

Francisco Ruiz: Managing Health Disparities

Francisco Ruiz, a manager in the Racial and Ethnic Health Disparities Program at the National Alliance of State and Territorial AIDS Directors (NASTAD), speaks with us about his experiences as an AIDS advocate and about the needs of the Latino community, especially Latino youth.

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Why is HIV/AIDS important to you personally?

Being gay, I feel like it's something that's really affecting my community, so I feel like I need to be at the table, especially given the fact there aren't a lot of Latino gay [advocates]. There are a lot of great leaders in the community, but there's not a lot of fresh blood. We need to maximize both those who are seasoned, but also those who have new, fresh ideas. So that's my personal investment—to provide a new perspective.

How did you get involved with HIV/AIDS advocacy?

In the Peace Corps, I worked in a fishing port in Ecuador. All Peace Corps volunteers, regardless of your program—mine was Youth and Families at Risk—have to do some HIV prevention or education in their communities. And that's how I started doing HIV 101 stuff.

After the Peace Corps, the first job that I got was at a community-based organization here in Washington, DC, the Latin American Youth Center. Then I went to grad school for a few years [before starting my current job].

What unique problems do Latino youth face in regards to HIV/AIDS?

Other than Ricky Martin, there aren't enough Latino gay role models, especially in Spanish language media. That's a big problem, one that potentially correlates with self-esteem, which then goes into the whole risk factor.

What can be done about this?

Latinos in general need to be more active, and there need to be more opportunities [on a national level] for Latino youth to mentor each other. [We need] youth at the table, not only as tokens, but

really having them lead the conversations and then go back to their local communities and share that, and in doing that, also engaging their parents and their siblings. We often talk about Latinos being family-focused and family-centered. Engaging the full family is a positive way to go.

What differences do you notice between U.S. Latinos and those abroad?

It's really hard to compare the two. I think in Latin America, there's no such thing as a Latino. That's a term that's given to folks when they're here. That identity isn't as strong or as pronounced in the native countries.

Abroad, there's a challenge of having positive leadership. There are obviously a lot of issues around homophobia, the role of the church—and [immigrants] bring that focus with them to the States. It's a challenge to have dialogues with families in general.

What do you enjoy most about your work at NASTAD?

I like the coaching that we have among staff. So there's a lot of professional growth and a lot of opportunity, as well as freedom, to explore my own interests. I've been able to cultivate the Latino portfolio and grow stronger partnerships in the community as well as with our members.

What kinds of challenges do you and NASTAD face?

There are a lot of projects that I would love to do, but given budget restraints, we can't. The other challenge is that I'm the only one [at NASTAD handling] the Latino portfolio. I think I'm the only [Latino]. It would be great to have more perspectives from the community.

Finally, in what ways could the Latino community better deal with the epidemic?

We need to work on the perception of risk, especially Latino community members not perceiving themselves at risk for various reasons. We need to help educate the community. There's so much diversity in the generations of Latinos who were born here and who just immigrated here, in regards to where they get their [health care] services. If you're a monolingual English speaker, you might go to a mixture agency that serves all communities. If you're a newly arrived Spanish-speaking monolingual Latino, you may want to go to a Latino service.

Given the fact that we're such a young community, I really think [we should look at] the school systems. You really need to start young and get the prevention in there from the grade schools, from the high schools.