effective programs for addressing HIV/AIDS in the Latino community, areas for innovation, and opportunities to integrate new ideas into service delivery networks. The literature focuses on Latino culture and programs, but knowledge and research in the area of HIV/AIDS still has room to grow. Many of the programs covered in the literature are community-based health programs that are promoted or funded by nonprofits, but this study explores how nonprofits are integrating knowledge of the Latino community to build and promote programs in Texas. There is little existing research from this perspective. This study seeks to take a more in-depth look at social innovation to create possible solutions for an ongoing and growing problem.

Chapter 4 : Methodology

Methodology

The unit of analysis for his study is nonprofit organizations that engage in outreach and prevention of HIV/AIDS. This study focuses on the complexity of the situation and how the nonprofit organizations can engage the public, deliver services, and make policy suggestions, while integrating the Latino community into the process of creating new solutions (Creswell & Creswell, 2018). Social problems are best understood from the perspectives of the individuals living through them. The CDC does an excellent job of providing quantitative data to identify HIV/AIDS as a growing problem in the Latino community. What is not understood are the experiences of the issue from within the community itself, and by the organizations that provide the services. Social reality is constructed from diverse perspectives and activities that effect its creation and interpretation. Nonprofits working in this capacity can provide unique insight and suggestions for innovation that may have been overlooked in policy.

Texas is the focus of this research. It focuses on two metropolitan areas and two rural regions: Dallas-Fort Worth, Houston, the East Texas area, and the Rio Grande Valley (an area near the Texas/Mexico border). Latinos comprise a significant amount of the population in these cities and the regions. Texas is second only to New Mexico in the size of its Latino population, especially those who have recently immigrated to the United States, and the current Latino population of Texas is 10,413,150 (US Census Bureau, 2018). These locations were chosen to examine how this issue is being addressed in both urban and rural contexts. Existing nonprofits from each city and region were engaged for interviews. For this study, interviews were conducted to ascertain a comprehensive understanding of each organization. The number of

interviews conducted with nonprofit staff were dependent on staff roles and availability of each organization (Creswell & Creswell, 2018). Nonprofit organization staff were interviewed to ascertain what programs and methods are already in place for the Latino community in each location, how they disseminate information, utilization of services, and areas where the organizations are creating new solutions. Also, nonprofit staff were interviewed about their resources, such as funding, staff, education, and other attributes that contribute to successful service delivery. Nonprofit organizations were asked for information regarding existing programs, participation levels, and relationship building efforts within the community. In addition, secondary data from existing public policy initiatives are included to show what initiatives exist at different level of government related to HIV and the Latino community. These policy initiatives help contextualize interview data about organizational funding, collaboration, and action. Interviews can identify opportunities for social innovation through emerging themes and identifying missed opportunities for engagement. Each of the focus areas is a case study. Open-ended interviews were the primary method of data collection, as it enables participants to provide historical and contextual information from their perspective; it also allows for some control of the direction of the questioning (Creswell & Creswell, 2018). The purpose was to let the participants construct their views of the issue and current practices and how they believe it is important and relevant. Due to the cultural sensitivity of this study, interviews have shown to provide insights into cultural factors that need to be considered within racial and ethnic groups (Flyvbjerg, 2011). Questions for the interviews are constructed according to the principles of CRT and LatCrit to gain insight into how racism and marginalization exist in service delivery. Sample questions from questionnaire include:

- What current programs exist for HIV/AIDS education and outreach to the Latino community?
- What efforts has your organization implemented to ensure programs take cultural differences of the Latino community into consideration?
- How is the local Latino community integrated into the decision-making process about outreach and services?

The full interview questionnaire is located in Appendix A. Interviews allowed participants to elaborate and move the conversation in directions not anticipated by the researcher, allowing for an even greater understanding of cultural nuances and implications not already documented in the literature. Interviews have been coded for emergent themes, and these themes are then analyzed using qualitative content analysis to construct knowledge of the barriers that exist in HIV service delivery to the Latino Community, examine innovation, and to suggest possible actions to overcome those barriers.

Table 1: Data Collection

Qualitative Data Collection	
<ul style="list-style-type: none"> • Interviews 	<ul style="list-style-type: none"> • Semi-structured, open ended questions, in-depth with individuals: administrators, board members, staff, and community volunteers
<ul style="list-style-type: none"> • Document and Resource Review 	<ul style="list-style-type: none"> • Federal, state, and local government policy

The totality of the interviews comprise a case study of each city and region, and qualitative content analysis is used to identify opportunities for social innovation and where

connections for engagement and collaboration between organizations and the Latino community are missing. Case studies are defined by the place and the people participating in the inquiry, and this defines the boundaries of each case (Flyvbjerg, 2011). Case studies allow for the interpretation of what is seen, heard, and understood to be the most significant knowledge gained from this study (Creswell & Creswell, 2018). The research process also adheres to Creswell and Creswell's (2018) strategies for inquiry: data collection, analysis, and writing originating out of seeking to understand the problem and issues of importance.

Data Analysis

Qualitative content analysis (QCA) is used for the analysis of the data from the primary sources, interviews, and the secondary sources, government policy papers. QCA is a method of analysis that allows researchers to describe the meaning of knowledge gained through words and language (Pomeranz & Pertschuck, 2019; Nair, 2017; Silverman & Patterson, 2015; Schreier, 2014; Duriau, Reger & Pfarrer, 2007). This is done through identifying frequency and consistency in texts, and contextualizes the language within its realms of communication (Pomeranz & Pertschuck, 2019; Nair, 2017; Silverman & Patterson, 2015; Schreier, 2014; Duriau, Reger & Pfarrer, 2007; Krippendorff, 2004). The language can come from many sources, and in this study transcripts of interviews provide the primary data, which is triangulated with data from secondary sources of government policy papers on HIV/AIDS programs and regulations (Silverman & Patterson, 2015). QCA lends itself to institutional and organizational research in the social sciences due to the amount of text generated through practice (Silverman & Patterson, 2015; Krippendorff, 2004). "Given the volume of documents generated by public,

private, and nonprofit organizations engaged in community development and social welfare practice, we believe there is untapped potential for the expanded use of content analysis in applied research” (Silverman & Patterson, 2015, p. 96). QCA assists in data analysis as it allows the researcher to “reduce data, it is systematic, and it is flexible” (Schreier, 2014, p. 170). Interviews generate significant amounts of data, and QCA allows for that to be narrowed down to relevant themes and subcategories that relate to the research questions (Silverman & Patterson, 2015; Schreier, 2014; Krippendorff, 2004). The themes go beyond the data itself to demonstrate overall meanings derived from the knowledge of the respondents (Silverman & Patterson, 2015; Schreier, 2014). QCA is conducive to examining how organizations implement and react to the policies that govern their fields of expertise (Silverman & Patterson, 2015). The knowledge of the investigation is constructed through the words of interviewees and validated by using quotations to support the researcher’s interpretation of the information they receive (Krippendorff, 2004). “One of the strengths we associate with content analysis is its usefulness in examining processes and identifying trends, particularly in relation to community development and social welfare policy” (Silverman & Patterson, 2015, p. 98).

Themes for this study are selected using frequency, or manifest content analysis (Pomeranz & Pertschuck, 2019; Silverman & Patterson, 2015). Using the NVivo software, the interviews were queried for frequency to established the large coding themes. This process is illustrated in the Findings sections. The literature review identified barriers that nonprofits organizations encounter when delivering services to the Latino community, and with these established by literature, the frequency query is used to confirm the presence of these issues in the focus areas of this study. The frequency established coding frames for the overarching themes of the study (Schreier, 2014). The subcategories of each theme are identified through

latent content analysis, or interpreting the underlying meanings derived from the texts of the interviews (Silverman & Patterson, 2015; Schreier, 2014; Duriau, Reger & Pfarrer, 2007). The subcategories “reflect...association between the underlying concepts” of the theme (Duriau, Reger & Pfarrer, p. 6, 2007). Schreier’s (2014) four steps for analysis were implemented in this study:

1. Trial coding;
2. Evaluating and modifying coding;
3. Main analysis;
4. Presenting and interpreting findings.

The coding frame is defined and supplemented with frequency in the Findings section. The policy papers are used to examine how government may be contributing to both barriers and solutions in service delivery through rules and regulations placed on nonprofit organizations. Using the themes and subcategories, policy texts were examined for the same concepts for comparison to what respondents said about the reality of delivering services versus the assumptions of government policy.

This methodology provides deep meaning to the text and knowledge that constructs the reality of this situation, in this time and place, and produces rich meaning from information collected from organizations (Duriau, Reger & Pfarrer, 2007). The process is validated through is deep examination of text and its replicability (Silverman & Patterson, 2015; Schreier, 2014; Duriau, Reger & Pfarrer, 2007).

The purpose of this study was to conduct case studies of four areas of Texas to examine how nonprofit organizations are addressing the HIV/AIDS epidemic in the Latino community. The focus areas in this study are the Dallas-Fort Worth Metroplex, the Houston metropolitan

area, East Texas, and the Rio Grande Valley. These areas were chosen due to 1) existing presence of HIV/AIDS service nonprofit organizations, 2) policies in place that address HIV/AIDS specifically, and 3) to compare differences between urban and rural Texas communities in addressing the epidemic. Interviews were conducted with 17 nonprofit professionals, representing 12 nonprofit HIV serving organizations. All interviews took place from May to September of 2020. Zoom was used for communication due to the global COVID-19 pandemic. Policy information from all levels of government is included as secondary data

Table 2: Interviews

Respondent	Method of Interview	Date	Interview Duration	Recorded	Respondent Region
DFW1.001	Online/Zoom	06/10/2020	48:35	Audio Only	Dallas-Fort Worth
DFW1.002	Online/Zoom	06/24/2020	43:02	Audio/Video	Dallas-Fort Worth
DFW2.003	Online/Zoom	05/28/2020	36:34	Audio/Video	Dallas-Fort Worth
DFW2.004	Online/Zoom	06/01/2020	51:24	Audio/Video	Dallas-Fort Worth
DFW2.005	Online/Zoom	06/01/2020	32:43	Audio/Video	Dallas-Fort Worth
DFW3.006	Online/Zoom	09/11/2020	47:26	Audio/Video	Dallas-Fort Worth

DFW4.007	Online/Zoom	09/28/2020	29:56	Audio/Video	Dallas-Fort Worth
HOU1.008	Online/Zoom	05/28/2020	51:19	Audio/Video	Houston
HOU2.009	Online/Zoom	06/03/2020	46:49	Audio/Video	Houston
HOU3.010	Online/Zoom	09/14/2020	45:09	Audio/Video	Houston
HOU4.011	Online/Zoom	09/22/2020	52:45	Audio/Video	Houston
HOU5.012	Online/Zoom	09/21/2020	29:58	Audio/Video	Houston
ET1.013	Online/Zoom	05/27/2020	47:45	Audio/Video	East Texas
ET1.014	Online/Zoom	05/27/2020	47:45	Audio/Video	East Texas
ET1.015	Online/Zoom	05/27/2020	47:45	Audio/Video	East Texas
ET2.016	Online/Zoom	06/05/2020	37:13	Audio/Video	East Texas
RGV1.017	Online/Zoom	09/08/2020	45:09	Audio/Video	Rio Grande Valley

to give context to the programs and plans referenced by interviewees. Table 3 summarizes current governing policies in Texas and the specific areas of inquiry. Two of the urban counties, Dallas County and Harris County, had comprehensive plans available on their city and county websites, but the two rural regions, East Texas and the Rio Grande Valley, and Tarrant County did not have comprehensive plans but rather references to the policies established at the federal level. While the federal plans establish guidelines for the administration of the Ryan White program and the goals of the *Ending the HIV Epidemic* plan established by the Trump administration, they did not include local plans or continuums. The Dallas and Harris County comprehensive plans included input from community stakeholders such as nonprofit

organizations, with Houston/Harris County having two plans. A comprehensive plan created by the Houston Area Ryan White Planning Council, and the *Roadmap to End the HIV Epidemic in Houston*, which was a joint venture created with cooperation between the city, county, and community stakeholders working in the Houston area. The policy papers were accessed via websites for the Centers for Disease Control, Health and Human Services, and county websites.

Table 3: Existing HIV/AIDS Policy at Various Level of Government

<u>Policy Name and Mission</u>	<u>Year</u>	<u>Goals</u>	<u>Level of Government and Agency</u>	<u>Addresses Latinos Specifically?</u>
<p><i>Centers for Disease Control: Division of HIV/AIDS Prevention Strategic Plan 2017-2020</i></p> <p><u>Mission:</u> to promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States.</p>	2017	<p>1) Prevent new infections</p> <p>2) Improve health outcomes for those living with HIV</p> <p>3) Reduce HIV related disparities and health inequities</p> <p>4) Continually improve effectiveness and efficiency of operations</p>	Federal, CDC	Yes
<p><i>Ending the HIV Epidemic: A plan for America</i></p> <p><u>Mission:</u> to end the HIV epidemic in the United States by 2030</p>	2019	75% reduction in new HIV infections by 2025, and at least 90% reduction by 2030	Federal, Trump Administration	Yes

<p><i>Health Resources and Services Administration (HRSA) Ryan White, Part F: Health Education/Risk Reduction, Service Standard Minority AIDS Initiative</i></p> <p><u>Mission:</u> provision of education to clients living with HIV about transmission and how to reduce the risk of transmission.</p>	<p>2016</p>	<p>1)education on risk reduction strategies to reduce transmission such as preexposure prophylaxis (PrEP) for client’s partners</p> <p>2)education of health care coverage options</p> <p>3)health literacy</p> <p>4)treatment adherence education</p>	<p>Federal, HRSA</p>	<p>No</p>
<p><i>Texas Department of State Health Services: Housing Opportunities for Persons with AIDS (HOPWA) Program Manual</i></p> <p><u>Mission:</u> to help low-income people living with HIV (PLWH) and their households establish and maintain affordable housing, reduce risk of homelessness, and improve access to care and supportive services.</p>	<p>2020</p>	<p>1)help low-income people living with HIV (PLWH) and their households establish and maintain affordable housing</p> <p>2)reduce risk of homelessness</p> <p>3)improve access to care and supportive services.</p>	<p>State of Texas, Texas Department of Health and Human Services</p>	<p>No</p>

<p><i>Dallas County: Dallas Eligible Metropolitan Area Integrated HIV Prevention and Care Plan 2017- 2021</i></p> <p><u>Mission:</u> prevention and care plan created with integrated needs assessment data.</p>	<p>2016</p>	<p>1)describe the geographical region of jurisdiction with regard to communities affected by HIV</p> <p>2)describe the socio-demographic characteristics of persons newly diagnosed , PLWH, and persons at higher risk for HIV infection using demographic data</p> <p>3)describe the burden of HIV in the service area using HIV surveillance data and characteristics of PLWH</p> <p>4)describe indicators of risk for HIV for populations in the service area</p>	<p>Dallas County Health and Human Services</p>	<p>Yes</p>
<p><i>Houston Area Comprehensive HIV Prevention and Care Services Plan 2017-2021</i></p> <p><u>Mission:</u> to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations living with, affected by, or a risk of HIV.</p>	<p>2016</p>	<p>1)identify HIV prevention and care needs, existing resources, barriers, and gaps in the Houston area</p> <p>2)outline specific, measurable, achievable, realistic, and time-phased Integrated HIV Prevention and Care Plan to leverage new and/or existing resources and partnerships</p> <p>3)describe the process by which</p>	<p>The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group</p>	<p>Yes</p>

		implementation of the Integrated HIV Prevention and Care Plan will be measured, evaluated, and adjusted to best meet the needs of people living with or at-risk for HIV in the Houston Area		
<p><i>Roadmap to Ending the HIV Epidemic in Houston</i></p> <p><u>Mission:</u> offers more than 30 recommendations to end the epidemic. The ambitious goal is to decrease new cases of HIV from roughly 1,200 per year to 600, or to cut the rate in half, over five years.</p>	2016	<p>1) prevention of HIV in the first place</p> <p>2) access to care for those living with it</p> <p>3) social determinants that exacerbate it</p> <p>4) criminal justice reforms to slow it</p> <p>5) public policies and funding to manage it</p>	END HIV Houston	Yes

The policy data and case studies provide the basis for the key findings of this study. Each of the four focus areas constitutes a case study, and interviewees are all nonprofit professionals working at HIV service organizations within the areas of study. The interviews were transcribed and coded using the NVIVO software. These interviews constitute real and deep descriptions of the state of HIV/AIDS services in these areas of Texas for Latinos.

Chapter 5 : Findings

Findings

The principles and steps of Qualitative Content Analysis described in the methodology section were employed for analysis. Using the NVIVO software, the interviews were queried for frequency of word usage. Through this frequency analysis, three broad themes were established: stigma, funding, and innovation. The first two represent barriers that nonprofit organizations must confront to deliver services, and the last represents respondents offering ideas for change to solve the barriers they encounter. These were identified as themes for initial coding based on

Table 4: Interview Thematic Frequency Chart (n=17)

Theme	Number of Times Theme Appeared in Interviews	Percentage of Respondents Discussing Theme
Main Theme: Stigma <ul style="list-style-type: none">• Subcategory: Language and Representation• Subcategory: Immigration• Subcategory: Women's Health	48	100%
Main Theme: Funding <ul style="list-style-type: none">• Subcategory: Availability• Subcategory: Competition	45	88%
Main Theme: Innovation <ul style="list-style-type: none">• Subcategory: Networks• Subcategory: Operational Differences	14	58%

Main Theme: Community Health Workers/Promotoras	3	11%
---	---	-----

frequency. Each broad theme also includes subcategories that are related and identified based their contribution to the main theme. The subcategories are barriers or solutions born out of their relation to the main theme. One negative category is also established due to its absence in the interviews, community health worker/promatora programs. The literature presented in this study shows a consensus on these programs being an effective method of engagement, but they were absent from most of the organizations that participated. After these themes and subcategories were identified, existing policy was coded in the same manner to examine the frequency of the issues identified through interviews. By comparing the frequency of the themes from the

Table 5: Policy Frequency Chart, Based on Themes (n=7)

Themes	Number of Times Appeared in Policy	Percentage of Policies Discussing Themes
Main Theme: Stigma <ul style="list-style-type: none"> • Subcategory: Language and Representation • Subcategory: Immigration • Subcategory: Women’s Health 	63	71%

Main Theme: Funding <ul style="list-style-type: none"> • Subcategory: Availability • Subcategory: Competition 	513	100%
Main Theme: Innovation <ul style="list-style-type: none"> • Subcategory: Networks • Subcategory: Operational Differences 	6	57%
Main Theme: Community Health Workers/Promotoras	0	0%

interviews to the policy papers, it seems that there is a difference in how those working in HIV serving nonprofits and policymakers prioritize the epidemic. The local policies of Dallas and Harris counties had greater frequencies of the identified themes, and subcategories were discussed in more nuanced detail in how they relate to delivering services. After establishing the themes and subcategories of the interviews and policies examined for this study, the qualitative content analysis process is used to contextualize the narratives and knowledge of the respondents into social problems, and the creation of analytic categories for social action.

This chapter discusses the four major findings of this study, along with subcategories related to those findings. The findings of this study are as follows:

1. Every nonprofit professional interviewed cited stigma as the greatest barrier to serving Latinos;
2. Policy dictating funding complicates service delivery;

3. Social innovation is happening among a majority of HIV serving nonprofit organizations; and
4. Organizations are not using volunteers/promotoras as expected.

In this chapter, these findings are discussed using supporting information from the interviews. This study aims to document numerous perspectives of the professionals doing this work of HIV/AIDS education and prevention. Their words craft knowledge and understanding of the issues facing the nonprofit organizations doing this work in these areas. They understand the reality of this situation, and their words create meaning, influence perception, and create knowledge (Clarke, 2005). Their interviews are used to illustrate the complexity of the epidemic of HIV/AIDS and how it affects the Latino community, while providing rich insight into efforts to control and reduce the effects of the disease on community and society.

QCA is the method by which this study examines the knowledge of respondents and the regulations established in policy. CRT/LatCrit and Social Innovation theories provide the framework for examining how the principles of these theories are integrated into the process by which organizations provide their services. This study argues that innovation must be present in organizations to address new and unique challenges that exist in the Latino community, but that innovation should be guided by principles that seek to create change and liberation for the community itself. This study is seeking to identify where these principles are being integrated into service delivery, or identify why they may be absent in other cases. These theories can inform and improve practices in the field if they are identified and better understood.

Finding 1: Every nonprofit professional interviewed cited stigma as the greatest barrier to serving Latinos.

Policy on HIV in the United States and Texas reflect the impact that stigma has on the wellbeing of people living with HIV and people at risk of contracting HIV. It remains a misunderstood condition by people of all demographics. The policies examined for this study show that government is also concerned about the effects stigma is having on the efforts to

Table 6: Existing Policy Discussion of Stigma

Theme	Quote	Agency or Initiative
Stigma	“To address these disparities requires that DHAP focus prevention efforts on disproportionately affected populations and work towards reducing stigma and discrimination associated with HIV infection”	Centers for Disease Control
Stigma	“There is a real risk of an HIV resurgence due to several factors, including trends in injection drug use; HIV-related stigma; homophobia; lack of access to HIV prevention, testing, and treatment; and a lack of awareness that HIV remains a significant public health threat”	US Health and Human Services
Stigma	“And stigma—which can be a debilitating barrier preventing people living with, or at risk for, HIV from receiving the health care, services, and respect they need and deserve—still tragically surrounds HIV.”	US Health and Human Services
Stigma	“...social, structural and client-specific barriers like stigma and discrimination, cultural resistance to sexual and gender related topics, low educational attainment, poverty, and lack of health care coverage, and the geographic size of the Houston Area.”	The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group
Stigma	“Stigma is a monumental barrier to ending the epidemic. Fighting it increases disclosure of the virus to partners and encourages testing.	END HIV Houston

	Language matters. Terms like ‘HIV infected’ and ‘HIV infections’ stigmatize people.”	
--	--	--

reduce infection in the country and the state. These policies reflect that government has knowledge of the impact of stigma on delivering HIV/AIDS services. In the comprehensive plan for Houston, the organizations that developed the plan suggest increasing social media marketing to combat stigma, and draw correlations between social determinants like culture, poverty, education, and resistance to changing gender norms to stigma and HIV/AIDS. In the comprehensive plan for Dallas County, it attributes stigma to “discrimination, racism, and distrust of government” as well as “culture” (Dallas County Health and Human Services, p. 14, 2016). The Houston plan also cites “experiencing stigma, violence, and poverty” as barriers to seeking services and treatment (The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group, p. 4, 2017). While these policies show an awareness of stigma, they do not suggest action beyond marketing to address the issue.

Interview respondents are very aware of stigma and the effect it has on their ability to reach clients. All (100%) of the nonprofit professionals interviewed discussed stigma, especially from the perspective of how it affects Latinos.

Table 7: Respondent Discussion of Stigma Among Latinos

Theme	Quote	Respondent
Stigma	“I don't know if you know Spanish, but I was making a [reference to] your dirty clothes. You wash it in the house. You don't talk about things [outside], right? And then with Texas being such a stigmatizing state still. So, we're not getting tested. We're getting higher rates. But I think it's important for us to kind of do baby steps and bring in our community.”	HOU3.010
Stigma	“It's something you don't talk about, especially HIV.”	DFW1.002

Stigma	“Anyways, we are noticing that we have some stigma barriers maybe.”	DFW4.007
Stigma	“They're finding stigma, finding lack of access to wherever they meet, all that information.”	HOU4.011
Stigma	“Stigma. It’s really a stronghold in our communities of color, in the Latino population, particularly among Latino men. So, it’s the stigma around sex and sexuality, the stigma around testing... so, all the marginalized populations that are impacted highly by HIV, a lot of that is around stigma, around the shame that’s attached to sex, the shame that’s attached to sexuality and gender expression.”	HOU1.008

When stigma is coupled with the culture of the community, it creates barriers in delivering services to Latinos. Interview respondents reported issues with testing, pre and post exposure treatment, getting a diagnosis at a much later stage of HIV, and mistreatment of patients by their families and communities due to misinformation and a lack of understanding. “With the coronavirus being here and with the fears of a stigma, with the fear of everything that is going on, we anticipate to see an increase in service utilization sensitive to mental health and substance abuse” (HOU5.012). Many of the nonprofit organizations that provide services have taken HIV/AIDS out of their name due to the stigma attached to it and the affect it has on keeping clients from engaging with them. “Everybody's taking AIDS out of their name just like we did” (DFW1.002). Some of the interview respondents reported experiences of abuse and ostracization within families due to HIV/AIDS. “He's locked up in the back...he doesn't let him out...he can't eat with us...he can't use the bathroom that we all use, and I keep arguing with him that that's not right” (DFW1.002). Latinos working with HIV/AIDS organizations are also experiencing stigma from their families due to misinformation about transmission, treatment, and fear of their community thinking they have contracted the condition. “They unfriended her because of the event and the people that she was surrounding herself with” (HOU2.009). For

many of the respondents and their organizations, stigma presents a problem they are unsure of how to address.

Table 8: Uncertainty on Confronting Stigma

Quote	Respondent
“We can hire a gazillion Spanish-speaking infectious disease providers but if us, ourselves, are not willing to go and get the test or know the results or talk about it, then we're not going to get anywhere”	HOU3.010
“And I think that that was a huge barrier was people being afraid to find out, basically, at least within our communities”	DFW4.007
“How do we do it without scaring people?”	RGV1.017
“...you also have issues of depression, substance use, that other stuff because you're not able to live your authentic self”	DFW2.003
“It would be how to you debunk stigma, how do you address stigma for the trans Latina, how do you address stigma for the trans gay man or bisexual man, how do you address stigma on the Latino gay man? How do you address stigma for the Latina who is heterosexual but needs to be empowered in her relationship with a man who does step out on her...”	HOU1.008

Language and Representation

The combination of stigma and culture creates challenges when serving the Latino community. Language is an important variable in making clients feel welcome and understood. “Just to know that someone in the room is different from me and it helps me create different ways to communicate with this person...number one, to the way they communicate and the way they express their needs” (HOU5.012). Respondent answers were varied on the issue of language and representation, although the majority of them understood the importance and role of language and representation to delivering HIV/AIDS services to the community. “Language just plays such an important part in how people hear messages, especially about health...so, we've got to speak to folks in the language that they best understand it, especially health-related matters” (DFW1.002). Language is a vital aspect of how people convey their reality to another

person. If a language barrier exists, it makes serving a community more difficult. Not all of the respondents believed their organizations were providing adequate language accommodations to Latino clients. The interviews reflect that organizations know language is important, but they are

Table 9: Presence of Bilingual Staff

Quote	Respondent
“Yeah, for the most part, almost everyone, even our non-Latino employees speak Spanish as well. Some of them even speak better Spanish than some of our Latinos.”	RGV1.017
“That just spoke Spanish, maybe 15% [staff].”	DFW3.006
“Right now, none of our material is translated into Spanish. So, if someone came in for testing, they would have to have someone that speaks English or know how to read English somehow to even fill out a form for testing”.	DFW2.005
“Staffing is a big issue. We just hired two medical assistants for our new clinic, and one of the requirements was that you be bilingual.”	DFW2.003
“We have some bilingual staff. That’s about it.”	ET1.014
“I’m the only Spanish-speaking person.”	DFW2.004

not always able to accommodate communication in ways that are significant to service delivery. They are aware of this, and most of the organizations that reported a deficiency in language also stated they were working toward improving that aspect of their programs.

Language can influence representation. An organization’s ability to communicate messages effectively also strengthens their ability to enroll clients and employees into sharing that message widely within the community. A lack of communication can lead to a deficit in building relationships with the community, advocacy, and attracting new staff to meet client needs. “Because even if somebody can speak the language, if they weren't raised or if they're not from a predominately Latino community, it's easy to miss those little nuances” (HOU3.010). Many of the interviews reflected a lack of Latinos in positions power and making decisions

based on the lived experiences of people in the community. Representation is important for decision making, program funding, cultural understanding, and many other aspects of providing services to the Latino community. “One of their biggest arguments is that, ‘we’re never at the table because we feel like we’re never invited...no one wants to know what we’re thinking and what we’re feeling, and we’re the ones living with the disease...we’re the ones accessing the services’” (DFW1.002). Without representation it can create the impression of community invisibility. “And then also, we have Latinos in higher-up positions but not really in positions I would say that can enact change or real power, and I think that is really where it kind of stems from...there’s not really a Latinx presence in a role that can enact change, we’re not going to--we’re not going to see anything...and that’s really what I kind of have come to find is just that there’s not enough Latinos in roles of change that we can make change, in positions of power that we can do that” (DFW2.005). When asked about the presence of Latinos in East Texas, respondents from organization ET1 stated “there’s really not a lot in this area.” The 2010 US Census reports that the Latino population of this East Texas city is 15.5%, which is significant. This illustrates how representation can influence available services, and the perception that a group is not present will result in less opportunities for them.

Language can translate culture. This is significant for understanding how a population exists in society. “As a Latina, I’m very aware of the different challenges that my brothers and sisters have here in Houston, and not only due to their language but also to the immigration status and familial status and sexual activities” (HOU5.012). The respondents in this study reported a lack of language competency can lead to a misunderstanding of how people live and survive in a society where they are marginalized. “We just have to understand why certain things are not functioning as smoothly for other cultures, so asking me what my language of preference

is as a Latina if I were not acculturated here in this country...I think if you ask me, ‘what's your language of preference?’ my tendency is going to be to try to make things easier for you and say, ‘I'll make do’” (DFW1.001).

Immigration Issues

Stigma can be compounded by other factors like immigration and documentation status for Latinos. This is not unique to the Latino community, but it is the group most affected by this issue in the state of Texas. The Pew Research Center estimates that there are 1.6 million undocumented immigrants living in Texas, the majority being from Latin America (Passel & Cohn, 2018). HIV/AIDS is a public health issue that transcends borders and immigration status, yet many undocumented Latinos will not engage in services due to fear and stigma. “Just to take you back a little bit, 2 years ago, there was an exodus, a bunch of brothers and sisters crossing the border through Mexico...they made Houston their homes, and so, we saw an increase in Latinos accessing the services that we have... and now when we watch the TV and we hear all the attacks against the community, it's not a surprise that they're reacting with fear, although we try to reach to them” (HOU5.012).

Table 10: Issues of Stigma and Immigration

Quote	Respondent	Complication
“First, a lot of programs, if you're not documented, you're not going to be able to qualify...you're not going to qualify for housing, obviously, unless you have children.”	RGV1.017	Program Qualification
“That stifling effect of keeping people kind of wanting to be under the radar also results in people not wanting to bring attention to themselves for either criminal actions from the police”	HOU4.001	Identification of Need

<p>“But for example, when the ICE raids started, there were a lot of people who would shy away from any kind of structured clinical care - that means hospitals - because they were either afraid of being identified as being undocumented or exposing a loved one who is undocumented”</p>	<p>ET2.016</p>	<p>Identification of Need</p>
<p>“And this area is known for immigrants that just got here. And we have all-- about 95% of our clients that we see here are new to this country. They mostly do not speak English. They just traveled from Honduras, El Salvador, Costa Rica, from a different Latin American country, and they have no clue sometimes about what a condom is or how to protect themselves. They don't know about HIV.”</p>	<p>HOU2.009</p>	<p>Knowledge of HIV</p>

Stigmatization of immigration status can force people to engage in behaviors that endanger their health further. The fear of deportation and the need to survive can result in individuals not reaching out for help when they need it, hiding their actual identity, and engaging in activities such as sex work while not equipped with the necessary education and knowledge to make choices that will not compromise their health. “And then through the course of how they migrated here, some had to sell their bodies...they’re trying to survive” (HOU2.009). This study is not stigmatizing sex work, but many undocumented immigrants use sex work to survive without understanding HIV/AIDS and other sexually transmitted infections. “And day laborers, because they're having to provide for their families, they engage in temporary MSM activities, which means they have sex for money” (DFW2.004). This lack of knowledge results in new infections that may not be diagnosed due to lack of engagement with services.

Women’s Health

Many of the respondents discussed the stigmatization of sex within Latino culture. Women’s sexuality and health is something that is not addressed often when discussing HIV/AIDS. The interviews reflect that men who have sex with men (MSM) are prioritized for programming and funding, but there has been a rise in heterosexual women contracting HIV from their partners. These are men who do not identify as homosexual or bisexual due to stigma

but engage in MSM activity outside of their marriage. Due to their lack of knowledge and education on HIV, it results in more positive diagnoses among their female partners. “But with the women, with the Latina women, that's the only number that is low but is steadily going up...so, it's not really going down” (RGV1.017). Some aspects of culture foster a situation where women do not speak about sex, do not ask for safe sex practices, and do not have sexual agency to make decisions in their relationships that are in their best interest. “I kept on looking down all the different populations, got to the Latinos [women] and was like, ‘What's going on here?’...and you dig deeper, and you find out, oh, it's this up to 34-year-olds...it's the younger folks” (HOU4.011). The respondents reported that Latinas, are not the focus of any available funding as the government does not view them as high risk. The greatest risk reported to Latinas was the lack of authority and agency to make their own decisions about their sexual health and sex practices in their relationships. The identified policies do not speak to the concerns of Latinas directly, and this lack of awareness about Latina sexual health can result in a lack of resources to address their concerns.

Table 11: Stigma and Women’s Health

Quote	Respondent	Complication
“Their highest risk was, I will say, being married at least on a one-sided monogamous relationship. So, they didn't know... on top of that, you add on a system of care that doesn't see women at risk for HIV. I don't think it's just here in the valley. I think it's just, overall, medical providers, a lot of times, or even just whoever's asking questions.”	RGV1.017	Sexual Agency
“They always tell you; you always remember your first HIV positive that you have to give the result to and mine was a Hispanic lady. And she came here, and she told me that she thought her husband might be engaging in homosexual activity.	DFW2.004	Sexual Agency
“How do you address stigma for the Latina who is heterosexual but needs to be empowered in her relationship with a man who does step out on her, and she doesn’t know where he’s stepping out to because of, I think, what I’ve learned about the culture, that machismo, yeah...I’ve been in spaces at testing events where	HOU1.008	Sexual Agency

Latinas have tested positive, and they go get the husband. The husband comes back and he's like, 'I didn't know.'		
---	--	--

Finding 2: Existing policy dictating funding complicates service delivery.

As of 2019, the Trump administration has increased the amount of funding available for various programs for the *Ending the HIV Epidemic in America (EHE)* policy initiative. “On 7/31/20, CDC awarded \$109 million to the 57 EHE Phase I jurisdictions to accelerate progress in the fight to end the HIV epidemic in the U.S.” (DHHS: Office of Infectious Disease and HIV/AIDS Policy, July 2020, p. 1). The policy focuses on funding services to implement “high-impact HIV diagnosis, treatment, prevention, and response strategies, and to reduce local barriers to HIV prevention and care” (DHHS: Office of Infectious Disease and HIV/AIDS Policy, July 2020, p. 1). The policy focuses on 57 “priority jurisdictions” around the United States, and Dallas-Fort Worth and Houston are included in this designation for Phase I. In Phase II, the funding will be expanded more widely across the nation, in an effort to reduce new infections by 90%. Phase III will focus on expanding case management to address the needs for an assumed reduced population of people living with HIV. The EHE policy allocates large amounts of funding for the fight against HIV, but the limited scope of Phase I does not include areas such as the Rio Grande Valley or East Texas that are coping with growing Latino populations and increasing diagnoses. The policy also does not prioritize Latinos or immigrants in its grant process. The bulk of the funding is administered through the Ryan White program, which is dependent on local participation and advocacy from organizations serving various populations. Regional Ryan White Planning Councils (RWPC) are responsible for distributing funds to organizations locally that provide HIV services. The federal government has created rules about membership requirements for the RWPCs. Local councils decide how money is allocated, but these councils are dependent on local citizens to participate in the process, and requires that they

meet criteria to serve, such as being a professional working with HIV in an organizational or medical capacity, a person living with HIV, or a member of an affected community.

“Membership on both planning bodies includes people living with HIV, consumers of HIV prevention and care services, representatives from populations most impacted by the local HIV epidemic, representatives from local organizations, and subject matter experts” (The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group, 2017, p. 58). Stigma still prevents people from identifying themselves, which makes finding participants to satisfy all categories a difficult process.

Housing Opportunities for People with AIDS (HOPWA) grants funding to assist with the housing needs of people living with HIV. “Program Purpose The goals of the DSHS HOPWA Program are to help low-income PLWH and their households establish or maintain affordable

Table 12: Ryan White Funding (The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group, p. 54, 2017).

Section	Policy	Purpose
Part A	“formula and supplemental funds for HIV care and support services are extended to Eligible Metropolitan Areas (EMAs) (geographic regions with more than 2,000 total reported HIV stage 3 cases over the most recent five year period) and Transitional Grant Areas (TGAs) (geographic regions with 1,000 – 1,999 reported HIV stage 3 cases over the most recent five year period)”	Funding for services, based on existing cases
Part B	“funding, including the AIDS Drug Assistance Program (ADAP), is extended to all 50 states and territories. The TDSHS awards Part B and State of Texas HIV Services funding to regional HIV Administrative Service Areas (HASA).”	Funding for secondary services effecting HIV

Part C	“funds directly to public and private organizations for early intervention services and capacity development and planning.”	Funding of organizations doing prevention work
Part D	“provides funds directly to public and private organizations for services to women, infants, children, and youth living with HIV.”	Funding women and children living with HIV
Part F	“funds for the following special initiatives: AIDS Education and Training Centers (AETC); Dental Programs; and Special Projects of National Significance (SPNS) for demonstration or research projects benefiting HIV/AIDS services”	Funding for special projects

and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services” (Texas Department of Health Services, 2020, p. 6). Homelessness and housing needs can be a significant barrier to seeking or staying in care programs, so HOPWA mediates these issues through housing grants. “Authorized Activities DSHS authorizes the following program activities (see Section 14. Program Activities): A. B. C. Tenant-Based Rental Assistance (TBRA) Short-Term Rent, Mortgage, and Utility (STRMU) D. Facility-Based Housing Assistance (FBHA) i. Short-Term Supportive Housing (STSH) ii. Transitional Supportive Housing (TSH) Permanent Housing Placement (PHP) E. Housing Case Management F. Housing Information Services G. Resource Identification” (Texas Department of Health Services, 2020, p. 6). HOPWA can restrict the area in which funds are used and distributed. The Dallas Comprehensive Plans states that its service area includes Dallas, Denton, Collin, Hunt, Rockwall, Kaufman, Ellis, and Henderson Counties (Dallas County Health and Human Services, 2016). The Houston Comprehensive Plan states that its Eligible Metropolitan Statistical Area (EMSA) “consists of the cities of Houston, Baytown, and Pasadena, TX; and the counties of

Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, San Jacinto, and Waller” (The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group, 2017, p. 57). HOPWA provides rent and mortgage assistance, utility assistance, and case management. Housing insecurity is cited by policy as one of these most significant threats to HIV positive individuals maintaining viral suppression treatment.

The Dallas Comprehensive Plan reports that as of 2016, the most recent data available, the area had \$33,703,214 available in funding among all of its grant programs (Dallas County Health and Human Services, 2016, p. 43). Houston reported \$63,027,369 total funding available as of 2017 (The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group, 2017, p. 70). No data was available for Fort Worth, East Texas, or the Rio Grande Valley. These areas linked back to national data on their respective outlets online. Despite this available funding, plans for Dallas and Houston both acknowledged areas where the process of funding services needs improvement.

Table 13: Areas Lacking Sufficient Funding (Dallas County Health and Human Services, p. 45, 2016; END HIV Houston, p.13, 2016)

Area	Policy	Complication
Dallas-Fort Worth	“no resources are available for uninsured or under insured individuals at high risk for HIV to access Preexposure prophylaxis (PrEP) or Non-Occupational Post Exposure Prophylaxis (nPEP).”	Pre-exposure treatment
Dallas-Fort Worth	“Mental health treatment capacity is extremely limited especially for those without health insurance and/or documentation. When people needing services are finally able to access them, they may have dropped out of care or may no longer be motivated to access care.”	Mental Health, Maintaining Treatment

Dallas-Fort Worth	“Substance abuse treatment capacity is inadequate both in terms of inpatient and outpatient treatment services. The situation is exacerbated for those without health insurance and documents and leads to significant challenges.”	Substance Abuse and HIV Risk
Dallas-Fort Worth	“Specialty care is limited for people who are uninsured or under-insured. In addition, for those who have obtained health insurance through the marketplace, access is curtailed because of extremely narrow provider networks. Access to care is negatively impacted in Texas as a whole because it did not expand Medicaid.”	Uninsured and Under-insured Clients
Houston Metro Area	“when an individual has recently relocated to Houston”	Program Qualification and Residency
Houston Metro Area	“has fallen out of care”	Program Qualification

The interview respondents identified two areas where there are issues with funding: availability of grants and competition among organizations for available grants. Some of the rules that dictate the administration of the grants to organizations create problems for organizations engaging in service delivery in a way that best serves their local clients, and addresses the needs they are encountering locally. The respondents report problems with the availability of grant money for addressing Latinos specifically, and regional boundaries creating competition for funds that are available.

Availability

Many of the organizations state that there is a significant amount of funding available for many programs, but the largest issue they encounter is a lack of funding earmarked for service and research on the Latino community specifically. Grant conditions often dictate for whom the grants can be used, often times prioritizing African-American communities. If funds are

earmarked in this way, respondents report that they cannot use available funds for Latino focused programs. The constraints of the regulations make funding for Latino focused services complicated. None of the organizations spoke about having enough funds on hand to bolster their Latino focus with other resources. All of the organizations interviewed stated that they were completely dependent on Ryan White funding except HOU1, which is a regional branch of a national organization. The organizations interviewed in this study reported that they cannot accomplish their missions without Ryan White funding.

Table 14: Lack of Available Latino Focused Funding

Quote	Respondent	Target Population or Complication
“Last year, we had an initiative, and it was to help our Black MSMs reach viral suppression. When you kind of take one part of that out and you're focusing just on Black MSMs and you're completely forgetting about this other demographic, it causes even more of a disproportionate imbalance... we do have a lot of HIV funding... It just hasn't really been targeted towards Latinos.”	HOU3.010	African-Americans
“And the state just came out with its new RFP, request for proposals, for HIV prevention, the funding to start...and the target populations for HIV prevention were African American MSMs, Caucasian MSMs, then Latino MSMs”	DFW2.003	MSM
“But since we're always funded through grants, and it's only a period of time that they give you these grants, I feel like sometimes that they give you-- sometimes these grants are three years...so, I feel like sometimes you get a grant for five years, three years, and by the time that grant is known in the community, funds have ended.”	HOU2.009	Time Constraints
“I had told [DFW2.003] that I really wanted to focus on Hispanics here. However, historically, in their contracts, it's been MSM, men that have sex with men, African Americans, right?... so, this year, it wasn't possible for us to really sell the Latino, that we were going to start targeting the Latinos.	DFW2.004	African-Americans

<p>“Yeah. That's a big part of what they're kind of focusing on [demographics]. And where they can't get government funding through Ryan White and stuff like that...”</p>	<p>DFW3.006</p>	<p>Other Demographics than Latinos</p>
--	-----------------	---

Competition

Several of the respondents reported issues of competition. These issues arose due to the regional boundaries created for service areas by the Ryan White Program. Organizations cite both competition among each other for funding, as well as the groups that are prioritized by the funding itself. “So, when we do see it, it’s Black and Latino MSMs, it's like, ‘Okay, great, we can go after both’...it sucks sometimes to really be like, ‘Okay, well, we're going to focus this funding on Black MSMs,’ and then the rest of the people don't get that advantage, because then the onus becomes on the organization to fund that if we want to make it inclusive towards all of the ethnicities, but the federal government is only paying for this group” (HOU3.010). The availability of grants is tied to who organizations have traditionally served, so getting funding for new groups or communities creates competition with organizations that have gotten that funding in the past. “The state uses Epi-Data to determine where the most new infections are, like in regions, then they do a competitive bid, which you have a lot of different organizations that are going after that funding...overall, I feel like we can identify more areas...I know that if I had more time or if we didn't have contractual constrictions, I feel like we could be doing a better job at going out there in the community” (DFW2.004). The organizations are bound by their dependance on Ryan White funding, so they have to adhere to the regulations. “That's [Ryan White] sort of their main funding for the larger programmatic stuff, so all the social worker, all the services stuff...they would basically have to shutter without Ryan White” (DFW3.006). Several respondents reported issues of a territorial mindset when it comes to funding. “It’s kind

of all turf and jurisdictions; we're not kind of allowed to go outside" (DFW2.005). This type of environment seemed to be more prevalent in the Dallas-Fort Worth area, as the two metropolitan areas are considered separate regions, despite the fact that people travel between them for many reasons such as work, education, and social activities. "Sometimes it's just us out there, and we also have to make sure we don't step on each other's toes, because of the population we're dealing with, no one organization can do this work alone, and we understood that from the beginning... we have to be able to work with each other and collaborate and come together when the time calls for it, to address these concerns in our Latino community...but that's always been an area of concern here and us that are Latino advocates, 'Hey, there's not a specific organization run by Latinos for Latinos'" (DFW1.002). In the Rio Grande Valley, travel is often complicated for undocumented Latinos due to presence of immigration checkpoints, so funding is needed in the area that is most accessible to those seeking services. "So, anything from South Padre Island, Brownsville, Raymondville, McAllen, we have Harlingen, all the towns in between, will tap into Rio Grande City entirely because that belongs to another region...well, it's part of region 11, but it belongs to another region when it comes to HIV testing and care...but the thing is that Rio Grande City is a little bit closer to us and then you talk about checkpoints, immigration checkpoints if you're going to go to Laredo, so people from Rio Grande City, if they're undocumented, it's a little harder them to go up to get care in Laredo versus coming to the Valley" (RGV1.017). The allocation of grant funding does not seem to take these complications into account, as undocumented people are not prioritized in federal and state HIV policy. And finally, there is competition between large, national organizations, and smaller community-focused organizations. The large organizations have more resources at their disposal, but the community-based organizations often have the trust of the served community. Community-based

organizations may not receive government grants, as the larger organizations are often favored. “With Harvey, the city got a lot of money, and they were going to give it to nonprofits....They already knew who they're going to give the money to; it was like, ‘Really? We can’t even apply?’” (HOU2.009). Many smaller organizations are being eliminated from even competing for the grants, or have to depend on sub-funding from the larger organizations to fund programs.

Finding 3: Social innovation is happening among a majority of HIV serving nonprofit organizations.

The *Centers for Disease Control: Division of HIV/AIDS Prevention Strategic Plan 2017-2020* states it prioritizes innovation and to “create an environment that encourages and values new ideas” (2017, p. 6). Interviews with the participating organizations yielded evidence of innovation happening in service delivery. Often, the organizations themselves are not aware they are doing something innovative, but rather just view it as responding to a need that exists. There was evidence of social innovation in almost all areas included in this study, but the areas with high concentrations of Latino populations, Houston and the Rio Grande Valley, seemed to provide the most significant examples of innovation to respond to the Latino community directly. East Texas based organizations did not report any significant innovation. Two categories emerged in regard to social innovation: organizational networks and operational differences.

Organizational Networks

Despite some of the limitations of funding, many of the organizations found creative ways to build cooperative networks to meet the needs of clients. The organizations are driven by their mission to provide services, and networks allow them to share resources and refer clients

out to someone else that has a greater capacity in a specific area. Despite some of the complications, organizations reported about boundaries and territories for grants, the majority of them are defying some of those rules and looking for opportunities to collaborate. The organizations are very self-aware about their capabilities and short-comings in service, and they have developed networks with other organizations to create whole continuums of care that can address needs beyond just testing and education. Some of the older organizations have trust with the Latino community that has developed over time, and use their trust to foster new relationships with other organizations that benefit the community as a whole. “We have one funder, the city, and whether we like it or not, we have to work with each other...I don't have to like you, but we have to work together in collaboration because we have this common goal to help this client meet what they need to remain undetectable and be able to adjust properly and serve in the community” (HOU5.012). The Houston Ryan White Planning Council is more adamant about enforcing the collaboration grant mandates of Ryan White before organizations receive funding. “The community put their foot on the ground about that...in our own kind of grants for HIV work from the federal govt and then the health department policy too, the prevention piece, we put that information in there that we really encourage and prefer to have groups receiving this money that are already or are considering working with others” (HOU4.011). Mission drives the organizations to be open to collaboration and finding new ways of serving the Latino community, but in some regions the collaboration is not as strong as in other locations. “I would say that sort of those community connections that you're talking about between agencies could probably stand to be stronger” (DFW3.006). The Dallas-Fort Worth area did not seem to foster collaboration as strongly as Houston. “Because it is in the best interest of the patients that we serve, we actively look for opportunities to collaborate and to create

processes because a lot of our work is in advocacy for our patients, for them to not only have access to services but that other agencies are also, hopefully, treating them with the respect that they deserve” (DFW1.001). Some of the organizations in the Dallas-Fort Worth area stated they are actively looking for community partners in the Latino community to collaborate with, but stigma around HIV makes it difficult. “So, my thought was I want to get into that organization because most of the people that live in 76164, at some time or another, go to that organization, and they serve as the gatekeeper for that community, right, and it’s mostly Hispanic” (DFW2.004).

Table 15: Social Innovation in Participating Organizations and Networks

Respondent	Quote	Innovation
HOU3.010	“So, it’s a Special Project of National Significance, and it’s through HRSA, so it’s federal funding. And we are working with—there were 12 sites across the country that got awarded, and we’re working with [HOU1]... it’s called Project Core Coordination of Resources and Employment.”	Creating a local continuum of services across organizations
DFW1.002	“And they have been able to establish a great relationship with the Mexican Consulate, and they actually test there. They provide HIV education there. I don’t think there’s any other program at present.	Engaging newly arrived Mexican and Latino immigrants
DFW4.007	“We launched a program called Tested & Rested because the county, Tarrant County, closed down all but one testing facility in response to COVID and shut down all community-based testing.”	Filling a need due to complications of COVID

RGV1.017	“It’s a task force and it’s primarily made up of the DA’s office, where we’re trying to kind of work with the correctional facilities so we can kind of be able to provide also some services and kind of somehow work together.”	Providing treatment and education to incarcerated people living with HIV
DFW2.003	“And we just endowed a position at the TCU medical school for LGBT health, so the health center fellow for LGBT health at the medical school”	Educating health professionals

East Texas does not have the same number of organizations in the area as Dallas-Fort Worth and Houston, and they are more spread out around the region. This makes collaboration and sharing resources more difficult. Organization RGV1 is the only major HIV/AIDS organization in the Rio Grande Valley, so they oversee the services there. They collaborate with other identity based and community based organizations to make people aware they are present and providing services, but they reported no other organizations in the Rio Grande Valley delivering services directly.

Operational Differences and Creativity

The organizations interviewed are developing unique ways to reach the Latino community in creative ways. Because of issues like culture and stigma, the respondents reported that engaging Latinos can be difficult, but being present and available appears to be the first step in establishing relationships. “Okay...first, try to get them to understand that we're here for them as a community for their health, all of it, because even talking about mental health has been hard

in our community; then we're doing that and hopefully in the future we'll have more efforts targeted towards Latinos” (HOU3.010). Much of this work helps to minimize the stigma associated with services. The majority of the organizations also reported innovation in how they are dealing with issues of language, culture, and representation. “So, we participate in every activity that is sensitive to our community regardless whether they are HIV positive or not... we're there representing also but also targeting those Latinos whether it's for fear or for lack of knowledge they don't come forward...we go to different fests” (HOU5.012). Among Latinos, the respondents understand that reaching this population requires trust, and trust is built through understanding how a group of people are different and how that affects their needs and interactions. “We wanted to make sure that the community was kind of driving what we wanted for our...community mobilization program, so what is it that we wanted the drive to be in terms of...who are we reaching out to, what is that we're trying to do at the end of the day; but at the end of the day had to be led by the community” (RGV1.017). Among other innovations happening among HIV service organizations, most of the respondents discussed a change in focus. Many are changing from strictly an HIV focused mission, to one of comprehensive continuums of care. They are attempting to meet the needs of clients beyond just testing, education, and prevention of HIV. “The whole thing is a one-stop-shop, so just about anything you could think of that people would need, we didn't have to refer out, which was great considering there's no public transit and stuff...so we had the food bank to provide food, including emergency food for folks that just needed to eat that day” (DFW3.006). This includes housing, transportation, food assistance, and many others. This model of holistic care is also an attempt to curb the influence of stigma that comes with utilizing the services of an HIV only organization. “So, we have dental, pediatrics, OB/GYN; our cornerstone, what we started with

and what we continue to do, is infectious diseases, so we started as an AIDS serving organization and that's still one of our backbones...it's still very much the community that we work with, but we also have expanded to so many other different services” (HOU3.010). There is significant emphasis placed on helping people navigate not only the complexities of HIV, but other issues they may be dealing with that can negatively affect their overall health and wellbeing. “It is looking at the comprehensive network of healthcare, housing, transportation, all the social services that go into providing care for people, and then not just building those relationships for the cross-systems of care but policy, sitting at the table in Austin with different communities and building policies to care for our people...all that has evolved to where we are now” (ET2.016).

Table 16: Innovative Operations

Respondent	Quote	Innovation
DFW3.006	“There's social media. So, on all the dating apps like Tinder and stuff like that, there's links that are not branded or anything and that's just general help with PrEP and stuff like that, and it would link back to us, our services.”	Social media engagement on dating apps
DFW1.002	“Viviendo Valiente, which was a five-year project that we conducted. We learned a lot from that project. I mean, we thought we knew a lot, but it's not until you actually get out there and start doing this intervention, the group intervention, the one-on-one, the community health care intervention. So, we learned a lot about working, specifically with Mejicanos because that was the target, the focus of that study.”	Special Projects of National Interest focused on Latinos
HOU2.009	“We also have a prevention program for the youth that we've done at the school, this program. And the same thing, it's about HIV prevention, STD prevention, drug abuse and alcohol prevention, so all these programs. We have programs in different sectors to help from the youngest, like 13...”	In school sex education to make-up for lack of state program
DFW2.004	“The red-carpet model, they are able to get clients into care very quickly. The state even helps to come up with temporary eligibility requirements. That was the main thing that kept people from getting into care was	Speeding up program eligibility

	eligibility. You have to prove HIV status and income and those kind of things. So, we're saying, 'We're going to give you a temporary eligibility so that you can get into care. And then afterwards, you can get that documentation that's required for the grants, right?'"	
HOU1.008	"Cultural humility... We do cultural sensitivity and cultural humility trainings... we try to always participate in those to ensure that our staff are culturally aware... when we talk about the Spanish-speaking community as well as the transgender community, there are some positions that we have right now that we're really working hard to ensure that we get Latino faces in there, particularly folks who are bilingual."	Cultural and language based training for staff
RGV1.017	"And then just people coming in and saying, 'You know what? No, I'm not going to take meds because I'm going to be drinking these teas and this and that.' Our doctors, they're really good about working with them, and be like, 'Hey, you know what? Well, that helps along with this. Keep drinking that but also drink this'"	Cultural and language based training for staff
HOU2.009	"Well, the whole agency—I wish I could show you, but as you see these beautiful colors behind me, we have hot pink; we have yellow. So, once you come into our door, you feel like you're at home. Well right now, we just expanded and we're renovating. But right now, we do have some pale white walls, but that will change pretty soon. All of the decor is homey... Just like when you go to Mexico in anyone's house, they feed you, honey."	Focus on culture and comfort

Media messaging is another area where many of the organizations are starting to invest time and resources. Latinos do not necessarily consume media in the same ways as other communities, with radio and social media being very important for outreach. "A lot of the programs I did were radio programs, community programs...I was always amazed - sometimes people would call in - by the questions I received, so if we could do a consistent messaging year-round marketing to the community through whatever source...I learned the importance of media early on" (DFW1.002). Several of the respondents discussed the ways their organizations are working to improve and innovate their media presence to make the community aware of their services. It is important to engage the community where they are, and many respondents discussed the importance of phone-based social media. "Everything is online, everything is virtual...we try to be present with social media...we try to hire people that know how to work

social media” (RGV1.017). Dating apps are a very important part of this engagement as that is where people are meeting for sexual relationships. “Well, I think the biggest thing is that we advertise on Grindr...people find out” (DFW2.003). The ads on dating apps link back to the organizations and information on HIV and STIs.

Social innovation in these organizations is happening. Many of the respondents reported programs and services that are unique, and unlike things being done by other organizations. “Basically, what it is, it was just like a hangout spot...they had video games and events and nacho nights and stuff...they'd go bowling, and they would just talk about their dating lives and just sort of naturally-- they had somebody who was like the coordinator that sort of facilitated these discussions around-- they were sort of like sex ed classes, basically, without it being super preachy...it just created a space that was very sex-positive and safe sex-positive” (DFW3.006). The message of sex positivity and safe sex is not one that young Latinos are receiving at home or in school. “What they're doing is they're trying to make sure that if we're going to have an LGBTQ youth program drop-in center, we need to have LGBTQ youth in there, and they can't just be people from the organization making those decisions” (RGV1.017). Having youth engagement is difficult due to many not being out and open yet about their sexuality, and issues like machismo and religion complicate this for Latino youth.

The professionals working in HIV service organizations, especially those working with the Latino community, are challenged daily to find creative solutions to very difficult problems. “One of the big programs for condom distribution is called Condom of the Month Club, so just like Fruit of the Month, Flower of the Month, it's Condom of the Month...we send you a dozen condoms and a dozen lube packs...we mail them to you, to your house for free” (DFW2.003). The majority of the organizations that participated in this study seemed to be open to creative

solutions to overcome barriers to delivering services. This creates organizational environments that foster social innovation. All of the organizations in Dallas-Fort Worth, Houston, and the Rio Grande Valley reported creative and innovative solutions that were unique. “Sometimes, I get free concert tickets from the radio station, and we have a promotional giveaway, like for Valentine's Day, ‘Come in and get tested and we give you the roses, the chocolates, the \$50 gift card for Olive Garden...just come get tested with your partner’” (HOU2.009). East Texas seemed to be lacking in this area. There were no significant innovations reported by respondents from East Texas beyond just having material available in Spanish or having bilingual workers.

The organizations engaged in interviews are meeting Shier and Handy’s (2016, p. 112) definition of social innovation, new ideas with the potential to improve the “macro-quality or quantity of life.” Westley et al (2014) stated that social innovation creates a product or process that can be replicated and disseminated throughout the field. What these organizations are doing are creating new processes and services based in the cultural wealth of the Latino community. These practices can be shared and reproduced by other organizations operating in the field of HIV/AIDS services. Shier & Handy (2015) state that social innovation leads to social change adapted to meet the emergent needs of target group, and it is directly responsive to the purpose of improving upon what exists. Most of the organizations in this study meet these criteria; some to a greater degree than others.

Finding 4: Organizations are not using volunteers/promotoras as expected.

The literature reviewed for this study presented the promatora model as a very successful strategy for outreach in Latino communities. Several of the respondents even discussed a hope to implement this model into their programs, but cited liability as the reason why Texas based

organizations do not have their own in-house community health workers, promotoras, or similar types of programs. “Because we're federally funded, we are covered by FTCA, which is the Federal Tort Claims Act, meaning we get malpractice insurance, essentially, for all of our individuals who are seeing patients, so if we have volunteers, it becomes a very sticky situation” (HOU3.010). The need to provide malpractice insurance for community health workers makes it an expensive liability for organizations. If a promotora program was present, it was separate from the organization, and they we're responsible for maintaining their own protections for liability. “Our community health workers are community health workers in the sense that they have the certificate, but following an actual promotora model where they have lived experiences, I don't think that is necessarily the case” (HOU3.010). Volunteers are mainly used for physical labor type jobs, and none of organizations reported that they were used for education, outreach, testing, or other HIV related activities. “We do have some volunteers come in to do things like put together packets, help us clean out the giving closet, the clothes and various personal items that are volunteered” (DFW1.001). The requirement of protecting client privacy makes it difficult to use volunteers for any type of education, prevention, or treatment services. “And just depending on what we're doing or how we're doing or how you define volunteers, because part of the thing is that when we are doing prevention work and we're doing testing, it's harder to get the volunteers because you're exposing people's private health information and sexual histories, so you want to make sure that you do that in a way that they are protected” (DFW2.003). Only one organization reported that they used their own community health workers for outreach, education, and testing. This was the largest and most well-funded of all the organizations, as they are a national organization with regional offices all over the United States. “So, what our community health workers do-- they do a couple of things, but in prevention they do testing, they

do counseling and testing...but we also have some community health workers that work with some of our programs that are for people living with HIV as well” (HOU1.008). Community health worker and promotora models do not seem to be possible for all organizations.

Chapter Summary

The findings in this chapter were organized to correspond to the order of the research questions. Policy from federal, state, and local government was also included to give context to the regulations that govern nonprofit organizations engaging in HIV/AIDS service. Significant quotations from interview respondents are used to support the findings of this study, as is typical of qualitative research. The respondents are active participants in this work, and their words construct the knowledge and reality of the study.

The first finding of the study is that stigma creates significant barriers and complications for service delivery to the Latino community. Every interview respondent reported this in their interviews. Stigma created complications in three broad categories: language and representation, immigration issues, and women’s health. The issue of stigma is also cited in the policy papers reviewed for this study, and significant funding is being allocated to try to overcome the issue of stigma.

The second finding is that existing policy regulations on grant funding often complicate service delivery. Many of the regulations addressed in policy encourage collaboration, but create zones and territories for service. Policy also prioritizes certain groups and locations over others, which leads to issues with grant availability and competition for funding.

The third finding of the study is that despite some of these barriers, nonprofit organizations are innovating to overcome barriers between themselves and the Latino

community. They are building networks in spite of territorial restrictions to create continuums of care for their clients. All of the organizations have developed in-house strategies and operational differences to contend with the challenges that arise on a daily basis. Often times they are not aware that they are innovating, as their creativity stems from a necessity to meet their stated mission.

Finally, the fourth finding is that volunteers are not used in the way that was assumed prior to these interviews. The literature reports the effectiveness of volunteer led, community health worker and promatora programs in other parts of the United States. In Texas, these programs are not as present due to liability and insurance issues. Only one organization reported to using their own in-house community health workers. The other organizations stated that if they are used, they are contracted to outside organizations that are responsible for mitigating their own liability. Volunteers are otherwise only used for physical labor activities as needed.

Chapter 6 : Discussion

Discussion

The purpose of this study is to explore the state of HIV/AIDS service delivery by nonprofit organizations to Latinos in four areas of the state of Texas: Dallas-Fort Worth, the Houston metropolitan area, East Texas, and the Rio Grande Valley. Seventeen respondents from twelve organizations participated in interviews and provided insight into the HIV/AIDS epidemic and how they are coping with and innovating to address this crisis.

Data was coded, analyzed, and presented based on the research questions, and organized into broad themes, and subcategories based on the Qualitative Content Analysis framework discussed in the methodology chapter. This study was based on three research questions:

1. How can critical race theory affect the process of innovation in service delivery to Latinos by nonprofit HIV/AIDS organizations in Texas?
 - a. What is the role of culture and language in providing culturally relevant education and outreach strategies?
2. What policies and practices are being implemented by nonprofit organizations that serve the Latino community to educate them about HIV/AIDS?
3. How can nonprofit organizations utilize social innovation to develop improved service delivery methods that engage and increase participation by the Latino community?
 - a. Where do opportunities for social innovation exist?

These questions were investigated and satisfied by the findings in the previous chapter. The data shows that Latinos face significant barriers when seeking the services of nonprofit organizations, and the stigma associated with a positive HIV diagnosis is complicated further by culture,

language, immigration status, and a general lack of understanding on how to engage the community. As new diagnoses increase among Latinos in Texas, nonprofit organizations must continue to increase their cultural competency about the community and innovate in methods of outreach to enroll Latinos into trusting relationships.

Analytic Categories

The purpose of this chapter is to analyze and interpret the findings of this study. This chapter is structured around three significant analytic categories:

- The relevance of critical race theory (CRT) and Latino Critical theory (LatCrit) principles to contextualizing culture and language in an effort to reduce stigma around HIV/AIDS (Research Question 1 and 1a).
- The ways that current HIV/AIDS policy can impair the abilities of nonprofits to sufficiently engage and address issues within the Latino community (Research Question 2).
- The role of social innovation in overcoming barriers to service delivery and creating trust in Latino communities (Research Question 3 and 3a).

This chapter will illustrate how the experiences and observations of the respondents tie together to foster a better understanding of the state of HIV/AIDS service. Throughout the interviews, common threads and issues emerged among all of the respondents, barriers and problems encountered due to the nature of their work. These common themes often contradict the current understanding of HIV/AIDS services among the Latino community in the literature. Many of the cultural aspects of the Latino community that complicate service delivery were confirmed and expanded on in the context of this study, but the literature presented community health

worker/promotora programs as solutions with little complication. The data shows that issues of liability and privacy make these programs risky and potentially expensive for nonprofit organizations to engage in unless they have significant funds available. Much of the literature also predates the current political climate under the Trump administration, which many of the organizations reported making their work much harder. In this moment, these organizations are also fighting two epidemics, HIV and COVID-19, which has complicated their service delivery even more than under more normal circumstances. The experiences of organizational innovation go beyond the current literature to show how people on the frontlines of the epidemic are working in ways that have not yet been studied such as concepts of cultural humility, integration of culture and traditions into service delivery, and increased social media innovations that target phone usage directly. This study takes into consideration current knowledge, and uses the experiences of those working in this field, to expand on what is known, and to share new ideas to possibly create new practices among HIV/AIDS service nonprofits.

Analytic Category 1: The relevance of critical race theory (CRT) and Latino critical theory (LatCrit) principles to contextualizing culture and language in an effort to reduce stigma around HIV/AIDS.

The first research question and sub-question investigates how CRT and LatCrit principles could foster a better understanding of the Latino community and result in improved service delivery practices among nonprofits. The utilization of these theories is not always a conscious one on the part of nonprofit actors, as practitioners are not always aware of the theoretical implications of their work. CRT and LatCrit frameworks help those in the academe organize and proliferate this information. Parker and Lynn (2002) have stated that CRT methods help

understand societal issues from the perspective of marginalized people, and it prioritizes their perspectives in an effort to better understand them. It could be said that CRT and LatCrit function like a key to open a door of understanding. One must be able to understand the problems facing a marginalized group before they can create solutions. “I think what will be beneficial is understanding” (HOU5.012). One of the interview respondents, HOU1.008, spoke about the concept of “cultural humility” and how many of the trainings they are engaging in are embracing this concept. To embrace the idea that one does not know something and humble oneself to learn is at the core of CRT. Aléman (2009) states that this level of respect, when given to marginalized groups in society, can create liberation. This aligns with the conceptual model proposed in the methodology chapter. CRT and LatCrit create a process where information can

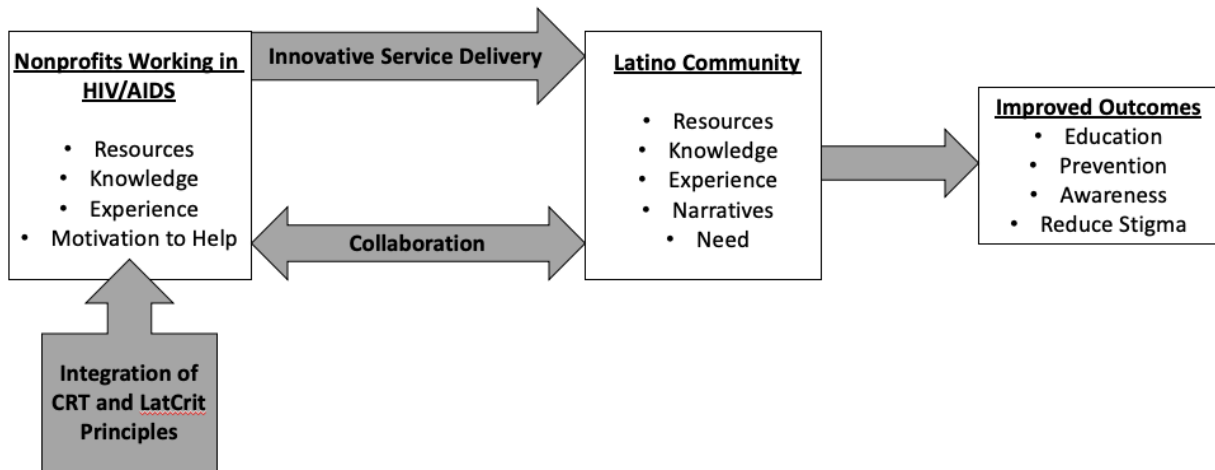


Figure 6: Conceptual Model, CRT and LatCrit Principle Integration for Innovative Service Delivery

be exchanged among those serving the community and the community itself. The Latino community must be a partner in developing solutions that are appropriate for themselves. This

exchange fosters trust. Two of the respondents, DFW2.004 and HOU4.011, spoke directly to this issue. They stated that Latinos in Dallas-Fort Worth and Houston felt like their voices were not respected because they did not have a “seat at the table” where decisions were being made. The existing federal policy on the Ryan White Planning Councils require that members be stakeholders, such as being HIV positive and from the area being served, but there are no racial requirements that guarantee Latinos a seat at the table. This further marginalizes them within a group already marginalized by their gender, sexuality, and HIV positive status. Solorzano and Bernal (2001) state that understanding oppression and marginalization creates opportunities for societal and individual transformation. Latinos need to be where decisions are being made, or they may be resistant if they believe decisions are being made for them. The interview respondents were aware of this. Some of the problem can be attributed to not being invited to the table, while stigma over being identified can also keep Latinos from assuming greater roles in the realm of decision-making.

CRT and LatCrit principles also foster an understanding of the causes of stigma within the Latino community. Latinos deal with issues of “language, immigration, ethnicity, culture, identity, phenotype, and sexuality” (Solorzano & Bernal, p. 311, 2001) in ways that are not the same experiences of other ethnic and racial groups. Many of the respondents spoke about this, and a prominent theme that emerged was fear. Fear of deportation, fear of family estrangement, fear of judgment, and fear of isolation. The policies from all levels of government are providing funding to combat stigma, but in a very general sense. Stigma goes beyond an HIV positive diagnosis. With Latinos, especially those who are undocumented, stigma permeates their existence. The current political climate of the United States encourages further stigmatization of Latinos through racism and xenophobia. This climate suppresses if and when Latinos are open to

accepting help with social problems. As new infections increase among the Latino community, this issue will inevitably affect more and more people outside of just this group. The HIV epidemic transcends all boundaries.

All of the interview respondents are aware of the significance of understanding the culture of the Latino community, and how it is vital in trust building and service delivery. Aléman (2009) states that Latino identities are epistemologies unto themselves, and greater understanding fights against destructive behavior and racial stereotypes. Nonprofit organizations and government could use CRT and LatCrit principles as an engine to generate practices that combat stigma and increase program utilization, but it will require a deeper and more concerted effort to understanding the community than what is now in practice. Fighting stigma will take more than just Spanish language translation and flyers about available programs. It will require organizations and professionals that are ready to take on the burden of an entire group of people and invest in the betterment of their lives. Building trust with the Latino community is a significant step to combating the stigma around HIV/AIDS and the other significant issues that come along with it. It will require the investment of time and money to create new ways of serving Latinos.

One of the goals of this study was to compare the differences in service delivery in the urban areas of Texas, Dallas-Fort Worth and Houston, to the rural areas, East Texas and the Rio Grande Valley. This dichotomy was not as distinct as anticipated, and rather the biggest differences were between areas with a greater Latino population, Houston and the Rio Grande Valley, and those that prioritized other racial and ethnic groups, Dallas-Fort Worth and East Texas. In Houston and the Rio Grande Valley, Latinos were a priority due to the density of the

population and proximity to the US-Mexico border. These areas also reported higher concentrations of newly arriving immigrants.

“Just to take you back a little bit, 2 years ago, there was an exodus, a bunch of brothers and sisters crossing the border through Mexico. They made Houston their homes. So, we saw an increase in Latinos accessing the services that we have” (HOU5.012)

These two areas of Texas reported dealing with issues of documentation and immigration more often than the Dallas-Fort Worth and East Texas area. This is not to suggest those areas do not also encounter the same issues, but due to the high concentration of newly arriving immigrants in Houston and the Rio Grande Valley, these aspects of Latino life are more addressed by organizations in these areas. This preparedness also exemplifies an understanding of the barriers and difficulties faced by the Latino community, and these are integrated into the programs and services offered in these areas. While unconscious, it is an integration of CRT and LatCrit principles into service delivery. Houston especially seemed to be the most prepared and equipped to respond to the unique problems faced by Latinos living with HIV/AIDS due to their prioritization of Latino identity and by having Latino led and focused organizations.

Organization RGV1 in the Rio Grande Valley was also very equipped and knowledgeable of the issues facing the Latino community, but what they were lacking are networks of other organizations to collaborate with to address HIV/AIDS and the other societal issues it can create. RGV1 was the organization that provided the bulk of the services in the Rio Grande Valley, with some contributions from other community based organizations whose expertise was not in HIV/AIDS but rather other areas such as LGBTQ+ identities or religious organizations. By comparison, Houston has decades of coalition building and collaboration among organizations that have been active in the area since the 1980s and 1990s. Their Ryan White Planning Council

demands networks of collaboration, and many of the organizations have been working in the Latino community for 20-30 years. They have established the trust that is necessary to engage and enroll Latinos in their programs and services. Many of the organizations that are trusted in the Latino community collaborate with others in an effort to lend their credibility to organizations that may have more money and resources to help the community. These relationships are built to accomplish the organizational missions of providing services to as many people as possible, with a prioritization of Latinos up front.

Dallas-Fort Worth and East Texas are still working to get to where Houston and the Rio Grande Valley are currently. In DFW and East Texas, African Americans are prioritized through grants and operations. Many of the organizations interviewed reported having trouble accessing funding solely for Latinos. DFW2 stated that they often have to make choices between meeting grant requirements or serving populations that do not fall within those requirements.

Organization DFW1 just completed a Special Program of National Interest called Viviendo Valiente to research the DFW area Latino community and develop new ways of engaging them in HIV/AIDS services, so progress is happening. The East Texas organizations do not seem to fully understand how to reach Latinos, or even that they are present in their service areas. Group ET1 did not believe Latinos constituted a significant portion of their local population, yet statistics say otherwise. Latinos are present, and they are in need of better methods of outreach to the community. Organizations in Dallas-Fort Worth are working to prioritize Latinos, they seem to be encountering barriers in funding and policy.

Analytic Category 2: The ways that current HIV/AIDS policy can impair the abilities of nonprofits to sufficiently engage and address issues within the Latino community.

Current policy was reviewed to contextualize the regulations and priorities of government that currently dictate how organizations receive funding and deliver services. Policy does not always take into account issues of culture and identity. They address it on a superficial and statistical level without truly diving into how these factors affect the success of delivering services to the Latino community. Existing policy demonstrates that the government is aware that HIV/AIDS is a more significant problem in communities of color, but it places very little emphasis on understanding how culture and identity contribute to increasing diagnoses. CRT and LatCrit principles can help both governments and organizations navigate the complexities of culture and stigma, but it will have to be prioritized through funding and practice. Many of the organizations interviewed reported that they felt constrained by grant requirements that focus on specific locations or populations, and this prevented them from investigating how they could better serve Latino communities. Organizations in Dallas, Houston, and East Texas reported that the bulk of available funding is for African Americans and MSM. This complicates serving Latinos as culture and stigma contribute to a lack of identifying as MSM, gay, or bisexual. DFW2, HOU2, and HOU3 reported how some male Latinos will engage in sex work as a means of survival, which is more likely among those who are undocumented. So, they are engaging in MSM activity, but do not identify or report themselves as such. This complicates serving these individuals and including them in numbers that satisfy grant requirements. Many of the organizations reported bending regulations to accommodate these individuals, or disregarding the requirements altogether in favor of serving these Latino men. It would be beneficial for organizations not to have to make these kinds of compromises to deliver services.

Many of the respondents also reported complications in serving Latinas. Grants and medical institutions do not recognize women as a group in need of HIV/AIDS services, and the policy reviewed does not reflect the rising diagnoses among Latinas.

“But with the women, with the Latina women, that's the only number that is low but is steadily going up. So, it's not really going down. There's no steady line for when it comes to Latina women” (RGV1.017).

Both the literature reviewed for this study and interviews confirmed this to be true. There are a few factors that contribute to this rise in Latinas being diagnosed with HIV: machismo culture, survival practices, and sex work. The respondents confirmed many Latinas are not aware they are at risk for HIV, and they find out while being examined for other issues or due to finding out about relationship infidelity (Brooks et al. 2005; Chen, Meyer, Bollinger & Page 2012; Dang, Giordano & Kim 2011; Rios-Ellis et al. 2007). This study does not want to frame Latinos in a negative light due to these practices, and as stated before does not stigmatize sex work. Often times these practices are born out of necessity and survival. This is why policy that prioritizes female health and HIV could have a significant effect on decreasing new diagnoses among Latinas by simply educating them about the risks they face. HOU2 and HOU3 spoke on how many immigrants come to the United States with no education on HIV or STIs, yet are having to engage in sex practices that put them at risk. Policy and funding that prioritizes women and HIV is needed for organizations to provide female focused programs and services.

Existing policy also creates boundaries for the purposes of funding that complicate service delivery. A majority of the organizations and respondents reported issues of a “turf” mentality. This seemed to be more common in DFW and East Texas. When jurisdictions converge, there can be territorial issues over grants and funding. DFW2 reported that they felt

constrained in where they could provide services and place offices in the DFW area. The practices in DFW and East Texas do not seem to encourage collaboration outside of their jurisdictions in the same way Houston and the Rio Grande Valley do. The Ryan White Planning Council and HIV Task Force of Houston require that organizations seeking funding in their service area make commitments to collaboration before being awarded grants. While RGV1 is the primary organization providing HIV services in the Rio Grande Valley, their service area also converges with San Antonio and Laredo. RGV1.017 stated that they have friendly relationships with those regions and often serve clients from those jurisdictions due to the ease of access to the Rio Grande Valley over the other areas. Immigration checkpoints in South Texas can restrict travel for the undocumented, so they prioritize their health over satisfying grants requirements. DFW and East Texas do not appear to encourage collaboration outside of their jurisdictions in the same manner. The South Texas organizations seem to have more leeway in accomplishing their mission than the organizations in North and East Texas.

Analytic Category 3: The role of social innovation in overcoming barriers to service delivery and creating trust in Latino communities.

Another goal of this study was to examine social innovation happening in the HIV/AIDS service delivery to Latinos in Texas. Whether conscious or unconscious, the majority of the organizations interviewed are innovating in significant ways to better serve the Latino community. These nonprofit organizations understand that they have an essential role in reducing new diagnoses and assisting those who are HIV positive, and their innovation ensure the field is keeping up with the changes happening in Texas (Jaskyte & Dressler 2005; Langer & LeRoux 2017; Shier & Handy 2014; Wit, Mensink, Einarsson & Bekkers 2017; Shier & Handy

2019; Shier, Handy & Jennings, 2019). Shier and Handy (2016, p. 112) define social innovation as new ideas with the potential to improve the “macro-quality or quantity of life.” Social innovation also includes “creation of a product, process, or idea, and its diffusion” (Westley, Antadze, Riddell, Robinson & Geobey, p. 234, 2014). This study discovered that what these organizations are doing meets these definitions of social innovation. Despite the barriers encountered due to policy regulations, stigma, culture, and other issues, nonprofit organizations seem to be committed to serving anyone who needs their help regardless of immigration status, language barriers, and other complicating barriers.

Houston and the Rio Grande Valley seem to be innovating more comprehensively for Latinos due to the concentrations of the population and necessity. Houston especially has developed a very comprehensive continuum of care and networks of resources. Their Ryan White Planning Council reinforces and encourages innovation by demanding collaboration and prioritizing the Latino identity. This collaboration is mandated by policy, which begs the question of why it is not as present in Dallas-Fort Worth and East Texas? This is a topic that could be addressed in future research. The creation of citywide networks of servicing organizations creates a safety net where no one organization is shouldering all of the responsibility on their own. Nonprofit organizations are open to sharing both their credibility and resources with one another to accomplish their mission of treating those living with HIV and to work to reduce new diagnoses. The Houston service area is very large, encompassing 11 counties, so it would be unlikely that a few organizations could meet all of those needs. The planning council ensures that organizations are committed to networking before they receive funding. All of the organizations interviewed in Houston spoke very highly of the other groups working in the area and reported working relationships that often were decades old. They knew

which organizations had the trust of Latino communities, and when working on outreach to Latinos they partnered with those organizations due to their connections and trust. In Houston, innovation was present that was not apparent in the other areas. It ranged from understanding the importance of language and undocumented status to creating safe spaces built on Latino culture that welcomed people with food and comfort like at an individual's home. These spaces are integral to creating trust with Latinos that may be further marginalized by immigration status, homelessness, food insecurity, or a myriad of negative social health determinants. There were signs that a majority of these organizations in the Houston metropolitan area and the Rio Grande Valley seem to understand the nuance of Latino culture in a way that was not as present in Dallas-Fort Worth or East Texas. This innovation is born out of continual connection and engagement with the served community that allows the organizations to be responsive to the changing needs of Latinos (Shier & Handy, 2015). These connections can lead to changes in behaviors, attitudes, and improved health outcomes for the community as a whole (Cajaiba-Sanata, 2014).

This study does not want to imply that innovation is not happening in the other areas studied. There are motivated individuals working to create change in Dallas-Fort Worth and East Texas. These areas reported more barriers to innovation due to lack of funding availability and competition. All of the areas studied are making progress, as all of them are already addressing issues like language, representation, immigration issues, and more through their services. They are having to generate innovation in defiance of grant requirements that constrain what they are capable of doing. In Dallas-Fort Worth respondents reported innovation such as IV drug use needle programs, a Condom of the Month Club, peer outreach groups targeted towards youth, and Programs of National Significance to better understand Latinos. Much of this is

accomplished despite grant regulations. RGV1 in the Rio Grande Valley prioritizes Latinos, as they report they make up 90% of the population that utilizes their services. RGV1 also contracts out community health workers and is consistently providing trainings for them, they are just not a part of the organization itself. They were one of the only groups doing this type of training in all the areas studied. The most significant difference in the areas outside of Houston was the lack of collaboration with other organizations in their respective regions. In East Texas there was a significant lack of awareness about the presence of Latinos and the HIV epidemic. It did not seem to be a priority for them, as they were more focused on other health issues such as diabetes and the Latino community. Nonprofits must understand the context of the problem they are working with before they can create new systems and institutions (Cajaiba-Sanata, 2014). With time, these organizations can improve as they increase their understanding of the environment in which they are operating. HIV is in all of these regions, two of them are designated as priority areas in the Trump administration's *Ending the HIV Epidemic* policy. Freedom to integrate new ideas, teamwork, and ability to challenge the status quo are necessary for organizations to engage in social innovation, as well as having competent leadership that allows for such behavior (Jasktye & Dressler, 2005). All of these components are present in the organizations that participated in this survey, and innovation is happening in Texas.

Chapter 7 : Conclusion

Conclusion

HIV is increasing in Latino communities across the state of Texas. Nonprofit organizations are on the frontline of fighting the epidemic, and innovation in servicing the Latino community is vital for reducing diagnoses (Jaskyte & Dressler 2005; Langer & LeRoux 2017; Shier & Handy 2014; Wit, Mensink, Einarsson & Bekkers 2017; Shier & Handy 2019; Shier, Handy & Jennings, 2019). The funds are available to fight HIV, but money alone will not solve this problem.

The program and services offered by HIV nonprofits must reflect the community they serve. CRT and LatCrit are methods of examining the world from the perspective of groups that have been marginalized (Parker & Lynn, 2002). Integration of these principles can create change in how service organizations see the communities they serve. Interventions are not a one size fits all situation. They must be tailored to the people themselves. Stigma, fear, and misunderstanding are very prevalent among Latinos and HIV, and a better understanding of this can create new solutions to an epidemic that is not showing signs of slowing down.

Policy Recommendations

All of the organizations in this study are making significant strides in serving the Latino community and helping them cope with HIV/AIDS. The majority of the constraints reported were due to funding and policy. Some reform in how this process works could make innovation and service delivery less complicated than it is currently. The Trump administration's *Ending the HIV Epidemic* policy has contributed significant amounts of funding to trying to end the epidemic, but it could benefit from some changes.

Table 17: Policy Recommendations

Policy Change	Focus	Possible Outcomes
1. Increased funding for Special Projects of National Interest	<ul style="list-style-type: none"> Regional projects focused on local Latino communities 	<ul style="list-style-type: none"> Better understanding of cultural differences Generate policy and innovation based on the feedback of a local community Knowledge creation that can benefit all working in the field
2. Restructuring of grant and funding regulations	<ul style="list-style-type: none"> Reduce funding category restrictions such as race, MSM status, and gender 	<ul style="list-style-type: none"> Open availability of funding to be used on all classifications of populations Reduces burden on nonprofit organizations to meet quotas Reduce rule breaking out of necessity to deliver services
3. Reduce stigmatizing government practices	<ul style="list-style-type: none"> All levels of government implement policy that does not punish those seeking help and treatment 	<ul style="list-style-type: none"> Allows marginalized communities to seek help Reduce fear and stigma Increase knowledge of HIV and available treatment/prevention Increase number of individuals seeking services Address HIV at earlier stages of the condition

First, more funding is needed for Special Programs of National Interest like the Viviendo Valiente program in Dallas-Fort Worth. Cajaiba-Santana (2014) states that innovation happens when institutions understand the cultural and historical context of how problems affect communities. Viviendo Valiente was a large scale effort to understand the culture and behaviors of Latinos in Dallas-Fort Worth who are at risk of contracting HIV. The respondents from DFW1 reported that this project helped them better understand their local community. These types of exploratory programs could benefit organizations statewide, especially those that are not as connected to their local Latino community or aware of their presence. Investment in understanding that not all Latinos are the same is also needed, and many of the organizations interviewed reported this as an issue. Such programs could be a catalyst for innovation and change by fostering a better understanding of the Latino community. Social innovation is built

on knowledge (Kong, 2015). Some of the organizations in East Texas and the Dallas-Fort Worth region still have much work to do on understanding where the community is and who they are in terms of needs. Special Projects of National Interest like *Viviendo Valiente* can help nonprofit organizations assess and understand their clientele and their needs much better. There were organizations in East Texas that did not even know that Latinos were present in their region, let alone what services they may need. They did not perceive Latinos to even be at risk for HIV or engaging in high-risk behavior. Some organizations felt that simply having materials in Spanish or having Spanish speakers was enough to meet the community needs. These assertions show room for growth and a need for innovation in how the organizations are delivering their services. These areas could benefit from conducting their own programs like *Viviendo Valiente* to better understand who they should be serving.

Second, organizations could benefit from a restructuring of the regulations that control funding. Many of the respondents stated that they had trouble accessing funding that prioritized the Latino community, especially women and men who do not identify as MSM. This lack of availability can limit what services organizations are able to provide, or require them to serve individuals without grant compensation. Edwards-Schachter, Matti, and Alcantara (2012) state that innovation happens by reaching new people by fostering collaboration and information exchange across organizational and cultural boundaries. These grant limitations have a stifling effect on crossing regional boundaries. If Dallas-Fort Worth and East Texas were able to collaborate with Houston and the Rio Grande Valley, together they could develop improved programs for Texas as a whole. These current regulations do not allow for or encourage this kind of statewide collaboration, and rather partition organizations to their respective regions. One of the requests that kept arising in interviews was a desire for information sharing across the field,

yet many of the organizations did not know how to tap into that resource. Groups limited by other circumstances will explore familiar spaces for new resources, and they typically are education, information, and services in their surrounding area (Latkin et al., 2013; Malik, 2014; Takahashi & Magalong, 2008; Takahashi & Magalong, 2012). Encouraging statewide collaboration could build networks that do not already exist, and ensure that all nonprofit organizations are prepared and understanding when the Latino community comes to them for help.

Finally, policy is needed that does not further stigmatize aspects of the Latino identity, such as being undocumented. Fear and stigma is a problem that current policy has stated it wants to prioritize, but these causes of fear and stigma are not the same across the board. Vulnerable populations seek outside resources to meet their emotional and material needs, and organizations seeking to welcome those groups at that moment must accept them along with experiences of stigma, exclusion, and discrimination (Latkin et al., 2013; Malik, 2014; Takahashi & Magalong, 2008; Takahashi & Magalong, 2012). As stated before, HIV does not respect boundaries like borders, race, or documented status, so addressing it in a way that does not make groups of people fear seeking help is beneficial to the state and country as a whole. Houston has taken steps as a sanctuary city to try and assure undocumented immigrants that they will not be punished for seeking help, but this is occurring on the backdrop of state and federal policy and rhetoric that can contradict those local messages. Federal and state policy could benefit from language to assure organizations and individuals they will not face detrimental consequences for seeking treatment for HIV.

Theoretical Implications

Critical Race and Latino Critical Theory address the marginalization of people due to an imbalance of power, which in turn leads to a societal structure that perpetuates a cycle of further marginalization (Parker & Lynn, 2002). These frameworks prioritize and confront this societal structure directly as a means to examine the real effects race, gender, class, and sexuality can have in creating problems for entire groups of people (Fernandez, 2002). They explore the world of the marginalized to create knowledge about their real lived experiences, and in the case of this study, the organizations trying to serve people despite these conditions to create liberation (Alemán, 200). Kong (2015) states that social innovation is built on knowledge. Before organizations can create solutions, they need to understand the lived experiences of the communities they serve. The way marginalized people experience society changes rapidly, such as when a new administration comes into power. Innovation can keep up with change, but it must be responsive to these changes (Jaskyte & Dressler 2005; Langer & LeRoux 2017; Shier & Handy 2014; Wit, Mensink, Einarsson & Bekkers 2017; Shier & Handy 2019; Shier, Handy & Jennings, 2019). Innovation developed through the lens of CRT/LatCrit can create solutions that respond directly to the social problems facing the Latino community that are informed by information and knowledge gained through listening to the narratives of the people. Constant innovation is needed to stay current on the needs that are presenting themselves. Social innovation creates social change through interaction and engagement with the served community, and CRT/LatCrit functions as a window into the lives of real Latinos, from which knowledge can be derived and operationalized to possibly create improvements in the circumstances of those living with or at risk for HIV (Shier & Handy, 2015). Cajaiba-Sanata (2014, p. 44) states that social innovation “changes in attitudes, behavior, or perceptions,

resulting in new social practices” but innovation needs to be guided by principle that results in changes that are relevant to the group being examined. CRT and LatCrit provide those principles. Building innovation on these principles creates new practices that can be shared in the field of nonprofit service delivery to address the growing problem of HIV in the Latino community. Westley et al (2014) states that social innovation creates products and processes that can be replicated and disseminated throughout the field. Much of what the organizations meet these definitions of social innovation. If barriers between regions were not as prevalent, these practices could be shared widely to create change, and create a better understanding of social innovation truly is.

CRT/LatCrit principles function as a guide or focus for innovation. Just innovating for the sake of doing so, or to keep funding, does not truly help nonprofit clients. Innovation needs to be guided by principle. This ensures that the products and processes created through social innovation are targeted at helping people. Understanding a group’s culture and place in society allows for the creation of services tailored to their specific needs. There are some instances where services created for a broad audience will work as intended, but the existing data on Latinos shows that is not the case for this community. In this instance, innovation needs to be informed and guided in a way that responds directly to their unique needs and complications. These theories function hand-in-hand to accomplish this goal.

Limitations

This study was conducted during the global COVID-19 pandemic. The pandemic made connecting with organizations difficult. Many of the organizations that were contacted for interviews were preoccupied with how they were going to cope with the effects of the pandemic

on their staff and services. Due to this, less organizations chose to participate in this study than anticipated. More interviews and experiences could bolster the claims made in this study, but they remain significant. As a result of the pandemic, many nonprofit organizations shifted from their core mission to accommodating other needs such as food scarcity, rent assistance, unemployment, and more. The effects of the pandemic have caused a significant disruption to the way nonprofits are operating and accomplishing their stated mission. This is not to imply judgment on the actions of these organizations, their responsiveness to COVID-19 was a necessity at this time.

In addition, this study was conducted by a person of Chicano/Latino heritage. Some may state that this is a limitation, as it can produce bias. This study does subscribe to this point of view, and in critical research a person's identification with the subject of the study can be a source of strength. To conduct research on one's own community is to advocate for them in a society that marginalizes them. Critical research addresses this as a strength, as it is impossible to eliminate bias in any research. In the vein of post-positivism, knowledge is socially constructed at its time and place, based on the people's experiences, and therefore there is no true way to remove oneself from the time and place in which that knowledge is constructed. To believe this is possible is a fallacy.

Future Research

This study is the first step of a research agenda. I hope to expand this investigation of social innovation in HIV/AIDS focused nonprofits statewide. Texas is a very large state, so there are other metropolitan and rural areas not included in this study that need to be investigated. Austin, San Antonio, and El Paso all have large population of Latinos, as well as West Texas and

the Panhandle. These areas will need to be included in future research to get a comprehensive understanding of the state of Texas. I would like to revisit some of the organizations this study attempted to engage once the threat COVID-19 has reduced statewide, in a hope to interview more nonprofits in the four areas included in this study.

Works Cited

- Alemán, E. (2009). Latcrit Educational Leadership and Advocacy: Struggling Over Whiteness as Property in Texas School Finance. *Equity & Excellence in Education, 42*(2), 183–201.
- Alvarez, C. R., Odem, S., Sears, S., Vaaler, M., Mgbere, O., & Barahmani, N. (n.d.). *Assessing Internalized Stigma among People Living with HIV Receiving Medical Care in Texas*(United States, Texas Department of State Health Services, Houston Health Department).
- Alvarez, M. E., Jakhmola, P., Painter, T. M., Taillepierre, J. D., Romaguera, R. A., Herbst, J. H., & Wolitski, R. J. (2009). Summary of Comments and Recommendations from the CDC Consultation on the HIV/AIDS Epidemic and Prevention in the Hispanic/Latino Community. *AIDS Education and Prevention, 21*(supplement b), 7–18.
- Amaro, H., Vega, R. R., & Valencia, D. (2001). Gender, Context, and HIV Prevention among Latinos. In *Health Issues in the Latino Community*. Hoboken, NJ: John Wiley & Sons.
- Arya, M., Huang, A., Kumar, D., Hemmige, V., Street, R. L., & Giordano, T. P. (2018). The Promise of Patient-Centered Text Messages for Encouraging HIV Testing in an Underserved Population. *Journal of the Association of Nurses in AIDS Care, 29*(1), 101-106.

- Askim-Lovseth, M. K., & Aldana, A. (2010). Looking Beyond “Affordable” Health Care: Cultural Understanding and Sensitivity—Necessities in Addressing the Health Care Disparities of the U.S. Latino Population. *Health Marketing Quarterly*,(27), 354-387.
- Bernal, D. D. (2002). Critical Race Theory, Latino Critical Theory, and Critical Raced-Gendered Epistemologies: Recognizing Students of Color as Holders and Creators of Knowledge. *Qualitative Inquiry*, 8(1), 105–126.
- Biddle, C., & Schafft, K. A. (2014). Axiology and Anomaly in the Practice of Mixed Methods Work. *Journal of Mixed Methods Research*,9(4), 320-334.
- Bixler, R. P., & Springer, D. W. (2018). Nonprofit Social Capital as an Indicator of a Healthy Nonprofit Sector. *Nonprofit Policy Forum*,9(3).
- Brooks, R. A., Etzel, M. A., Hinojos, E., Henry, C. L., & Perez, M. (2005). Preventing HIV Among Latino and African American Gay and Bisexual Men in a Context of HIV-Related Stigma, Discrimination, and Homophobia: Perspectives of Providers. *AIDS Patient Care and STDs*,19(11), 737-744.
- Brown, W. A., Andersson, F. O., & Jo, S. (2015). Dimensions of Capacity in Nonprofit Human Service Organizations. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*,27(6), 2889-2912.

Bryce, H. J. (2006). Nonprofits as Social Capital and Agents in the Public Policy Process: Toward a New Paradigm. *Nonprofit and Voluntary Sector Quarterly*, 35(2), 311-318.

Cajaiba-Santana, G. (2014). Social innovation: Moving the field forward. A conceptual framework. *Technological Forecasting and Social Change*, 82, 42–51.

Centers for Disease Control AtlasPlus - Tables. (n.d.). Retrieved February, 2019, from <https://gis.cdc.gov/grasp/nchhstpatlas/tables.html>

Centers for Disease Control: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2017). Division of HIV/AIDS Prevention Strategic Plan 2017-2020. Washington, DC. Retrieved from <https://www.cdc.gov/hiv/pdf/dhap/cdc-hiv-dhap-external-strategic-plan.pdf>

Chen, A. C., Lightfoot, M., Szalacha, L. A., & Lindenberg, C. S. (2017). A Pilot, Web-Based HIV/STI Prevention Intervention Targeting At-Risk Mexican American Adolescents: Feasibility, Acceptability, and Lessons Learned. *GSTF Journal of Nursing and Health Care*, 4(2), 86-92.

Chen, N. E., Meyer, J. P., Bollinger, R., & Page, K. R. (2012). HIV Testing Behaviors Among Latinos in Baltimore City. *Journal of Immigrant and Minority Health*, 14(4), 540-551.

- Cianelli, R., & Villegas, N. (2016). Social Determinants of Health for HIV Among Hispanic Women. *Hispanic Health Care International, 14*(1), 4–9.
- Cortés, M. (1998). Counting Latino Nonprofits: A New Strategy for Finding Data. *Nonprofit and Voluntary Sector Quarterly, 27*(4), 437-458.
- Creswell, J. W. & Creswell, J.D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. Los Angeles: Sage.
- Dallas County Health and Human Services. (2016) Dallas Eligible Metropolitan Area Integrated HIV Prevention and Care Plan, CY 2017-2021. Dallas County, Texas. Retrieved from www.dallascounty.org
- Dang, B. N., Giordano, T. P., & Kim, J. H. (2011). Sociocultural and Structural Barriers to Care Among Undocumented Latino Immigrants with HIV Infection. *Journal of Immigrant and Minority Health, 14*(1), 124-131.
- Davila, J. A., Miertschin, N., Sansgiry, S., Schwarzwald, H., Henley, C., & Giordano, T. P. (2012). Centralization of HIV services in HIV-positive African-American and Hispanic youth improves retention in care. *AIDS Care, 25*(2), 202–206.
- Delgado, M. (2007). *Social work with Latinos: A cultural assets paradigm*. New York: Oxford University Press.

De Santis, J. P., Provencio-Vasquez, E., Mata, H. J., & Martinez, J. (2016). Depression and Co-Occurring Health Determinants of Latino Men With HIV Infection in the U.S.-Mexico Border Region: A Pilot Study. *Journal of Social Service Research*, 42(3), 305-312.

De Santis, J. P., Provencio-Vasquez, E., McCabe, B., & Rodriguez, R. A. (2012). Predictors of HIV Knowledge Among Hispanic Men. *Hispanic Health Care International*, 10(1), 7–17.

Duriau, V. J., Reger, R. K., & Pfarrer, M. D. (2007). A Content Analysis of the Content Analysis Literature in Organization Studies: Research Themes, Data Sources, and Methodological Refinements. *Organizational Research Methods*, 10(1), 5-34.

Edwards-Schachter, M. E., Matti, C. E., & Alcántara, E. (2012). Fostering Quality of Life through Social Innovation: A Living Lab Methodology Study Case. *Review of Policy Research*, 29(6), 672–692.

End HIV Houston. (2016). Roadmap to Ending the HIV Epidemic in Houston. Houston, Texas. Retrieved from <http://endhivhouston.org>

Ennis, S. R., Vargas, M. R., & Albert, N. G. US Census Bureau, 2010 Census Briefs. (2011). *The Latino population: 2010* (C2010BR-04). Retrieved from US Census Bureau website: <http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>

- Erausquin, J. T., Duan, N., Grusky, O., Swanson, A., Kerrone, D., & Rudy, E. T. (2009).
Increasing the Reach of HIV Testing to Young Latino MSM: Results of a Pilot Study
Integrating Outreach and Services. *Journal of Health Care for the Poor and
Underserved*, 20(3), 756-765.
- Fernández, L. (2002). Telling Stories About School: Using Critical Race and Latino Critical
Theories to Document Latina/Latino Education and Resistance. *Qualitative Inquiry*, 8(1),
45–65.
- Flores, Y. (2017). Latino farmworker activism in Vermont: Migrant Justice/Justicia
Migrante. *Latino Studies*, 15(4), 516-521.
- Flyvbjerg, B. (2011). 17. Case Study. In *The SAGE Handbook of Qualitative Research* (4th ed.,
pp. 301–316). Thousand Oaks, CA: SAGE Publications Inc.
- Freeman, R., Gwadz, M. V., Silverman, E., Kutnick, A., Leonard, N. R., Ritchie, A. S.,
Martinez, B. Y. (2017). Critical race theory as a tool for understanding poor engagement
along the HIV care continuum among African American/Black and Hispanic persons
living with HIV in the United States: a qualitative exploration. *International Journal for
Equity in Health*, 16(1).

Gant, Z., Dailey, A., Hu, X., & Johnson, A. S. (2017). HIV Care Outcomes Among Latinos or Latinos with Diagnosed HIV Infection — United States, 2015. *MMWR. Morbidity and Mortality Weekly Report*, *66*(40), 1065-1072.

Garcia, G. A. (2017). Defined by Outcomes or Culture? Constructing an Organizational Identity for Latino-Serving Institutions. *American Educational Research Journal*, *54*(1S), 111S-134S.

García, M., & Harris, A. L. (2017). PrEP awareness and decision-making for Latino MSM in San Antonio, Texas. *Plos One*, *12*(9).

Garson, G. (2013). *Social science theory in research and dissertation writing*. (1st ed.). Asheboro, NC: Statistical Publishing Associates

Gray, K. M., Valverde, E. E., Tang, T., Siddiqi, A., & Hall, H. I. (2015). Diagnoses and Prevalence of HIV Infection Among Latinos or Latinos — United States, 2008–2013. *MMWR. Morbidity and Mortality Weekly Report*, *64*(39), 1097-1103.

Grieb, S. D., Flores-Miller, A., Gullede, N., Clifford, R., & Page, K. (2016). ¡Vive!: Designing an Intervention to Improve Timely HIV Diagnosis Among Latino Immigrant Men. *Progress in Community Health Partnerships: Research, Education, and Action*, *10*(3), 365-372.

Health Resources and Service Administration (HRSA). (2019) About the Ryan White HIV/AIDS Program. (2019, February 05). Retrieved November 05, 2020, from

<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>

Herbst, J. H., Kay, L. S., Passin, W. F., Lyles, C. M., Crepaz, N., & Marín, B. V. (2006). A Systematic Review and Meta-Analysis of Behavioral Interventions to Reduce HIV Risk Behaviors of Hispanics in the United States and Puerto Rico. *AIDS and Behavior, 11*(1), 25–47.

Hernandez, A. M., Zule, W. A., Karg, R. S., Browne, F. A., & Wechsberg, W. M. (2012). Factors That Influence HIV Risk among Hispanic Female Immigrants and Their Implications for HIV Prevention Interventions. *International Journal of Family Medicine, 2012*, 1–11.

Holloway, A. M. (2016). Suburban safety net service providers and the Latino community. *Latino Studies, 14*(3), 384-405.

Humes, K. R., Jones, N. A., & Ramirez, R. R. (2011). Overview of Race and Latino Origin: 2010. Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>

- Huang, Y., Lin, Y., & Saxton, G. D. (2016). Give Me a Like: How HIV/AIDS Nonprofit Organizations Can Engage Their Audience on Facebook. *AIDS Education and Prevention*, 28(6), 539-556.
- Hung, C. R. (2007). Immigrant Nonprofit Organizations in U.S. Metropolitan Areas. *Nonprofit and Voluntary Sector Quarterly*, 36(4), 707-729.
- Jackson, K. M., Pukys, S., Castro, A., Hermosura, L., Mendez, J., Vohra-Gupta, S., Padilla, Y., & Morales, G. (2018). Using the transformative paradigm to conduct a mixed methods needs assessment of a marginalized community: Methodological lessons and implications. *Evaluation and Program Planning*, 66, 111-119.
- Jaskyte, K. (2004). Transformational leadership, organizational culture, and innovativeness in nonprofit organizations. *Nonprofit Management and Leadership*, 15(2), 153-168.
- Jaskyte, K., & Dressler, W. W. (2005). Organizational Culture and Innovation in Nonprofit Human Service Organizations. *Administration in Social Work*, 29(2), 23-41.
- Kellerman, S., Begley, E., Boyett, B., Clark, H., & Schulden, J. (2005). Changes in HIV and AID in the United States: Entering the third decade. *Current Infectious Disease Reports*, (7), 138-143.

- Kong, E. (2015). A qualitative analysis of social intelligence in nonprofit organizations: External knowledge acquisition for human capital development, organizational learning and innovation. *Knowledge Management Research & Practice*,13(4), 463-474.
- Krippendorff, K. (2019). *Content analysis: An introduction to its methodology*. Los Angeles: SAGE.
- Lambright, K. T., Mischen, P. A., & Laramée, C. B. (2009). Building Trust in Public and Nonprofit Networks. *The American Review of Public Administration*,40(1), 64-82.
- Langer, J., & Leroux, K. (2017). Developmental Culture and Effectiveness in Nonprofit Organizations. *Public Performance & Management Review*,40(3), 457-479.
- Latkin, C. A., German, D., Vlahov, D., & Galea, S. (2013). Neighborhoods and HIV: A social ecological approach to prevention and care. *American Psychologist*,68(4), 210-224.
- López-Cevallos, D., Dierwechter, T., Volkmann, K., & Patton-López, M. (2013). Strengthening Rural Latinos' Civic Engagement for Health: The Voceros de Salud Project. *Journal of Health Care for the Poor and Underserved*,24(4), 1636-1647.
- Lundgren, L. M., & Delgado, M. (2008). HIV outreach and substance abuse treatment for Latino drug users: Implications for program planning. *Evaluation and Program Planning*,31(1), 61-63.

- Malik, A. (2014). Decolonizing Social Capital: Historically Engaging Social Capital as a Determinant of Public Health. *Health Tomorrow*, 2, 1-22.
- Martin, M., Camargo, M., Ramos, L., Lauderdale, D., Krueger, K., & Lantos, J. (2005). The Evaluation of a Latino Community Health Worker HIV Prevention Program. *Latino Journal of Behavioral Sciences*, 27(3), 371-384.
- Mata, H., Provencio-Vasquez, E., Martinez, J., & De Santis, J. (2014). HIV Risk Knowledge among Hispanic Adults in a U.S. – Mexico Border Community. *Californian Journal of Health Promotion*, 12(1), 88–94.
- McCartney, S., Bishaw, A., & Fontenot, K. US Census Bureau, American Community Survey Briefs. (2013). *Poverty rates for selected detailed race and Latino groups by state and place: 2007-2011* (ACSB/11-17). Retrieved from US Census Bureau website: <http://www.census.gov/prod/2013pubs/acsbr11-17.pdf>
- Nair, L. B. (2018). Appraising Scholarly Impact Using Directed Qualitative Content Analysis: A Study of Article Title Attributes in Management Research. *SAGE Research Methods Cases*.

- Otiniano, A. D., Carroll-Scott, A., Toy, P., & Wallace, S. P. (2011). Supporting Latino Communities' Natural Helpers: A Case Study of Promotoras in a Research Capacity Building Course. *Journal of Immigrant and Minority Health, 14*(4), 657-663.
- Parker, L., & Lynn, M. (2002). What's Race Got to Do With It? Critical Race Theory's Conflicts With and Connections to Qualitative Research Methodology and Epistemology. *Qualitative Inquiry, 8*(1), 7-22.
- Passel, J.S. & Cohn, D. (2018). US Unauthorized Immigrant Total Dips to Lowest Level in a Decade. Pew Research Center. Retrieved from www.pewresearch.org
- Passey, A., & Lyons, M. (2006). Nonprofits and social capital: Measurement through organizational surveys. *Nonprofit Management and Leadership, 16*(4), 481-495.
- Perez, S. L., & Murray, J. (2015). Latino Faces, Corporate Ties: Latino Advocacy Organizations and Their Board Membership. *Sociological Forum, 31*(1), 117-137.
- Pomeranz, J. L., & Pertschuk, M. (2019). Key Drivers of State Preemption of Food, Nutrition, and Agriculture Policy: A Thematic Content Analysis of Public Testimony. *American Journal of Health Promotion, 33*(6), 894-902.
- Portes, A., & Manning, R. D. (2013). The Immigrant Enclave: Theory and Empirical Examples. In *The Urban Sociology Reader* (2nd ed., pp. 202-213). New York, NY: Routledge.

Portillo, C. J., Villarruel, A., Siantz, M. L. D. L., Peragallo, N., Calvillo, E. R., & Eribes, C. M. (2001). Research agenda for Hispanics in the United States: A nursing perspective. *Nursing Outlook*, 49(6), 263–269.

Ransford, H. E., Carrillo, F. R., & Rivera, Y. (2010). Health Care-Seeking among Latino Immigrants: Blocked Access, Use of Traditional Medicine, and the Role of Religion. *Journal of Health Care for the Poor and Underserved*, 21(3), 862-878.

Rao, S., Seth, P., Walker, T., Wang, G., Mulatu, M. S., Gilford, J., & German, E. J. (2016). HIV Testing and Outcomes Among Latinos/Latinos — United States, Puerto Rico, and U.S. Virgin Islands, 2014. *Morbidity and Mortality Weekly Report*, 65(40), 1099-1103.

Rhodes, S. D., Alonzo, J., Mann, L., Freeman, A., Sun, C. J., Garcia, M., & Painter, T. M. (2015). Enhancement of a Locally Developed HIV Prevention Intervention for Latino/Latino MSM: A Partnership of Community-Based Organizations, a University, and the Centers for Disease Control and Prevention. *AIDS Education and Prevention*, 27(4), 312-332.

Rios-Ellis, B., Frates, J., D'Anna, L. H., Dwyer, M., Lopez-Zetina, J., & Ugarte, C. (2007). Addressing the Need for Access to Culturally and Linguistically Appropriate HIV/AIDS Prevention for Latinos. *Journal of Immigrant and Minority Health*, 10(5), 445-460.

Rodríguez, C., Amador, A., & Tarango, B. A. (2016). Mapping Educational Equity and Reform Policy in the Borderlands: LatCrit Spatial Analysis of Grade Retention. *Equity & Excellence in Education, 49*(2), 228–240.

Rojas-Guyler, L., Ellis, N., & Sanders, S. (2005). Acculturation, Health Protective Sexual Communication, and HIV/AIDS Risk Behavior Among Hispanic Women in a Large Midwestern City. *Health Education & Behavior, 32*(6), 767–779.

Romero, M. (2008). Crossing the immigration and race border: A critical race theory approach to immigration studies. *Contemporary Justice Review, 11*(1), 23–37. doi: 10.1080/

Rowell-Cunsolo, T. L., Cortes, Y. I., Long, Y., Castro-Rivas, E., & Liu, J. (2016). Acceptability of Rapid HIV Testing Among Latinos in Washington Heights, New York City, New York, USA. *Journal of Immigrant and Minority Health, 19*(4), 861-867.

Salinas, C. S., Fránquiz, M. E., & Rodríguez, N. N. (2016). Writing Latina/o Historical Narratives: Narratives at the Intersection of Critical Historical Inquiry and LatCrit. *The Urban Review, 48*(2), 264–284.

Scarpaci, J. L., & Burke, C. S. (2016). Tailoring but not targeting: A critical analysis of “the Meth Project” aimed at Latino youth. *International Journal of Nonprofit and Voluntary Sector Marketing, 21*, 168-179.

- Schnarrs, P. W., Gordon, D., Martin-Valenzuela, R., Sunil, T., Delgado, A. J., Glidden, D., Mcadams, J. (2018). Perceived Social Norms About Oral PrEP Use: Differences Between African–American, Latino and White Gay, Bisexual and Other Men Who Have Sex with Men in Texas. *AIDS and Behavior*, 22(11), 3588-3602.
- Schreier, M. (2014). Qualitative Content Analysis. In 1024694305 786658215 U. Flick (Ed.), *The SAGE handbook of qualitative data analysis* (pp. 170-183). London: SAGE.
- Sheehan, D. M., Trepka, M. J., Fennie, K. P., Prado, G., Madhivanan, P., Dillon, F. R., & Maddox, L. M. (2015). Individual and neighborhood predictors of mortality among HIV-positive Latinos with history of injection drug use, Florida, 2000–2011. *Drug and Alcohol Dependence*, 154, 243-250.
- Sheldon, M. G., Decena, C. U., & Oliver-Velez, D. (2005). Initial Acculturation and HIV Risk among New Hispanic Immigrants. *Journal of the National Medical Association*, 97(7), 32S–37S.
- Shedlin, M. G., & Shulman, L. (2004). Qualitative needs assessment of HIV services among Dominican, Mexican and Central American immigrant populations living in the New York City area. *AIDS Care*, 16(4), 434–445.
- Shier, M. L., & Handy, F. (2014). From Advocacy to Social Innovation: A Typology of Social Change Efforts by Nonprofits. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 26(6), 2581-2603.

- Shier, M. L., & Handy, F. (2016). Executive Leadership and Social Innovation in Direct-Service Nonprofits: Shaping the Organizational Culture to Create Social Change. *Journal of Progressive Human Services*, 27(2), 111-130.
- Shier, M. L., Handy, F., & Jennings, C. (2018). Intraorganizational Conditions Supporting Social Innovations by Human Service Nonprofits. *Nonprofit and Voluntary Sector Quarterly*, 48(1), 173-193.
- Shier, M. L., & Handy, F. (2019). Leadership in Nonprofits: Social Innovations and Blurring Boundaries. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*.
- Silverman, R. M., & Patterson, K. L. (2015). *Qualitative research methods for community development*. New York: Routledge.
- Solorzano, D. G., & Bernal, D. D. (2001). Examining Transformational Resistance Through a Critical Race and Latcrit Theory Framework. *Urban Education*, 36(3), 308–342.
- Solórzano, D. G., & Yosso, T. J. (2002). Critical Race Methodology: Counter-Storytelling as an Analytical Framework for Education Research. *Qualitative Inquiry*, 8(1), 23–44.

- Sommers, B. D., Clark, K. L., & Epstein, A. M. (2018). Early Changes in Health Insurance Coverage under the Trump Administration. *New England Journal of Medicine*, 378(11), 1061-1063.
- Streich, G. & Lewandowski, J. (Eds.), *Urban Social Capital: Civil Society and City Life* (pp. 241- 264). Surrey, England: Ashgate Publishing Limited.
- Strug, D. L., & Mason, S. E. (2001). Social Service Needs of Latino Immigrants: An Exploratory Study of the Washington Heights Community. *Journal of Ethnic And Cultural Diversity in Social Work*, 10(3), 69-88.
- Takahashi, L. M., & Magalong, M. G. (2008). Disruptive social capital: (Un)Healthy socio-spatial interactions among Filipino men living with HIV/AIDS. *Health & Place*, 14(2), 182-197.
- Takahashi, L.M. & Magalong, M.G. (2012). Disruptive Social Capital in Los Angeles: (Un)Healthy Socio-Spatial Interactions Among Filipino Men Living with HIV/AIDS. In
- Texas Health and Human Services: Texas Department of State Health Services. (2020). Housing Opportunities for Persons With AIDS: Program Manual. Austin, Texas. Retrieved from www.dshs.texas.gov

The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group. (2016). Houston Area Comprehensive HIV Prevention and Care Services Plan 2017 – 2021. Houston, Texas. Retrieved from rwpchouston.org

Streich G. & Lewandowski, J. (Eds.), *Urban Social Capital: Civil Society and City Life* (pp. 241-264). Surrey, England: Ashgate Publishing Limited.

Taylor, R., Torugsa, N., & Arundel, A. (2019). Organizational Pathways for Social Innovation and Societal Impacts in Disability Nonprofits. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*.

Treviño, A. J., Harris, M. A., & Wallace, D. (2008). What's so critical about critical race theory? *Contemporary Justice Review*, 11(1), 7–10.

US Department of Health and Human Services. (2019). Ending the HIV Epidemic Funding: Fiscal Year 2021 Budget Proposal. Retrieved from <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/funding>

US Department of Health and Human Services. (2019). What is Ending the HIV Epidemic: A Plan for America: An Overview. Retrieved from <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

US Department of Health and Human Services: Centers for Disease Control and Prevention.

(2016, August). CDC Fact Sheet: HIV Among Latinos. Retrieved from

https://stacks.cdc.gov/view/cdc/41753/cdc_41753_DS1.pdf

US Department of Health and Human Services: Centers for Disease Control and Prevention.

(2017, February). CDC Fact Sheet: HIV Among Latinos. Retrieved from

<https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-latinos-508.pdf>

US Department of Health and Human Services: Centers for Disease Control and Prevention.

(2017, August). HIV Among Latinos/Latinos. Retrieved from www.cdc.gov/hiv

Vissman, A. T., Eng, E., Aronson, R. E., Bloom, F. R., Leichliter, J. S., Montañó, J., & Rhodes,

S. D. (2009). What Do Men Who Serve as Lay Health Advisers Really Do?: Immigrant

Latino Men Share their Experiences as Navegantes to Prevent HIV. *AIDS Education and*

Prevention, 21(3), 220-232.

Walker, L. A., Ince, D., Rippenburg-Reese, A., & Littman, J. (2018). Predicting Resident

Involvement in Neighborhood and Voluntary Groups in a Latino/Latina Neighborhood

Undergoing Transit-Oriented Development and Gentrification. *Nonprofit and Voluntary*

Sector Quarterly, 47(6), 1135-1154.

- Wang, L., Yoshioka, C. F., & Ashcraft, R. F. (2012). What Affects Latino Volunteering in the United States: Comparing the Current Population Survey, Panel Study of Income Dynamics, and the AIM Giving and Volunteering Survey. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 24(1), 125-148.
- Westley, F., Antadze, N., Riddell, D. J., Robinson, K., & Geobey, S. (2014). Five Configurations for Scaling Up Social Innovation. *The Journal of Applied Behavioral Science*, 50(3), 234–260.
- Wilson, C. E. (2012). Collaboration of Nonprofit Organizations with Local Government for Immigrant Language Acquisition. *Nonprofit and Voluntary Sector Quarterly*, 42(5), 963-984.
- Wit, A. D., Mensink, W., Einarsson, T., & Bekkers, R. (2017). Beyond Service Production: Volunteering for Social Innovation. *Nonprofit and Voluntary Sector Quarterly*, 1-20.
- Yosso, T. J., & García, D. G. (2007). “This Is No Slum!” A Critical Race Theory Analysis of Community Cultural Wealth in Culture Clash’s Chavez Ravine. *Aztlán*, 32(1), 145-179.

Appendix A: Interview Questionnaire

Research Questionnaire: Nonprofit Organization Leadership/Staff

- 1. What do current research and statistics show about the increase of HIV/AIDS in this area (city or region)? Among Latinos specifically?**
- 2. What area of the city does the organization focus most of its efforts?**
- 3. Do you track the racial demographics of who utilizes the services you offer or fund for HIV/AIDS?**
- 4. What current programs exist for HIV/AIDS education and outreach to the Latino community?**
- 5. What efforts has your organization implemented to ensure programs take cultural differences of the Latino community into consideration?**
- 6. Does your organization have working relationships with Latino community leaders and organizations in this area? Examples?**
- 7. How is the local Latino community integrated into the decision-making process about outreach and services?**
- 8. Are there any areas where you feel the organization could do better in reaching the Latino community?**
- 9. What are the most urgent needs of this city or region needs most to address HIV in the Latino community?**
- 10. How large is your organization in terms of number of employees and volunteers?**
- 11. How is funding allocated among HIV/AIDS services provided?**
- 12. What percentage of your staff is Latino? Spanish speaking?**
- 13. Does your organization provide services directly?**
- 14. Does your organization support groups outside of the organization for service delivery?**
- 15. What is one major change or idea your organization could implement in how it addresses HIV/AIDS in the Latino community?**