Why Are Latino Gay and Bisexual Men at Risk?

Francisco J. González, MD

Almost a decade and a half into the HIV epidemic, Latino gay and bisexual men in the United States have emerged as a risk group. Some 17 percent of all AIDS cases in the United States are among Latinos, although Latinos constitute only about 9 percent of the population. Of these cases, 40 percent are among gay and bisexual men. Why? It is only relatively recently that studies have begun to look at this complex question.

The very label “Latino gay and bisexual men” obscures an astonishing heterogeneity of races, nationalities, religious practices, customs and beliefs, and sexual self-identifications and behaviors. Untangling this intricate web requires careful research to identify compelling predictors of risk behavior that can be targeted successfully for prevention.

Few quantitative studies of Latino men’s sexual practices exist, but a slowly growing literature is shedding light on the underlying structure of the epidemic in the United States. For example, over time investigators have correlated Latino ethnicity with higher rates of unprotected sex. One study of 807 men leaving bathhouses in Los Angeles County in July and August 1986 found that being Hispanic, along with younger age and lower educational and economic status, was significantly associated with unprotected anal sex. A more recent study of urban sexually transmitted disease clinics looked at 601 men who had engaged in unprotected anal or oral intercourse in the previous four months. Hispanic ethnicity, along with drug use and sex in a steady relationship, again emerged as a consistent predictor of risk behavior across sites.

These results prove the now old adage that knowledge is not enough to bring about behavior change. But it is possible to pinpoint wider cultural issues—particularly the meaning of homosexuality in Latino culture and the relationship between family, coming out, and acculturation—that interfere with the behavior change process for some Latino men.

Gender Roles and (Homo)sexuality

According to some ethnographers and cultural critics, sexual role rather than sexual object choice forms the basis of homosexuality in Latin America. While the defining component of Anglo-European homosexuality is same-sex partner choice, traditional Latino homosexuality is concerned more with the role played in the sexual encounter, a script largely defined by societal expectations of masculinity and femininity. In a culture that maintains relatively rigid gender roles, machismo holds men accountable for their virility: men must prove their mettle in sexual conquest, invulnerability, aggressiveness, and honor. Homosexual encounters, viewed in this paradigm, re-enact heterosexual desire. They focus on insertive anal sex, in which the macho activo partner penetrates the feminine pasivo. The insertive partner preserves his masculinity and thus his heterosexuality; the pasivo is stigmatized as effeminate, and it is his loss of manhood—more than sex with another man per se—that marks him as homosexual.

This is, of course, a simplified cartoon of Latino homosexual dynamics, but it helps explain the prominence of bisexual behavior in the Latino HIV epidemic. A man may have occasional same-sex contacts without fundamentally putting his heterosexual identity in question.
**Editorial: Mirror, Mirror**

Robert Marks, Editor

I have to admit that sometimes responding to diversity is exhausting. It is difficult enough to understand behavior within my own culture. So when I think about another article on the multicultural aspects of the epidemic, part of me cringes, all the more so because the challenges raised by culturally specific behaviors are so thorny. The funny thing is that when I read an article on these topics, I am fascinated, even exhilarated, by these differences and by the insights of the observers who describe them.

A good example of this phenomenon is this month's issue of *FOCUS*. Both articles include information that, while not groundbreaking, provides a good foundation for understanding the variables that affect prevention in Latino communities. But both also include nuggets of insight about the most problematic and intransigent issues.

Francisco González talks about the acculturation bind faced by Latino gay and bisexual men: the conflict between expressing sexuality or ethnicity, between setting aside Latino identity or "living in a Latino closet." If we agree that acknowledging both ethnic identity and sexual identity is important for personality development, gay and bisexual Latino men—as well as many others—face a Sophie’s choice of watching as one or the other self is sacrificed. Can there be any better reason for HIV-related denial? Cynthia Gómez’s focus on sexual coercion again, while not new, clarifies the extent to which coercive behavior exists in Latino couples. Power dynamics have always been discussed in terms of condoms: while women want them, their male partners don’t, and since the men are the ones who must actually "use" condoms, their resistance determines whether sex is protected. But Gómez’s research should help us think of prevention in larger terms: the sexual dynamics for many men and women, particularly in Latino culture, may be so dysfunctional as to have little to do with the caring, loving attitude that prevention messages take for granted as the basis for sexual relations and as the foundation for behavior change.

The epidemic in Mexico is illustrative, notably because it has assumed a middle position between the two basic epidemiological patterns of HIV transmission as defined by the World Health Organization. In the type I pattern, found in the United States, Europe, and Australia, transmission is primarily through injection drug use and homosexual sex; in pattern II countries, as in most African and Caribbean nations, heterosexual transmission predominates. Some researchers have characterized the epidemic in Mexico as type I/II, alluding to the increasing transmission by heterosexual contacts, much of which seems to be due to the "bisexual bridge" between homosexuals and heterosexuals.

In a study of more than 5,000 gay and bisexual men in 18 cities in Mexico conducted from 1985 to 1990, Maria García of the Mexican Health Ministry found that frequency of bisexual practice varied by community size: 67 percent of homosexually active men in small communities also reported having sex with women compared to 56 percent in metropolitan centers like Mexico City. Biomedical and sociocultural factors likely contributed to the difference, as urban centers were more likely than their rural counterparts to establish stable relationships with women and to have children.

García García concludes: “Bisexual activity among homosexual men is more frequent in groups where homosexuality persists is ostracized and where ‘machismo’ in its more flamboyant expression is looked upon as desirable. In this type of environment, the confirmed homosexual must hide behind heterosexual relationships.”

**References**

Clinicians should examine acculturation issues that may act as proxies for conflicts about sexuality.

While this position may overlook the possibility of a “confirmed bisexual,” it underscores how homosexual stigma may affect sexual practice.

**Acculturation and Sexuality**

In the case of Latino men living in the United States, matters are complicated by acculturation. Acculturation refers to the facility an individual has in managing a foreign “cultural economy”: the values, roles, language, and social networks that make a culture distinct. Taking majority Anglo culture as a point of departure, a stereotypic “less acculturated” Latino would speak more Spanish than English, hold traditional conceptions of gender and sexuality, and value the family as the primary social system. As with language, an individual may “speak” more than one culture fluidly, and indeed many Latinos are bicultural. But like members of other minority groups, Latinos must struggle with their difference from the majority culture.

For gay Latinos, this difference is doubly constituted in terms of sexual orientation as well as ethnicity. But developing gay identity may come at the cost of losing cultural identity. Since the values of strong kinship ties, religion, and conformity to gender roles may serve as a way of fending off assimilation, some Latinos may view “gayness” as eroding traditional “Old World” values and moving toward dominant culture. In this way, the process of developing a gay identity may involve temporarily (or permanently) setting aside identification as Latino, or conversely, deferring coming out and living in a Latino closet.

These are largely issues of personal development whereby an individual explores questions of difference, for example, homosexual versus heterosexual, in the formation of identity, in this case, sexual identity. A similar process occurs when the difference is constituted by ethnicity. Stigma is the unfortunate engine of change as individuals wrestle with self-acceptance, disclosure, and community building. Caught between homophobia and racism, gay Latino men are often caught in a developmental double indemnity.

For bisexual men, this developmental bind may be more acute. Figured as the cultural “outside” of both the gay and straight worlds, bisexuality is truly the love that dare not speak its name. While Latino gay men may be positioned between ethnic and sexual cultures, bisexual men seem caught in cultural unintelligibility, with no clear bisexual “identity,” community, or norms.

**Where Is Prevention Failing?**

This cultural background provides a good foundation for revisiting the issue of prevention. A handful of studies have begun to elucidate the predictors of risky behavior beyond the blanket descriptor of ethnicity.

A Tucson study of 159 English-speaking Latino gay men found high rates of unprotected anal sex: 51 percent of the sample had at least one unprotected encounter in the past 12 months. Intent to perform safe sex, perception of self-control, substance use, and sex in public were the most important predictors of HIV-related risk. A study of 200 HIV-knowledgeable gay and bisexual men in the border town of Juarez, Mexico found that high-risk behavior was associated with being a factory worker, meeting partners in the street (as opposed to in a bar or disco), and older age. Finally, a Puerto Rican study of gay and bisexual men conducted from 1992 to 1993 found a history of childhood sexual abuse to be a significant predictor of high-risk sex. The researchers hypothesize that the abuse constitutes a loss of manhood for the boy, leaving him in a woman’s role that “prescribes acquiescence with a man’s desire.”

Is there a way to relate these disparate variables underlying the broader category of ethnicity? In his study of Latino gay men, Rafael Diaz describes the “psychocultural barriers” to safe sex intentions, including machismo, racism, homophobia, sexual silence, and familism. He postulates that for Latino gay men, societal proscriptions of homosexuality collide with reticence on sexual matters and a primary allegiance to the biological family of origin. Homosexual desire remains unintegrated with identity, something that must remain hidden or unacknowledged by the individual. Ultimately, internalized homophobia and pressures to conform to societal expectations compete with the intention to practice safer sex and result in risky behavior. A heterosexually identified man, for example, might feel condom use compromises his masculinity if it affects erection. When seen as correlates of a dissociated sexuality, the variables of substance use, sex in public, and a history of childhood sexual abuse noted in the studies above lend support to Diaz’s model.
Implications for Intervention and Treatment

Clinical interventions must speak to complex cultural issues. Clinicians should educate themselves about the specific cultural and socioeconomic background of clients or consider consultation or referral. They should investigate with clients possible correlates of high-risk behavior, including substance abuse and sexual abuse. In terms of prevention, providing a therapeutic environment for exploring conflicts about sexuality is more important than simply disseminating information about HIV disease and developing communication skills about safe sex.

The relationship between risk behavior and acculturation is not clear, but acculturation issues can be potent mediators of sexual identity struggles. Assumptions of “gayness” and related norms about safe sex may not apply to some homosexually active Latino men, many of whom do not see themselves as “homosexual,” much less as “gay.” Rather than embarking on an exploration of highly charged sexual matters, clinicians may be better served by examining acculturation issues that may act as proxies for conflicts about sexuality. For example, in working with an immigrant passive client who engages in unprotected sex, understanding what the client gained and lost during immigration, his and his family’s conception of masculinity, and his current social support network might be important doorways to underlying sexual issues. Because most Latino families are relatively silent on sexual issues, it is wise not to be cavalier in addressing sexual concerns, but to concentrate on first establishing a solid trust.

The family is also a potentially rich site for interventions. Clinicians can help clients by exploring decisions about disclosure, both in terms of sexual orientation and serostatus, and they can even facilitate disclosure in family sessions. This is particularly important because despite homophobic pressures, the family is the basis of social support for many Latino gay men. Finding creative ways of strengthening those supportive ties may ameliorate HIV-related demoralization.

Conclusion

Finally, much prevention work remains to be done at the community level. While “gay” may define a relatively stable sociopolitical category or an axis of identity development, it does little to describe sexual behaviors that may transmit the virus. We must find ways of allowing more open discussions of sexuality—including bisexuality—and of acknowledging sexual fluidity.

Cultural and political barriers (for example, the recent passage of Proposition 187 in California*) will no doubt make some of these men harder to reach. To counter this, prevention interventions might target locations where high-risk sex occurs like parks and other public cruise spots. Campaigns accessing the so-called “general population” in work places, community gatherings, and churches might avoid grouping individuals as homosexual, while still reaching at-risk men. Part of this intervention strategy should aim at exploring homophobia, sexual discomfort, and gender issues.

The most significant interventions will be those that foster community building among Latino men and provide a forum for exploring these complex issues. The growth of an organized Latino gay and bisexual community will be critical not only in sustaining individual development, but also in challenging established Latino and Anglo norms that make these men outsiders.

Clearinghouse: Latino Americans

References


Culture and Sexual Behavior
Cynthia A. Gómez, PhD

Ignorance of cultural and contextual realities of sexual behaviors continues to hamper the effectiveness of many HIV prevention efforts, particularly efforts targeted at women. Researchers have responded by focusing their attention on the ways in which women are able or willing to exercise sexual decision-making power in heterosexual relationships. This question is especially relevant for Latina women, and its resolution is crucial to their implementing fundamental safer sex measures.

Over the past few years, my colleagues and I have focused on the sexual behavior patterns of Latinos as they relate to HIV prevention. In a recent study of unmarried Latino adults living in the United States, we began to explore some of these important cultural and contextual factors. Preliminary findings highlight important variables for assessing predictors of condom use in this population: socialization of sexuality, interpersonal power within relationships, and gender norms.

This study was a population-based telephone survey of 846 women and 754 men, ranging in age from 18 to 49 years old. Respondents were drawn from the 10 U.S. states where 87 percent of the Latinos living in this country. The sample replicates the proportion of Latinos in the United States by country of origin, for example, 58 percent were of Mexican origin, 12 percent of Central American origin, and 10 percent of Puerto Rican origin. Among those interviewed were first, second, and third generation Latino immigrants: 43 percent were born in the United States; 22 percent had lived in this country for fewer than six years. Fifty-seven percent, including 21 percent of those born in the United States, chose to be interviewed in Spanish.

Sexual Socialization

People rarely dispute the importance of preparing for fires, earthquakes, or heart attacks. Sexual preparedness, however, while it is also crucial to saving lives, remains a source of great controversy. Despite several studies showing that accurate and developmentally appropriate sex education may actually delay the onset of sexual activity,3,4 many people still fear that such information will lead to sexual precociousness rather than sexual preparedness. Understanding and managing the complexity of a sexual encounter cannot be achieved without some guidance. Yet, the telephone survey found a pervasive “sexual silence,” particularly among women. More than half of all respondents in the survey reported that their mothers had never spoken to them about sex when they were younger, and 58 percent of men and 82 percent of women said that their fathers had never spoken to them about sex. Latino respondents who reported that a parent or relative had spoken to them about using condoms were more likely to report using condoms in the year prior to

References


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See also references cited in articles in this issue.
the interview. Growing up in families where sex was an accepted topic of discussion may also lead to sexual comfort, another factor that was associated with condom use.5,6

Interpersonal Power and Coercion
Earlier research found Latina women were less likely to use condoms if they feared male partners would become angry or violent if asked to use condoms.8 The most recent telephone survey attempted to go beyond fear, to identify actual experiences that could be considered coercive within the context of sex.

We asked 551 women who were sexually active in the last 12 months, "Of the times you had sex with a man in the last twelve months, how often did he insist on having sex when you did not want to?" In response, 73 percent reported some amount of this experience; 23 percent reported sexual partners had yelled at them; 3 percent reported being hit; and 14 percent reported being harmed in some other way. The 621 men who were sexually active in the last 12 months corroborated these patterns: 65 percent reported insisting on having sex when their partners did not want to; 51 percent reported having sex with a woman who initially resisted, but then changed her mind; and 30 percent reported lying to convince a woman to have sex.

It is important to note that sexual coercion was defined in the broadest of terms; the questions, themselves, did not label these behaviors as "coercion." For some, insisting on sex may not be perceived as coercion but as the right of a man. On the other hand, being hit can have little other interpretation. Men who reported being coercive and women who reported being coerced were more likely to agree with statements reflecting more traditional sexual gender norms such as: it's harmful for a man to get excited without ejaculating and it's dangerous for a woman to know as much about sex as a man. Finally, coercion itself may not be predictive of unsafe sex: there are men who are coercive and insist on condom use.

Cultural Gender Norms
When asked if "a woman has to pay the consequences of flirting with a man," Latina women who disagreed were more consistent condom users than the Latina women who agreed with that statement. Men who disagreed with the statement were less likely to report never using condoms. Both men and women who disagreed with the statement, "Women like dominant men," were much more likely than those who agreed to be consistent condom users.

The major challenge not only for Latinos living in the United States, but also for many other cultures, is the need to reject traditional cultural norms. It is about developing not only culturally sensitive prevention messages, but also sensitivity to the dangerous effects of sex and gender norms within cultures.

Conclusion
The implications of this research extend beyond Latino culture and women. Assisting individuals to decrease their own "sexual silence" must start with providers. Doctors, counselors, teachers, clergy, and other important "message givers" can be models for talking openly about sex and sexual preparedness.

Parents must also be given the tools to speak to their children about sex. Again, "message givers" who interact with families can serve as mentors for parents—particularly parents who oppose school-based sex education—by providing them with skills for discussing sex with their children.

HIV counselors and educators must be careful not to ignore the power dynamics present in all personal relationships. When possible, they should encourage couples rather than individuals to come for counseling together so that therapy can address sexual decision-making roles and responsibilities. Interventions targeting women must include assistance in identifying potentially abusive situations, as well as teaching how women can assert their needs within a sexual context. Interventions targeting men should challenge traditional gender norms and help men identify their risks for being coercive in sexual encounters. Our success in these areas will depend on our abilities to educate beyond knowledge, counsel clients beyond risk assessment, and study sexual behavior beyond mere prevalence.

Comments and Submissions
We invite readers to send letters responding to articles published in FOCUS or dealing with current AIDS research and counseling issues. We also encourage readers to submit article proposals, including a summary of the idea and a detailed outline of the article. Send correspondence to:

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AIDS Cases among Hispanic Americans


The overall rate of Hispanic AIDS cases in the United States is two-and-one-half times that of non-Hispanic Whites, according to a review of epidemiological data. Notably, however, incidence and route of infection vary among Hispanic groups.

The Center for Disease Control and Prevention (CDC) surveyed 107,140 AIDS cases between 1988 and 1991. The survey classified Hispanics by country or territory of birth, geographic residence in the United States, and exposure category. 1990 census data provided a basis for the calculation of annual AIDS incidence rates.

For Hispanics born in the United States, the primary exposure categories were male-to-male sex for men (51 percent) and injection drug use for women (56 percent). There were variations in these patterns for subpopulations. Injection drug use was the predominant exposure category for both Puerto Rican-born men and women. Injection drug use was a less significant vector for other Hispanic women, although more than one-third of the cases among women born in the Dominican Republic and South America were traced to heterosexual sex with an injection drug user.

Seropositive Hispanic children are frequently infected via perinatal transmission. Male-to-male sex was the predominant exposure category for men born in South America, Cuba, Mexico, and Central America. This category may well be vastly underreported due to cultural biases against homosexuality and bisexuality.

Condom Availability and Sexual Activity


A condom program targeting Latino adolescents did not increase sexual activity among 536 New England teenagers. The prevention program targeted a primarily Puerto Rican neighborhood in Boston in 1990. The campaign included workshops and peer-led informational events, widespread canvassing and promotional messages, and condom distribution. Neighborhood teenagers who were 14 to 20 years of age—94 percent of whom were Puerto Rican and 6 percent of whom where of other Latino origin—responded to a subsequent survey. Researchers also surveyed a similar population in Hartford, Connecticut as a control. Survey subjects responded to a series of questions about condom use and sexual activity; follow-up interviews took place six months later.

The study found no evidence that increased condom availability increased sexual activity or promoted sex with multiple partners. In fact, male respondents in the intervention city were less likely to initiate sexual activity than those in the comparison city, and female respondents in the intervention city were less likely to engage in sex with multiple partners.

Developing Culture-Specific Videos


Educational materials are too often based on untested assumptions. A review of the development of a prevention video for inner-city Hispanics models how empirical qualitative research can be used to create effective materials.

Researchers recruited 192 Hispanic men and women from the waiting rooms of sexually transmitted disease treatment clinics in New York City. Among the respondents—the majority of whom were Puerto Rican—70 percent self-identified as English-speaking or bilingual, and 30 percent communicated only in Spanish. Although about 25 percent of male respondents reported engaging in some form of sexual activity with other men, only a minute percentage identified themselves as gay. Researchers used a series of surveys, focus groups, and personal interviews to gauge receptivity to condom use in different situations, the importance of gender roles in negotiating condom use, and the level of knowledge about HIV disease and other sexually transmitted diseases (STDs).

Most participants had had at least one negative experience with condom use. A majority said it would be impossible to introduce condom use into existing sexual relationships without incurring anger and
mistrust. Women expressed the desire to avoid confrontations with male partners who they said would be angered by the suggestion to use condoms. Most participants, male and female, agreed that in heterosexual encounters the male partner decided whether or not to use a condom. Respondents demonstrated relatively high levels of knowledge concerning HIV disease, STDs, and condom protection.

Video-based patient education is a popular approach because it enables culture-specific communication in settings that do not have bilingual/bicultural health care workers on staff. The video developed from this research includes a series of dramatizations of interactions between both casual and primary partners modeling protective behavior.

In developing an educational video based upon this population and its responses, educators considered both linguistic and cultural communication obstacles. Because most survey respondents spoke both English and Spanish, the video used a combination of both languages. Since many, especially women, expressed discomfort with the idea of verbally negotiating condom use, the video models nonverbal communication in a series of scenarios. Due to the prevalence of heterosexual identity in the target audience, the video depicts primarily male-female encounters.

In response to female respondents' fears of their male partners' anger, the video depicts a scenario in which such conflict is resolved. The scene is meant to demonstrate that anger and frustration are natural reactions that occur during negotiation. The woman in the scene avoids escalating the confrontation by simply presenting a condom to her partner rather than arguing with him.

**HIV and Alcohol Abuse among Latina Youth**

Flores-Ortiz YG. The role of cultural and gender values in alcohol use patterns among Chicana/Latina high school and university students: Implications for AIDS prevention. The International Journal for Addictions. 1994; 29(9); 1149-1171. (University of California, Davis.)

Latinas and Chicanas comprise almost 21 percent of the total HIV-infected female population in the United States and are eight times more likely to contract AIDS than are non-Hispanic White women. Two small California studies conclude that family and cultural values shape these young women's sense of self-efficacy in such a way as to reinforce high-risk behaviors, including alcohol abuse.

Both studies—one of university students, the other of high school students—used focus groups and individualized surveys to define HIV-related knowledge, alcohol and drug use, and level of acculturation. The high school sample included 14 focus group participants and 30 individual surveys; the college sample included 35 focus group participants and 65 individual surveys.

Although almost all the participants shared a common perception that Latina youth are supposed to be virgins until marriage, not drink, and not discuss sexual matters openly, at least 80 percent of both samples reported some incidence of sexual intercourse, and 83 percent of the college sample reported consistent use of alcohol.

In both samples, participants often used alcohol as part of sexual behavior, but subjects did not generally consider drinking to be a high-risk behavior. Despite high levels of HIV-related knowledge and perceived self-efficacy, participants engaged in consistently high-risk sexual behavior. Cultural and familial expectations often inhibited their ability to communicate openly about issues of sexuality, alcohol, and HIV disease.

The author suggests that Latino parents need to assume a more active role in the sex education of their children, families need to instill and reinforce more responsible alcohol use behaviors, and male and female partners need to share the burden of negotiating safe sex and reducing drinking equally.

**Next Month**

Feelings of shame can lead to social isolation and despair, and can sabotage the openness crucial to the therapeutic process. But because it is often hidden, shame is difficult to diagnose and treat. In the April issue of *FOCUS, Stephanie Sabar, LCSW*, a therapist from southern California, examines the clinical response to this powerful emotion among HIV-infected gay men. She defines shame, distinguishing it from guilt, identifies feelings that trigger shame, describes its pathological effects, and outlines treatment approaches.

Shame can be induced by childhood sexual abuse, and recent studies have associated such abuse with HIV-related risk behavior. Also in the April issue, *JD Benson, MFCC*, a therapist and Senior Trainer at the AIDS Health Project, reviews the literature about this association and discusses clinical implications.
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