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## Latinos' Community Involvement in HIV/AIDS: Organizational and Individual Perspectives on Volunteering

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### Abstract

Community involvement (e.g., volunteerism, activism) in HIV/AIDS may be an effective prevention strategy. Through involvement in HIV/AIDS-related organizations, individuals may develop a positive sense of themselves, maintain HIV preventive behaviors, and create community change. In this paper we examine the types of activities, motives, consequences, and deterrents to community involvement among Latino gay men using both community organizations' and Latino gay men's perspectives. Data come from an exploratory study in Chicago. It included telephone interviews with HIV/AIDS organizations ( $N = 62$ ) and in-depth interviews with Latino gay men ( $n = 6$  volunteers;  $n = 7$  no volunteers). We found that organizations have few Latino volunteers and that the deterrents to involvement are stigma of HIV/AIDS and homosexuality, racism, and apathy. Among the positive consequences, we found an increase in self-esteem, sense of empowerment, and safer sex behaviors.

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The grassroots organized response characteristic of the AIDS movement in the 1980s and 1990s, illustrated the critical public health implications of individuals' community involvement (Chambre, 1991; Epstein, 1996). Through involvement in HIV/AIDS efforts as volunteers and activists, individuals may develop a positive self-identity and maintain HIV/AIDS preventive behaviors (Omoto & Snyder, 2002; Waldo, Kegeles, & Hays, 1998). As a result, these individuals may also create change in their communities and ensure that health programs and policies reflect their needs and culture (Omoto, Snyder, & Berghois, 1993; Ramirez-Valles, in press; Snyder & Omoto, 1992). Prevention programs, unfortunately, have overlooked community involvement as a strategy in reducing HIV sexual risk behavior. Likewise, there is little knowledge about community involvement in HIV/AIDS among Latino gay and bisexual men.

The aim of this paper is to describe Latino gay men's community involvement in HIV/AIDS-related community-based organizations (CBOs). Given the lack of previous research on this topic among Latino gay men, the nature of this study is exploratory. We use data from CBOs and Latino gay men to examine the types of activities, motives, and deterrents to involvement as well as the consequences, particularly those related to HIV preventive behaviors. The findings from this study will not only begin to document Latino gay men's community involvement in HIV/AIDS, but will also provide initial evidence of its potential positive effects and uses as an HIV prevention strategy. In addition, these findings may

assist CBOs in their volunteer recruitment and retention efforts by enhancing their understanding of Latino gay men's motives and barriers for participation in HIV/AIDS.

For the purpose of this study, we define community involvement as individuals' unpaid work on behalf of others, or for a collective good, and in the context of a formal or semiformal organization and social networks, taking place outside the home and the family (Ramirez-Valles, 2001; Schondel, Shields, & Orel, 1992; Smith, 1997; Thoits & Hewitt, 2001; Wilson Musick, 1997). This concept may include volunteerism and activism; however, it is broader because it includes informal helping behaviors. Literature suggests that a significant amount of community work among Latinos might take place through informal helping behaviors (Protney & Berry, 1997). Likewise, volunteerism may have a social class connotation (e.g., upper class idea of giving back), which may not reflect Latinos and working class people's community involvement (Abrahams, 1996; Boehmer, 2000; Eckstein, 2001; Garcia & Ramirez-Valles, 2002; Ramirez-Valles, 2002; Ramirez-Valles & Diaz, 2000).

## CONSEQUENCES AND ANTECEDENTS OF COMMUNITY INVOLVEMENT IN HIV/AIDS

Elsewhere it has been argued that community involvement may have positive effects on individuals' health, especially on HIV preventive behaviors (Ramirez-Valles, 2002). Studies among gay and bisexual male volunteers and activists suggest that community involvement in HIV/AIDS positively affects individuals' safer sex practices, self-identity, and social acceptance (Bebbington & Gatter, 1994; Boehmer, 2000; Chambre, 1991; Kobasa, 1990; Omoto & Snyder, 1995; Ouellette, Cassel, Maslanka, & Wong, 1995; Stewart & Weinstein, 1997; Valentgas, Bynum, & Sierler, 1990).

Community involvement in HIV/AIDS-related CBOs may strengthen positive peer norms toward safer sex, hence increasing safer sex practices. Participants in these organizations are exposed to peer norms linked to specific organizations' agenda (e.g., fight HIV/AIDS) and feel bonded to their peers (Hodgkinson, 1995; Omoto & Snyder, 1995; Smith, 1997; Wilson & Musick, 1997). Likewise, community involvement may increase self-efficacy for condom use because individuals learn about safer sex from other participants (e.g., members, clients). In addition, they may be exhorted by other members to maintain safer sex practices (Altman et al., 1998; Moen & Fields, 1999; Riessman, 1965; Schondel et al., 1992; Stewart & Weinstein, 1997).

Community involvement in HIV/AIDS may also lead to positive self-identity and increased self-acceptance. Working toward the good of others provides participants with an identity of a caring and good person and with feelings of self-worth (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1996; Kobasa, 1990; Moen & Fields, 1999; Ouellette et al., 1995; Youniss & Yates, 1997). Some gay men members of the AIDS Coalition to Unleash Power (ACT UP), for example, "came out of the closet" and developed a sense of self-affirmation through their participation (Wolfe, 1994). Waldo et al. (1998) suggested that community involvement reduces sexual risk behavior through its positive effects on self-acceptance. Noteworthy, the effects of community involvement on psychological well-being are distinct from those of social support and mastery (Rietschlin, 1998) and remain after controlling for self-selection effects (Thoits & Hewitt, 2001).

A related, yet unique benefit of community involvement is increased social support or social connection (Bellah et al., 1996). Studies across diverse populations and types of organizations have found that participation increases social interactions and face-to-face

communication, creates social networks, and develops a sense of community (Altman et al., 1998; Ramirez-Valles, 1999; Rietschlin, 1998; Smith, 1994, 1997; Younis & Yates, 1997).

To understand the range of benefits from community involvement and to promote participation among Latino gay men, however, we need to identify what motivates and precludes individuals to participate. Research indicates that individuals participate for a variety of motives. Furthermore, the degree of community involvement varies according to type of motive (Knoke & Woods, 1981; Omoto & Snyder, 1995; Ramirez-Valles, 2001). This research has identified a diverse set of categories of motives, including concern for one's community, moral values, understanding and helping others, and coping with one's troubles (Bebbington & Gatter, 1994; Gabard, 1995; Hodgkinson, 1995; Knoke & Woods, 1981; Ouellette et al., 1995; Smith, 1994; Snyder & Omoto, 1992; Stewart & Weinstein, 1997). For instance, Omoto and Snyder (1995) found overall motivation positively associated with length of time as an HIV/AIDS volunteer. They found, however, that self-oriented motives (e.g., personal development) were better predictors of length of service than community oriented motives (e.g., community concern).

Regarding deterrents to participation, it is well documented that ethnicity and social class are the most salient factors (Chambre, 1991; Smith, 1997). Gay men of color have been less involved in HIV/AIDS CBOs than their White peers (Omoto & Snyder, 1995; Valentgas et al., 1990). This might be partially attributed to social class, including levels of education (Hodgkinson, 1995; Smith, 1994, 1997; Wilson & Musick, 1997). Latino gay men could have limited community involvement because many of them are poor or working class and have low levels of education. Also, some of them are recent immigrants who do not speak English or who are less acculturated into the U.S. mainstream culture (Ramirez-Valles, 2002). Because of these factors, however, Latino gay men's community involvement might take place in informal channels, such as social networks, rather than in CBOs (Protney & Berry, 1997; Schondel et al., 1992).

Finally, the stigma of homosexuality and HIV/AIDS may also prevent individuals from engaging in community work related to HIV/AIDS. Some men might fear being identified by family, coworkers, and friends as homosexual or living with HIV/AIDS, if they are actively involved in HIV/AIDS CBOs (Diaz, 1998; Gabard, 1995; Herek, 1999; Kayal, 1994; Snyder, Omoto, & Crain, 1999).

In this article we present the results of an exploratory study conducted in Chicago among both HIV/AIDS CBOs and Latino gay men. The aim of the study was to describe Latino gay men's community involvement in HIV/AIDS including motives, consequences, and deterrents. First, we present the results from a survey conducted among HIV/AIDS CBOs in Chicago to identify their experiences with volunteers, especially with Latino volunteers. We focus on volunteer recruitment, activities, and barriers. Then, we present the results of in-depth semistructured interviews conducted with Latino gay men. Paralleling the organizational data, we discuss types of volunteer activities, motives, consequences (including sexual practices), and deterrents to participation. We conclude with implications for HIV/AIDS prevention programs and future research.

## **STUDY 1: ORGANIZATIONAL PERSPECTIVES ON COMMUNITY INVOLVEMENT**

The purpose of this part of the research was to assess the availability and type of volunteer opportunities in HIV/AIDS in the Chicago metropolitan area, particularly for Latino gay men. Data were collected from CBOs about volunteers' profiles, activities, and recruitment.

## METHODS

Data were collected through telephone interviews in the fall of 1998 by a trained bilingual researcher. Two hundred six ( $n = 206$ ) CBOs were selected from the 1998 Chicago HIV/AIDS Services Network Directory (Test Positive Aware Network, 1998). CBOs located outside the Chicago metropolitan area and those known not to have volunteers were eliminated. CBOs that provided services that were not HIV-specific were also excluded. Sixty-two (30%) of the 206 eligible CBOs were interviewed. Data were not collected from the remaining CBOs for several reasons. Thirty-two (16%) of the CBOs no longer had an HIV/AIDS program; 13 (6%) had disconnected telephone numbers or never answered the telephone; and 55 (27%) were reached but not interviewed due to unanswered phone messages, extended periods of “phone tag” (e.g., 2 months), and unmet interview appointments. Organizations’ volunteer coordinators were interviewed. When they were unavailable, we interviewed program coordinators. Interviews were not recorded. The interview consisted of both closed and open-ended questions, covering themes such as volunteer characteristics, activities, and recruitment. Examples of survey questions included “How many volunteers do you have?” and “What are the characteristics of your volunteers in terms of age? Gender? Sexual orientation? Race?”

Of the 62 CBOs interviewed, 41 (66%) had volunteers and 21 (34%) did not. Eight CBOs predominantly served a Latino community, and only two did so exclusively. Few organizations provided specific data on the gender and/or sexual orientation of their service population (e.g., numbers or percentages). Eighteen agencies reported serving heterosexual populations, and 13 CBOs served gay and bisexual communities.

## RESULTS

**Volunteer Characteristics**—The total number of reported volunteers in this sample was approximately 2,900. The number of volunteers in an individual organization ranged from 1 to 500. The median number of volunteers was 13, the mode was 5, and the mean was 43. Only 16 (40%) CBOs with volunteers reported having Latinos in their volunteer pool. Included in these are organizations that did not provide an exact number but described their volunteer ethnic makeup as “all across the board,” “everyone,” or “minority.” Therefore, the number of organizations with Latino volunteers may be lower. There were approximately 60 (2%) Latino volunteers in the entire sample. We found that in general CBOs do not keep accurate demographic data on their volunteers. For instance, an informant stated, “We do not see many Latino volunteers in general, but see male volunteers of other ethnicities.” As noted previously, only eight CBOs specifically provided services to Latinos. Only one CBO had a program exclusively for Latino gay men. Six of these CBOs had volunteers. Unfortunately, they did not have data on the sexual orientation of their volunteers.

**Recruitment**—CBOs usually recruited volunteers through word of mouth (29%), advertisements (15%), referrals (8%), community outreach (6%), public service announcements (5%), newsletters (5%), flyers (3%), telephone calls (3%), private sector networks (5%), and collaboration with other agencies (10%). Other types of recruitment included schools and universities (15%), churches (10%), and agency or community events (6%). CBOs were also asked about specific methods for recruiting Latinos. All of the above methods, with the exception of newsletters, were mentioned. Noteworthy, 17 (41%) CBOs reported no active recruitment for Latinos.

**Volunteer Activities**—Table 1 describes the types of volunteer activities and their frequencies as reported by CBOs. Latino gay men who have been involved in HIV/AIDS-related organizations reported engaging in the following activities: general office help, board membership, fundraising, organizing events, creating and organizing groups, social support,

information activities, and outreach. The activities most frequently reported fall under the category of general office help. A couple of participants expressed that these types of activities (e.g., answering phones, translating) offer little challenge. Some respondents described their community involvement as taking place outside CBOs (e.g., buying groceries for a neighbor or friend with AIDS). This informal helping behavior represents a significant portion of our interviewees' community involvement.

**Barriers to Volunteer Participation**—We developed three categories of recruitment problems based on data provided by the CBOs: organizational, volunteer, and community. Regarding organizational problems, the most frequently reported concern was the organizations' lack of time ( $n = 4$ ). Other CBO issues included lack of funds and a decrease in agency activities. Problems related to volunteers included inability to work without pay, a sense that the AIDS crisis is over, outside responsibilities such as jobs and family, relocation or schedule change, boredom, and lack of interest or commitment. In the third category, problems related to the community, CBOs noted that the stigma toward AIDS still prevents many individuals from getting involved.

In response to a question regarding recruitment obstacles among Latino volunteers, informants explained that they found the same types of barriers. In addition, six CBOs identified location as a barrier. That is, CBOs are located outside of, or far from, the predominantly Latino neighborhoods. CBOs also identified participants' language, apathy, and limited knowledge of CBOs as recruitment barriers. Furthermore, the CBOs recognized their own lack of knowledge about Latinos as a limitation.

The CBOs noted, however, that the main obstacle to increase the number of Latino gay male volunteers is the stigma of HIV/AIDS and homosexuality. As a respondent stated, Latino gay men “do not want to be associated with [an HIV/AIDS prevention] program.” However, another respondent suggested that Latino gay men need to organize within their own communities. Accordingly, many Latino gay men are not open about their sexual orientation, hindering potential organizing efforts. One respondent felt that until Latinos “come out” within Latino communities, little progress would be made to reduce the stigma toward homosexuality and AIDS.

Although CBOs expressed interest in recruiting Latino volunteers, they seemed not to have a clear idea of the role Latinos would play. Five agencies stated that they needed volunteers to translate for Spanish-speaking clients, whereas others wanted to “diversify” their volunteer pool. CBOs that served a gender or ethnic-specific population (e.g., White women) also felt that they had no need to recruit Latino gay men as volunteers.

The findings from the survey suggest that CBOs have little data on volunteers and a limited sense of volunteers' role. These CBOs, in general, lack financial and human resources to recruit and maintain volunteers. Hence, they rely mostly on word of mouth or social networks as recruitment methods and assign volunteers to clerical or administrative tasks which offer little challenge. As expected, few Latino gay men participate as volunteers in HIV/AIDS CBOs. To further understand Latino gay men's community involvement, we present findings from interviews conducted among this population.

## **STUDY 2: LATINO GAY MEN'S PERSPECTIVES ON COMMUNITY INVOLVEMENT**

### **METHODS**

Semistructured, in-depth interviews were conducted in 1999 with a convenient sample of Latino gay men ( $N = 13$ ) living in the Chicago metropolitan area to explore the

consequences, barriers, and modalities of community involvement in HIV/AIDS. Participants were recruited through printed media and flyers posted in CBOs. To learn about barriers to participation, we recruited a sample that included six informants who were involved in HIV/AIDS-related CBOs as volunteers or activists in the previous year and seven who were not. These two groups were not matched in any other characteristics. Of those involved in HIV/AIDS CBOs, two were HIV-positive; among those not involved, five were HIV-positive. The sample included Mexican ( $n = 7$ ), Puerto Rican ( $n = 3$ ), Salvadoran ( $n = 1$ ), Panamanian ( $n = 1$ ), and Columbian ( $n = 1$ ) men. Their ages ranged from 23 to 48 years old. The semi-structured interview protocol was designed following a shortened life-history method (Lieblich, Tuval-Mashiach, & Zilber, 1998). Topics covered included sexuality; ethnicity; community involvement motives, barriers, and consequences; and HIV/AIDS. Tape-recorded interviews were conducted in English ( $n = 5$ ), Spanish ( $n = 7$ ), or both ( $n = 1$ ), by one of the authors (a native Spanish speaker).

Interviews were conducted and analyzed using methods described by Coffey and Atkinson (1996), Lieblich et al. (1998), Mishler (1986), and Silverman (1993). Once all interviews were fully transcribed, we analyzed the data (in their original language) using a combination of categorical content analysis and interpretative approach (Lieblich et al., 1998). Two researchers conducted the process. At each step, they compared and discussed their findings and interpretations. The following discussion is organized by the major themes: types of community involvement, motives, consequences, and deterrents to community involvement.

## RESULTS

**Types of Community Involvement**—As shown in Table 2, Latino gay men who have been involved in HIV/AIDS-related organizations reported engaging in the following activities: general office help, board membership, creating and organizing events and groups, social support; informal activities, and outreach. The activities most frequently reported fall under the category of general office help. A couple of participants expressed that these types of activities (e.g., answering phones, translating) offer little challenge. Some respondents described their community involvement as taking place outside CBOs (e.g., buying groceries for a neighbor or friend with AIDS). This informal helping behavior represents a significant portion of our interviewees' community involvement.

**Motives for Community Involvement**—Participants explained their community involvement in HIV/AIDS as driven by several forces including self-esteem, coping, reciprocity, social connection, helping others, and a perceived community need.

**Self-esteem:** As a motive, self-esteem refers to getting involved in order to feel good about oneself. For instance, when asked what motivates his participation as a fund-raiser for the AIDS Walk in Chicago, Francisco,<sup>1</sup> who was born and raised in Mexico, said “to feel good about myself.”

**Coping Mechanism:** Esteban is a 41-year-old Puerto Rican man who has been HIV-positive since 1989. His community involvement in HIV/AIDS began 20 years ago in response to his own fears of HIV/AIDS. He commented, “I don't like to feel out of control in any situation. When we didn't know what this was and we had little information, I couldn't sit at home and wait.” That is, participants may engage in HIV/AIDS-related work as a way to manage stressful life situations (e.g., fear of becoming infected).

<sup>1</sup>Fictitious names were assigned to informants and potential identifiers were slightly changed to maintain anonymity.

**Reciprocity:** Some participants reported becoming involved in HIV/AIDS community work because they had received assistance from volunteers or CBOs in the past. Emilio, for example, started as a member of a support group for people with HIV/AIDS. Then he began to volunteer for HIV/AIDS fund-raisers. As a recipient of free services, he perceived his community involvement as the best way to repay the community for taking care of him. He said, “In this life nothing is free. For example, if someone does something [for another] it’s necessary to give back in whatever way one is able to.”

**Social Connection:** Those who become involved because they desire social connection are looking to find support, a sense of belonging, or peer affirmation. Jose got involved in college when he was realizing his sexual orientation. He began participating because he wanted to meet other gay men and experience gay life. He noted, “I don’t know if this was conscious then, but in retrospect, I believe it was part of the coming out process for me. I was in the midst of a bunch of gay people, and I wasn’t in the bar.”

**Helping Others:** Respondents described this motive as providing support to others either through participation in HIV/AIDS or gay-related CBOs, or informal helping networks. Helping others is usually expressed in terms of sexual and/or ethnic identity (e.g., wanting to help other gays or Latinos), as in the case of Ricardo. He had worked on a gay-and-lesbian hot line for several years, in part because of his commitment to help Latino men. He observed: “I’m very altruistic and very selfish, to a certain extent, because I think of Latinos first. You know, particularly in terms of [the] gay establishment. I think historically [the] gay establishment hasn’t been the most open to Latinos. So if I can help make people feel welcome I would do my best to do that.”

**Community Need:** Under this last category of motives, participants reported getting involved to address a perceived need in the community, usually related to HIV/AIDS or gay men’s marginalization. Community needs mentioned by participants included an overall need for AIDS awareness, as well as financial resources for treatment and research. For some, this need is experienced through their friends or partners who live with AIDS. In the next quote, Joe, explains how having a partner with AIDS impacted his own community involvement: “Because I met Jeffrey [my boyfriend who died of AIDS] and I knew how strong it was for the community, you know, our support. They need all the support they can get as far as raising funds and awareness for it. And now I have more friends that have AIDS. I know more people, it hits [home] more. So now I see that there is a need to support it.”

**Consequences of Involvement**—Community involvement may positively influence the lives of Latino gay men in several ways. Based on participants’ stories we created the following categories of changes brought about by community involvement: self-esteem, sense of empowerment, professional skills, social connection, learning about HIV/AIDS, and safer sex behaviors.

**Self-esteem:** Some individuals noted a greater positive sense of self as a consequence of their community participation. Francisco’s community involvement entailed bartending at HI V/AIDS fund-raisers. The following quote is his response to the question “Has your involvement in the community changed your life at all?”:

It has made me a lot prouder and a lot less scared to go out there and, you know, be afraid of being gay. It gives me a better sense of pride, in seeing that there is more. That the gay life isn’t just about the club scene, that there are more educated people out there doing the right things for our community, which is cool. But there are also

things in there that bother me, like discrimination among gay people. I mean, discrimination is gonna be everywhere, you know, and that sucks.

Other respondents described feelings of happiness and joy gained from helping others. Emilio, for example, simply replied, “It makes me feel good.”

**Sense of Empowerment:** Community involvement may also create a sense of empowerment. Empowerment refers not only to feeling good about oneself but also to feeling confident, being assertive, and acquiring leadership skills. Esteban describes the impact of his work as an HIV/AIDS educator in this way:

I got involved during my first year in the university. I had come from a small town family and I was discovering and exploring new points of view, politically speaking. This group helped me be myself and express my thoughts and opinions. I was the youth leader and I knew that I could be open. Now I’m talking in front of people. I’m at the center of things, and in charge of groups.

**Professional Skills:** Through community involvement, Latino gay men may also develop and maintain professional skills. Alejandro, for instance, is a former HIV/AIDS case manager and now volunteers as a hotline operator.

“I think it’s helped me professionally,” he said. “It’s allowed me to continue to see clients without seeing clients. I’ve not been a case manager for about 2 years. So I don’t know what it’s like for people with AIDS. Answering the phone on the hotline gives me [the type of] client contact that I don’t normally get anymore.

**Social Connection:** According to participants, working with HIV/AIDS CBOs provides access to social networks and a sense of belonging. It also offers opportunities to socialize, meet peers, and feel part of a larger national, even global community of Latino gay men. A frequent speaker at national Latino gay and lesbian conferences, David noted, “I think it has opened a network of information, new friends, and different cultures. It’s opening doors for me.”

**Learning About HIV/AIDS:** Through community involvement, some participants have acquired knowledge about HIV/AIDS, themselves, and about others’ lives. Jose, for example, described what he has learned about safer sex and about what it is like to live with AIDS: “Actually, this work has helped educate me about many things, on how to protect myself, on what it is like to have AIDS, the course of the illness. All the things they have to go through, their suffering, not only of the PWAs, but of their families.”

**Safer Sex Behaviors:** As suggested in Jose’s example, some participants report increasing and maintaining safer sex practices as a result of their community involvement. Being an HIV/AIDS volunteer may provide a moral outlook that motivates participants to “practice what they preach,” as one 32 year-old outreach worker put it. Through involvement, a person may learn about the risks and consequences of HIV/AIDS, and therefore become comfortable talking about sexuality and negotiating sex. For example, Ricardo noted that his experiences educating others about safer sex have enhanced his own ability to communicate with his sexual partners. He explained, “I had to learn how to talk about safe sex so that I could teach people how to talk about safe sex. So to negotiate safe sex became easier for me. I didn’t have to struggle or be clumsy about how to bring it up.”

**Deterrents to Community Involvement**—The last aspect of community involvement we discuss refers to the factors that might prevent Latino gay men from getting involved. To those participants not involved in HIV/AIDS CBOs, we asked why they were not involved.



For those involved, we asked why they think other Latinos do not participate. Three categories of deterrents emerged from these data: individual, sociocultural, and organizational.

**Individual Factors:** Some barriers to community involvement are influenced by individuals' attributes, which include lack of time, apathy, and life stages. Several informants explained that they are not involved because they have little leisure time. This may be partially related to socioeconomic status, as working class individuals have less disposable time. One participant, however, explained that lack of time was an excuse for "apathy": "It's like they're not interested. They're busy with other things and they're not interested. But they always say that they can't [participate] because they're tired or they work too much."

The third individual-base deterrent, life stages, refers to the idea that individuals' priorities change as they move through different phases of life. For example, the importance of career and family responsibilities can outweigh finding friends or helping others through volunteer work.

**Sociocultural Factors:** This set of barriers encompasses perceived features of gay and Latino cultures, and the stigma of AIDS and homosexuality. Regarding aspects of gay culture, one of the participants, Martin, felt that among gay men partying and socializing in bars have a higher priority than civic involvement: "*Locas* [flamboyant Latino gay men] wanted to party. You know, if you had a gala or you had a party with a DJ the *locas* were there. But when it came to sitting down and really discussing [who] we are. No one wanted to talk about issues."

Somewhat contrary to this view, some participants felt that few Latinos are involved in CBOs because the culture promotes informal helping behaviors and because volunteering takes on a different cultural meaning. As Ricardo explained, "I don't think we volunteer less, I just think we volunteer differently. I think taking a friend to the grocery store is volunteerism. For the Latino way of thinking, that's volunteering. It's not something I would normally do, but I'm going to do it to help.... It's a lot more informal. It's also more task oriented."

Another sociocultural barrier is the stigma of HIV/AIDS and homosexuality. Some Latino gay men may fear to be identified as homosexual or persons with AIDS because of their participation in HIV/AIDS-related activities. Samuel, who moved from Puerto Rico 4 years ago, put this way: "They believe that because they are working on HIV/AIDS people would associate them right away. Or if they are working in this place or that agency they also have the virus. And it's not that way, there are many people working in the community."

This stigma may also translate into internalized homophobia, heightening concerns to engage in HIV/AIDS or gay causes. As Ricardo explains, "I think we're still dealing with our homosexuality. I think its taken a person like me a while to overcome those *telarañas* [ghost in our minds]. Not everyone has had the education that I've had. This gives me a little more enlightenment to be more creative in dealing with it."

**Organizational Factors:** Two organizational factors were identified as barriers to community involvement: unchallenging volunteer activities and racism. The former is illustrated in Alejandro's experiences. He is a counseling psychologist, and volunteered for several years for a gay-and-lesbian hot line. In this excerpt, he explains how some tasks may discourage participation.

When I volunteer I know why I am going in to it and I know what I expect to get out of it. When I stop getting that I try to look for other ways to make it exciting, make it different and challenge myself to get something out of it. But ultimately, if it doesn't satisfy me anymore se acabo [it's over]. Like, I'm not a phone person. After four years I got tired of answering the phone at [the CBO].

Finally, some participants noted that racism hinders Latino gay men's involvement. Jorge, for instance, thinks that CBOs run mostly by White staff do not welcome Latinos. He observed:

I think many of the gay organizations and organizations that do work with the AIDS community have much trouble recruiting Latinos as volunteers. I think that a lot of gay organizations, especially those on the [other side of town], are predominately White organizations, and whether that perception is true, that is the perception that people who are reluctant to come to the organizations have.

The data from these interviews provide us a window, if limited, into Latino gay men's experiences of community involvement in HIV/AIDS. We found that these men's driving forces include self-esteem, coping, reciprocity, social connection, helping others (especially other Latino gay men), and community needs. Also, we encountered several positive consequences of community involvement, such as increased self-esteem, sense of empowerment, professional skills, social connection, HIV/AIDS knowledge, and safer sex practices. Finally, from these men's stories we inferred that the factors hindering community involvement are rooted in individuals' attributes, sociocultural milieu, and organizational features.

## CONCLUSION

In this study we described Latino gay men's community involvement in HIV/AIDS to assess whether it could be used as an HIV prevention strategy. With the data collected from CBOs and Latino gay men, we mapped the types of volunteer activities, motives, consequences, and deterrents. We found some evidence of positive effects of community involvement on individuals' mental health and sexual risk behavior. Also, we identified critical deterrents to community involvement. These results have implications for using community involvement as an HIV/AIDS prevention strategy among Latino gay men.

As in previous studies among White gay men (Chambre, 1991; Kobasa, 1990; Waldo et al., 1998; Wolfe, 1994), we found that community involvement in HIV/AIDS may positively impact Latino gay men's self-esteem, sense of empowerment, social connection, and HIV/AIDS knowledge and practices. All these factors may have either a direct or indirect effect on safer sex behaviors (Ramirez-Valles, 2002). From a public health perspective, this suggests that community involvement could be used as a means to promote behavioral changes, not only community-level ones. This, however, is a very tentative suggestion given the limitations of our data. First, the sample, though somewhat diverse, is small and based on only one city. Second, participants' accounts about positive consequences of community involvement are retrospective, undermining their validity and assumed causal relationship. However, among Latino gay men there is almost no other comparable published evidence.

The findings regarding deterrents to and motives for community involvement underscore both the need to increase involvement of Latino gay men and some of the factors in which we may intervene to achieve that. It is evident that there are relatively few Latinos participating as volunteers in HIV/AIDS CBOs, and even fewer Latino gay men. Although this finding was expected, the nature of our sample and data collection methods warrants some caution. First, the CBOs we interviewed are from only one city; hence, the level of involvement found might be a unique phenomenon of this setting. Second, the response rate

was somewhat limited, yet the final sample included the main HIV/AIDS CBOs in the city. Third, a related issue is that we cannot draw comparisons between CBOs that are predominantly Latino and CBOs that are predominantly White. Fourth, many CBOs do not keep data on their volunteers and CBO staff may not know the ethnicity or sexual orientation of their volunteers. Fifth, we relied on self-report data and the interviewer's skills to ask questions and record data.

The data from both CBOs and Latino gay men offer several explanations for the low involvement of this group. First, CBOs do not actively recruit Latinos in general, and gay men in particular, for volunteer work. They use traditional means for recruitment (e.g., word of mouth), which may not reach Latinos. Second, CBOs may not see a particular need for Latinos as volunteers because they primarily serve a non-Latino population. Third, the activities offered to Latino volunteers may not be attractive or challenging. Fourth, given the small number (or the absence) of volunteers who are Latino gay men in any given CBO, those who do volunteer may feel isolated, and therefore discouraged to participate. Fifth, at the core of these factors there may be a lack of resources devoted to volunteer activities in CBOs. Sixth and last, there is little collaboration among existing Latino gay programs to facilitate the sharing or exchanging of volunteers.

We also found that racism and the stigma of homosexuality and AIDS may work as deterrents for community involvement. Racism may act in at least three ways. Volunteers' activities may be defined or assigned based solely on assumed ethnic factors (e.g., translating, answering calls in Spanish). Another way is through the communities' perceptions of organizations. Some CBOs whose staff or service population is predominately White, may not be perceived as welcoming of people of color. A third means is the racial neighborhood segregation, which affects access to resources (Wilson, 1987, 1991). Many Latino gay men live in poor neighborhoods with few or no CBOs. Most HIV/AIDS and gay-related CBOs are located in affluent and mostly-White neighborhoods. That is, there is a lack of CBOs in Latino communities. Likewise, the stigma of AIDS and homosexuality still seems to prevent individuals, especially Latino men, from actively participating in HIV/AIDS-related activities. There are, however, some exceptions. Several Latino CBOs in San Francisco and southern California have been able to create and sustain a cadre of Latino gay men as volunteers and activists (G. Ayala, personal communication, March 1, 2002; R. Diaz, personal communication, December 15, 2001). The presence of these two factors, racism and stigma, suggests that efforts to increase community involvement may need to include CBOs and communities. Interventions at the individual level would accomplish little in changing the sources of stigma and racism.

Finally, motives encountered in this group of Latino gay men do not vary greatly from those found elsewhere among mostly White populations (Gabard, 1995; Omoto & Snyder, 1995; Snyder & Omoto, 1992; Stewart & Weinstein, 1997). Although our sample is small, it is significant to note that some motives (e.g., helping others) are framed with a group identity (e.g., Latinos). This is akin to what Thoits and Hewitt (2001) referred to as the group identity model, which posits that community involvement is stimulated by the sense of membership to an identity group. Future research and interventions may need to explore the extent to which the group identity model applies to Latino gay men and can be used to increase their community involvement in HIV/AIDS.

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## References

- Abrahams N. Negotiating power, identity, family, and community: Women's community participation. *Gender and Society*. 1996; 10:768–796.
- Altman DG, Feighery E, Robinson TN, Haydel FK, Strausberg L, Lorig K, Killen JD. Psychological factors associated with youth involvement in community activities promoting heart health. *Health Education and Behavior*. 1998; 25(4):489–500. [PubMed: 9690106]
- Bebbington AC, Gatter PN. Volunteers in an HIV social care organization. *AIDS Care*. 1994; 6:571–585. [PubMed: 7711090]
- Bellah, RN.; Madsen, R.; Sullivan, WM.; Swidler, A.; Tipton, SM. *Habits of the heart: Individualism and commitment in American life*. Berkeley: University of California Press; 1996. (updated ed.)
- Boehmer, U. *The personal and the political: Women's activism in response to the breast cancer and AIDS epidemics*. Albany: State-University of New York; 2000.
- Chambre SM. Volunteers as witness: The mobilization of AIDS volunteers in New York City, 1981–1988. *Social Services Review*. 1991; 65:531–547.
- Coffey, A.; Atkinson, P. *Making sense of qualitative data: Complimentary research strategies*. Thousand Oaks, CA: Sage; 1996.
- Diaz, RM. *Latino gay men and HIV: Culture, sexuality, and risk behavior*. New York: Routledge; 1998.
- Eckstein S. Community as gift-giving: Collectivist roots of volunteerism. *American Sociological Review*. 2001; 66:829–851.
- Epstein, S. *Impure science: AIDS, activism, and the politics of knowledge*. Berkeley: University of California Press; 1996.
- Gabard DL. Volunteers in AIDS service organizations: Motivations and values. *Health and Human Services Administration*. 1995; 17:317–337.
- Garcia, D.; Ramirez-Valles, J. Volunteerism or activism: Community involvement in HIV/AIDS among Latino gay and bisexual men. Paper presented at the 14th International AIDS Conference; Barcelona, Spain. 2002 Jul.
- Herek GM. AIDS and stigma. *American Behavioral Scientist*. 1999; 42(7):1102–1112.
- Hodgkinson, VA. Key factors influencing caring, involvement, and community. In: Schervish, P.; Hodgkinson, V.; Gates, M., et al., editors. *Care and community in modern society*. San Francisco: Jossey-Bass; 1995. p. 21-50.
- Kayal PM. Communalization and homophile organization membership: Gay volunteerism before and during AIDS. *Journal of Gay and Lesbian Social Services*. 1994; 1:33–57.
- Knoke, D.; Woods, JR. *Organized for action: Commitment in voluntary associations*. New Brunswick, NJ: Rutgers University Press; 1981.
- Kobasa SCO. AIDS and volunteer associations: Perspectives on social and individual change. *Milbank Quarterly*. 1990; 68(Suppl 2):280–294. [PubMed: 2381386]
- Lieblich, A.; Tuval-Mashiach, R.; Zilber, T. *Narrative research: Reading, analysis, and interpretation*. Thousand Oaks, CA: Sage; 1998.
- Mishler, E. *Research interviewing: Context and narrative*. Cambridge, MA: Harvard University Press; 1986.
- Moen, P.; Fields, S. Retirement and well-being: Does community participation replace paid work. Paper presented at the American Sociological Association Conference; Chicago. 1999 Aug.
- Omoto AM, Snyder M. Sustained helping without obligation: Motivation, longevity of service, and perceived attitude change among AIDS volunteers. *Journal of Personality and Social Psychology*. 1995; 68:671–686. [PubMed: 7738770]
- Omoto AM, Snyder M. Considerations of community: The context and process of volunteerism. *American Behavioral Scientist*. 2002; 45(5):846–867.

- Omoto, AM.; Snyder, M.; Berghois, JP. The psychology of volunteerism: A conceptual analysis and a program of action research. In: Pryor, JB.; Reeder, GD., editors. *The social psychology of HIV infection*. Hillsdale, NJ: Erlbaum; 1993. p. 333-356.
- Ouellette SC, Cassel BJ, Maslanka H, Wong LM. GMHC volunteers and the challenges and hopes for the second decade of AIDS. *AIDS Education and Prevention*. 1995; 7(Suppl):64–79. [PubMed: 8664099]
- Protney KE, Berry JM. Mobilizing minority communities: Social capital and participation in urban neighborhoods. *American Behavioral Scientist*. 1997; 40(5):632–644.
- Ramirez-Valles J. Changing women: The narrative construction of personal change through community health work among women in Mexico. *Health Education and Behavior*. 1999; 26(1): 23–40.
- Ramirez-Valles J. “I was not invited to be a [CHW] ... I asked to be one”: Motives for community mobilization among women community health workers in Mexico. *Health Education and Behavior*. 2001; 28(2):150–165. [PubMed: 11265826]
- Ramirez-Valles J. The protective effects of community involvement on HIV/AIDS risk behavior: A conceptual framework. *Health Education Research*. 2002; 17(4):389–403. [PubMed: 12197585]
- Ramirez-Valles, J.; Diaz, RM. Public health, race, and the AIDS movement: The profile and consequences of Latino gay men’s community involvement. 2002. Manuscript submitted for publication
- Riessman F. The helper therapy principle. *Social Work*. 1965; 10:27–32.
- Rietschlin J. Voluntary association membership and psychological distress. *Journal of Health and Social Behavior*. 1998; 39:348–355. [PubMed: 9919856]
- Schondel C, Shields G, Orel N. Development of an instrument to measure volunteers’ motivation in working with People with AIDS. *Social Work in Health Care*. 1992; 17:53–71. [PubMed: 1440115]
- Silverman, D. *Interpreting qualitative data: Methods for analysing talk, text, and interaction*. London: Sage; 1993.
- Smith HD. Determinants of voluntary association participation and volunteering: A literature review. *Nonprofit and Voluntary Sector Quarterly*. 1994; 23:243–63.
- Smith HD. Grassroots associations are important: Some theory and a review of the impact literature. *Nonprofit and Voluntary Sector Quarterly*. 1997; 26:269–306.
- Snyder, M.; Omoto, AM. Who helps and why? The psychology of AIDS volunteerism. In: Spacapan, S.; Oskamp, S., editors. *Helping and being helped: Naturalistic studies*. Newbury Park, CA: Sage; 1992. p. 213-239.
- Snyder M, Omoto AM, Grain LA. Punished for their good deeds: Stigmatization of AIDS volunteers. *American Behavioral Scientist*. 1999; 42:1171–1188.
- Stewart E, Weinstein RS. Volunteer participation in context: Motivations and political efficacy within three AIDS organizations. *American Journal of Community Psychology*. 1997; 25(6):809–837. [PubMed: 9534220]
- Test Positive Aware Network. *Chicago area HIV AIDS services directory [Brochure]*. Chicago: Authors; 1998.
- Thoits AP, Hewitt NL. Volunteer work and well being. *Journal of Health and Social Behavior*. 2001; 42:115–131. [PubMed: 11467248]
- Valentgas P, Bynun C, Sierler S. The buddy volunteer commitment in AIDS care. *American journal of Public Health*. 1990; 8:1378–1380.
- Waldo, CR.; Kegeles, SM.; Hays, RB. Self-acceptance of gay identity decreases sexual risk behavior and increases psychological health in U.S. young gay men. Paper presented at the 12th World AIDS conference; Geneva, Switzerland. 1998.
- Wilson, WJ. *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago: University of Chicago Press; 1987.
- Wilson WJ. Studying inner-city social dislocations: The challenge of public agenda re-search. *American Sociological Review*. 1991; 56:1–14.

- Wilson J, Musick M. Who cares? Toward an integrated theory of volunteer work. *American Sociological Review*. 1997; 62:694–713.
- Wolfe, M. The AIDS Coalition to Unleash Power (ACT UP): A direct model of community research for AIDS prevention. In: Van Vugr, JP., editor. *AIDS prevention and services: Community based research*. Westport, CT: Begin & Garvey; 1994. p. 217-247.
- Youniss, J.; Yates, M. *Community service and social responsibility in youth*. Chicago: University of Chicago Press; 1997.

**TABLE 1**

## Frequency and Types of Volunteer Activities in HIV/AIDS CBOs in Chicago

Type of Activity	Number of Organizations
Clerical and Administrative	21
Events and special activities	12
Community outreach	4
Health education presentations	7
Facilitate support groups	5
Buddy	6
Emotional support	4
Legal aid	3
Child care	5
Clean-up	3
Arts and crafts	3
Transportation	5
Other <sup>a</sup>	27

<sup>a</sup>Other includes: food pantry, peer counseling, hospital visits, making and distributing condom packets, and creating education materials.

TABLE 2

Types of Community Involvement as Reported by Latino Gay Men in Chicago<sup>a</sup>

Category	Description	Examples
General office help	Sporadic, short-term community participation and small tasks	Office help, providing material or non-material help in events (e.g., AIDS Walk and parades)
Board membership	Serving in advisory groups such as planning boards and councils	Attending board meetings and planning groups
Fund-raising	Assisting with events oriented toward generating funds for a cause or community-based organization	Raising money at bars to buy medicine for persons with AIDS (PWAs)
Organizing events	Organizing local or national events related to HIV/AIDS, gay/lesbian bisexual/transgender Latinos	Participation working with The National latina/o lesbian, Gay Bisexual, and Transgender Organization
Creating and Organizing groups	Community mobilization, leadership, and group facilitation activities	Organizing a support group for PWAs
Social support	Any type of assistance to people with AIDS. It includes informal helping behavior	Assisting PWAs in food delivery and hospital visits
Information activities	Disseminating health information at public events and with community or organizations	Giving public school presentations on HIV/AIDS and working on hotlines
Outreach	Combines three activities: information, education, and distribution of condoms	Distributing flyers and condom packets in bathhouses while doing peer education

<sup>a</sup>These activities are not mutually exclusive. Participants reported one or more activity.