

**NATIONAL LATINO AIDS  
AWARENESS DAY 2013  
EVALUATION REPORT  
COMMIT TO SPEAK**



In 2013,  
we asked people their willingness  
to talk to someone about HIV/AIDS...

# THEY COMMITTED TO SPEAK

“I commit  
to speak for  
all my HIV+  
brothers and  
sisters”

“Me  
comprometo  
a hablar para  
que menos  
Latinos se  
contagien con  
VIH”

“I commit  
to speak to  
end stigma”

“I commit  
to speak  
por la salud  
de nuestra  
comunidad”

“I commit  
to speak  
por la salud  
de nuestra  
comunidad”

“I commit to  
speak for the  
youth”

“Me  
comprometo  
a hablar con  
los jóvenes  
sobre el sexo  
seguro”



# EXECUTIVE SUMMARY

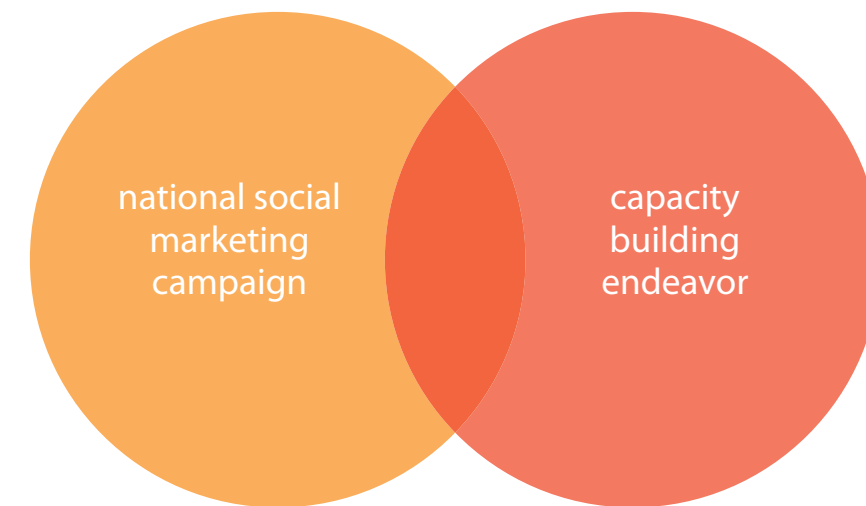
The National Latino AIDS Awareness Day (NLAAD) is a national social marketing campaign that is implemented every October 15 to encourage awareness and testing of HIV/AIDS in the Latino community. Besides being a national social marketing campaign, NLAAD as coordinated from within the Latino Commission on AIDS, is also a capacity building endeavor. In order to improve upon the NLAAD campaign of 2013 and to assess the immediate effectiveness of NLAAD as a public health media campaign designed to increase awareness and encourage testing behaviors, we conducted two evaluation activities: (1) online survey of current and past NLAAD registrants (partners) to gather information on activities, testing events, event reach and demographics; and (2) street intercepts in the cities of Atlanta; New York; El Paso; Houston; Santa Barbara; St Paul and Washington, DC with the general Latino public (community members) two weeks before and after NLAAD. In summary, this evaluation effort includes the perspective of 2013 NLAAD partners and the general Latino public.

In 2013, NLAAD -now over a decade old - implemented new social media strategies widening its reach. New strategies included an Instagram campaign as well as a new video series to accompany the campaign posters. NLAAD helped moderate the first ever Bilingual twitter chat held by the CDC; as well as implementing a series of four live panel webcasts. Furthermore, we revamped and re-launched our website.

There were 10 key takeaway findings that emerged from the assessment:

- [1] **Over 33% of the surveyed community members were aware of NLAAD.**
- [2] **26% of those surveyed in the streets noted that they had heard of NLAAD through a local organization; another 22% heard about NLAAD through word of mouth. Such a finding highlights the partnership and grassroots model and nature of NLAAD.**
- [3] **Of the community members (i.e. street intercept respondents) that indicated they had heard of NLAAD, slightly over 28% noted they did something in response to the campaign. Of those that indicated they did something, 23.5% reported getting tested for HIV.**
- [4] **Over 76% of the community members who had heard of NLAAD had at some point in their lives been tested for HIV.**
- [5] **Of our partners that completed the online survey that held an event, close to 52% held it at (or participated in) a health fair; nearly 83% of those that held an event conducted HIV testing.**

## NATIONAL LATINO AIDS AWARENESS DAY CONCEPT



[6] **Of those that offered HIV testing at their NLAAD event, close to 36% noted that they did so in order to align with the CDC's High Impact Prevention initiative.**

[7] **As per our partners who completed the online survey, approximately 2,010 individuals got tested at an NLAAD event.**

[8] **42.9% of partners made referrals for health insurance enrollment when the individual tested positive for HIV. When the individual tested negative, a larger percentage of our partners (46.6%) made referrals to STD clinics.**

[9] **Partners who held an NLAAD event noted a higher level of awareness of national policies such as the Affordable Care Act, National HIV/AIDS Strategy and High Impact Prevention than those that did not hold an event.**

[10] **Those who planned their NLAAD event 6 months prior to NLAAD taking place rated their success higher than others who planned their events less than six months prior.**



**TABLE OF CONTENTS**

- Executive summary **4**
- Introduction **7**
- NLAAD Implementation **8**
- Methodology **13**
- Results **16**
- Discussion **24**
- Acknowledgments **26**

# INTRODUCTION

The United States’ public health landscape is rapidly changing due in part to advances in technology and biomedical research, as well as to major policy changes at the national level, including the Affordable Care Act (healthcare reform). On July 13, 2010 the White House unveiled the National HIV/AIDS Strategy (NHAS) for the United States (The White House Office of National AIDS Policy, 2010). The National HIV/AIDS Strategy, the CDC’s High Impact Prevention (HIP) response to NHAS, the national economy and the aligned Requests for Applications (RFAs) further shape the on-the-ground implementation of HIV prevention strategies and programs including those such as the implementation of national HIV/AIDS awareness days.

**While Latinos accounted for 17% of the US population in 2011, Latinos accounted for 21% of new HIV infections in 2011 and 17% of people living with HIV disease. Latinos also accounted for 20% of new AIDS diagnoses in 2011.** The number of new infections among Latinos peaked in the late 1980s, has declined since then, and stood at 9,196 in 2011. Throughout the epidemic, the number of new HIV infections among Latinos has been lower than for whites and Blacks.

**However, Latinos account for a growing share of AIDS diagnoses over the course of the epidemic, rising from 15% in 1985 to 20% in 2011.** This increase in AIDS diagnoses is often attributed to the late testing patterns Latinos engage in. To achieve a decrease in HIV/AIDS in the US Latino population, we will require improved biomedical and psychosocial interventions, strengthened community involvement, and effective public awareness campaigns. Since 2003, the Latino Commission on AIDS (the Commission) has spearheaded efforts to raise awareness of HIV/AIDS in the United States’ Latino communities by engaging in a national - yet locally -driven social marketing campaign on every October 15.

National Latino AIDS Awareness Day (NLAAD) is a national social marketing campaign that is implemented every October 15 to encourage awareness and testing of HIV/AIDS in the Latino community. Besides being a national social marketing campaign, NLAAD as coordinated from within the Latino Commission on AIDS, is also a capacity building endeavor. To be effective, we encourage local awareness campaigns to address the local epidemic and target audience with culturally appropriate messages.

This report reviews the methodology of the evaluation assessment conducted by the Commission, and details its results. It concludes with an overall discussion on NLAAD as a HIP public health strategy.

# NLAAD IMPLEMENTATION AS A NATIONAL SOCIAL MARKETING CAMPAIGN

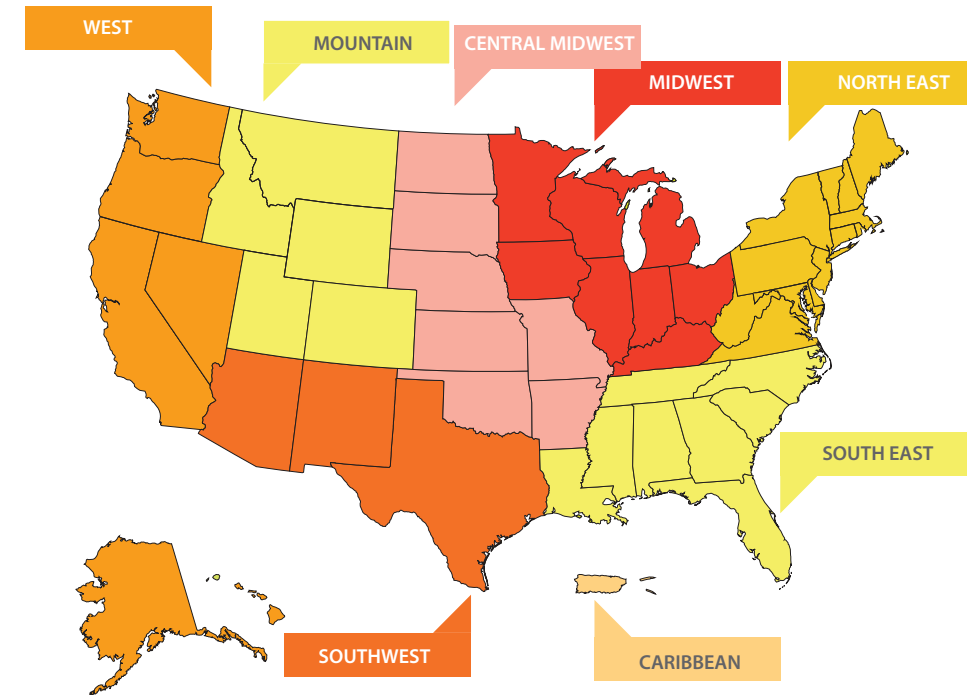


As a social marketing campaign, NLAAD seeks to bring about improvements in HIV-related health practices by building an organization's (or other organized body) capacity, developing and disseminating resource kits, utilizing various media channels to run television and radio Public Service Announcements (PSAs), publishing articles in local, regional and national media outlets (including print and electronic media), and casting the spotlight on Latino faces behind the epidemic. Additionally, the NLAAD website ([www.nlaad.org](http://www.nlaad.org)) serves as an information-sharing, resource-distribution and community mobilizing vehicle where NLAAD network members are able to publicize organization information, advertise local NLAAD activities and interact with other NLAAD members. It serves as a mechanism for disseminating NLAAD's message and connecting key stakeholders with local, regional, and national resources.

The strategies designed to accomplish the aforementioned NLAAD goals fall into the following program components:

- Utilize media strategies to heighten public awareness around testing and thus capture the attention of those Latinos that may be hard to reach.
- Partner with pharmaceuticals, government agencies, and community based organizations.
- Implement NLAAD events locally through partner community programs .
- Disseminate resources, including testing kits, to partners.

## NLAAD NATIONWIDE COVERAGE



**8**  
number of regions by which NLAAD was divided

**30**  
number of leadership council members that were assembled across the 8 regions

**3**  
number of leadership council calls wherein campaign strategies were discussed.

## ACHIEVEMENTS



**102**  
organizations  
number of partnering organizations that participated in NLAAD 2013



**148**  
events  
number of events held across the United States, Puerto Rico, and the U.S. Virgin Islands that celebrated NLAAD



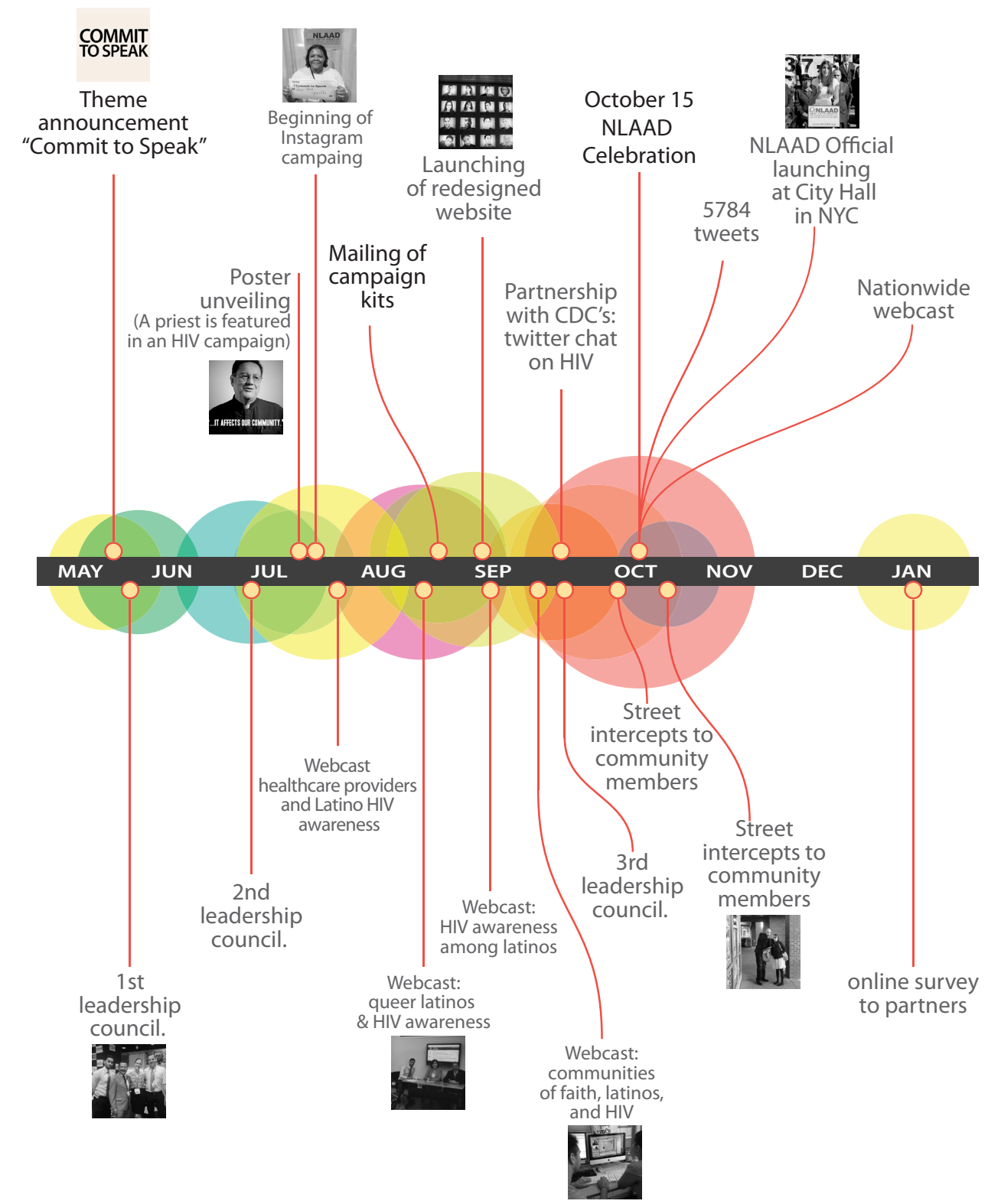
**4,000**  
testing kits  
number HIV testing kits donated by Orasure Technologies and were donated to the NLAAD partners

In terms of the 2013 NLAAD campaign, the theme was “*Commit to Speak*.” In the vein of being a community mobilization endeavor utilizing key data points, the theme selection was a multi-tiered process. In the year prior, we had asked partners and community members alike what NLAAD, HIV/AIDS, and data regarding Latinos meant to them. Those responses were transcribed; after which we developed a “word cloud” to visually display how people responded. The word cloud was then utilized in an iterative process with the creative team, as well as with the leadership council (described below) to develop the theme of *Commit to Speak*.

In 2013, there were also some distinct new features that were implemented.

1. First and foremost, an **NLAAD LEADERSHIP COUNCIL** was developed.
  - a. As a grassroots endeavor we wanted local, regional partners to help mold and steer the campaign from the ground up.
  - b. We reached out to past and new partners in eight US regions.
  - c. The regions were divided by using CDC incidence data in conjunction with our NLAAD partner list. The eight regions are: West, Mountain, Southwest, Central/Midwest, Midwest, Northeast, Southeast, and the Caribbean. See map below for the layout of the regions.
  - d. Across the eight regions, 30 leadership council members were assembled. There were a total of three leadership council member calls wherein themes, events and media strategies were discussed.
2. We re-launched a new and improved **WEBSITE** to great success in partnership with Penngood, a subcontractor with CDC to help with the various awareness days.
  - a. Just in the month of October 2013, there were a total of 4,984 views on the NLAAD website; while the month before there was a total of 3,253.
3. We developed our first ever **VIDEO-SERIES** corresponding to our poster models. The poster figures, who represented four key segments of our target audience (medical providers, faith-based institutions, gay men, and immigrants), spoke on why they were committed to speaking about HIV/AIDS. Thus, the traditional campaign posters were complimented by a new video series.
4. We implemented a multi-layered **SOCIAL MEDIA** campaign.
  - a. Because of the videos we developed to accompany the posters, we were able to engage community members and partners in an Instagram campaign where we asked them to create “commit to speak” photographs and videos. These can be found at: [www.instagram.com/nlaad2013](http://www.instagram.com/nlaad2013)
  - b. We helped moderate CDC’s first bilingual twitter chat on HIV
  - c. We held four Twitter Live Panel Webcasts for which there were 197 live viewers. The topics were as follows: Healthcare Providers & Latino HIV Awareness; Queer Latinos & HIV Awareness; Communities of Faith & Latino HIV/AIDS Awareness; and HIV Awareness among Latinos.

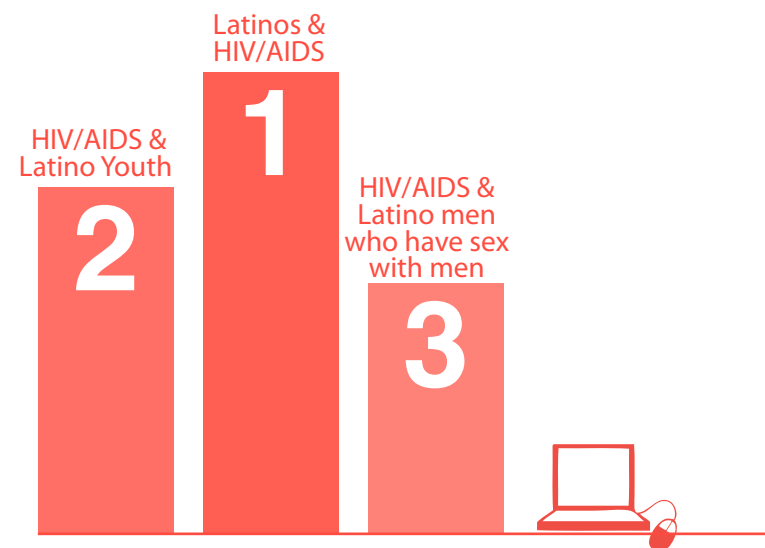
## TIMELINE OF ACTIVITIES



Uniting the Latino community under the theme of *“Commit to Speak,”* NLAAD solidified support from 102 partnering organizations who sponsored 148 events across the United States, Puerto Rico, and the U.S. Virgin Islands. Through a partnership with OraSure Technologies, 4,000 HIV testing kits were donated to our NLAAD partners that were certified HIV testing sites. These sites were required to provide appropriate counseling, access to care, and/or referral services to individuals who were tested at an NLAAD event. These services were provided to thousands of Latinos and information was disseminated to tens of thousands more, making them aware of the challenges faced in confronting the AIDS crisis in their communities.

In addition, 144 components of the NLAAD Campaign Kits were downloaded from our newly launched website, providing key resources for organizing and carrying out HIV/AIDS awareness activities. The top three factsheet downloads were, in order, the following topics: Latinos/Hispanics & HIV/AIDS; HIV/AIDS & Latino Youth; and HIV/AIDS & Hispanic/Latino Men Who have Sex with Men. We also implemented three general network calls wherein we provided a space for partners to share local activities on a national platform, encouraged collaboration among partners to maximize resource and reach, showcased partner events/activities to enhance newer partners’ capacity to implement NLAAD activities, solicited feedback on what information might be useful in planning events, and utilized feedback to offer support in subsequent calls (i.e. how to solicit sponsors). Lastly, NLAAD efforts were also covered by varying media outlets such as POZ, Huffington Post Live, We Make the Change.com, and the Arizona Daily Independent to name a few.

## TOP WEBSITE DOWNLOADS



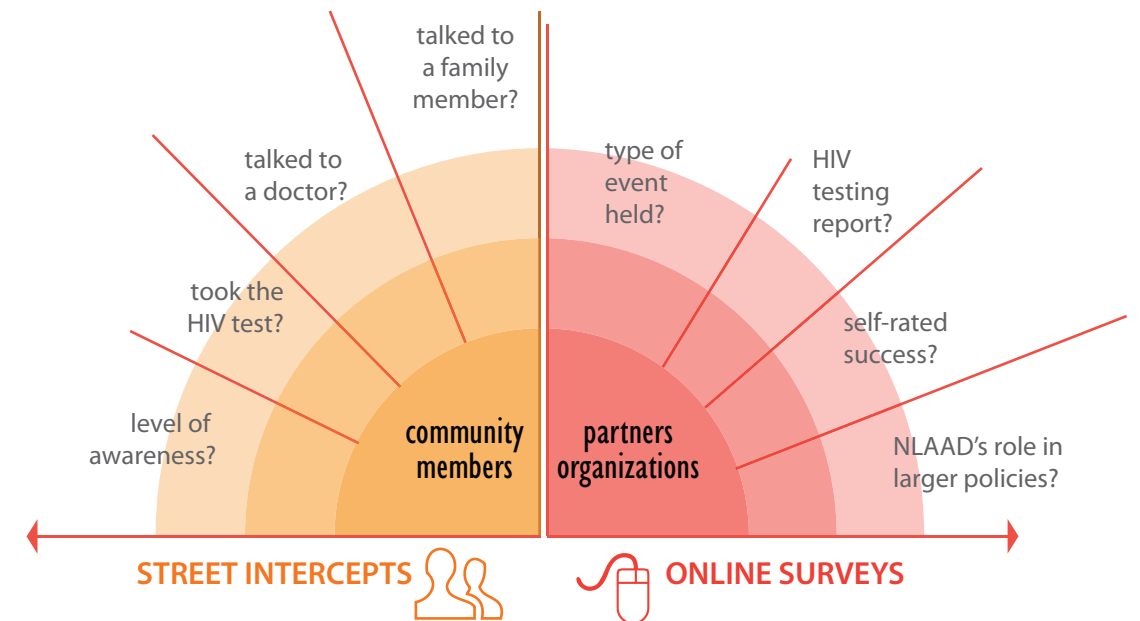
**53%**  
increase in visits  
new volume of visits after the re-designed NLAAD website was launched

# EVALUATION METHODOLOGY

## STREET INTERCEPTS

As one measure of NLAAD effectiveness, the Latino Commission on AIDS employed the use of street intercepts to gauge overall awareness of NLAAD amongst community members, the origin of their awareness and what actions, if any, individuals took as a result of their NLAAD awareness. The intercept survey, as a result, had four sections: awareness; whether they had heard of NLAAD through word of mouth, television, radio, Facebook or other means; whether they took an HIV test, talked to a medical doctor or family member about HIV (and/or other actions); as well as demographics. The intercepts were conducted in the seven cities of New York; Washington, DC; Atlanta (Georgia); El Paso (Texas); Houston (Texas); Santa Barbara (California) and St. Paul (Minnesota). The seven cities consist of three traditional Hispanic cities (New York, El Paso, Santa Barbara) and four “emerging” Hispanic cities (Houston, St. Paul, Atlanta, Washington, DC); meaning that there is an emerging/burgeoning Hispanic population. Overall, the intercepts sought to measure awareness of the National Latino AIDS Awareness Day in Hispanic/Latino communities throughout the United States and of the Latino Commission on AIDS, which is the lead agency coordinating the efforts.

The street intercepts were conducted before (from October 10th through October 14th) and after (October 16th through November 1st) NLAAD by local community members/organizations that were trained during a long-distance webinar by the Latino Commission on AIDS’ Capacity Building Assistance team. The total sample across the seven cities was



738 respondents; 358 (49.3%) street intercepts conducted pre-NLAAD and 368 (50.7%) conducted post-NLAAD. Close to 39% of the surveys were completed in Spanish; with 61% in English. A plurality of the intercepts were completed in El Paso (26.2%) and New York City (24.4%). See Figure 1 below for city breakdown.

The street intercepts were conducted in Hispanic/Latino areas in seven cities. Please note, that although conducted in Hispanic neighborhoods, not everyone who completed the surveys identified as Hispanic. Overall, 60% of the respondents identified as Hispanic, with a majority identifying as Mexican. Furthermore, across all community respondents, 62% noted that they were born in the US (or its territories of Puerto Rico, Virgin Islands). The age ranged from 18-77 years old. Less than one percent identified as transgender; while 56.7% identified as female and 42.7% identified as male. Lastly, 86.9% reported they were heterosexual.

Interestingly, 62.2% of all respondents noted having been tested for HIV at one point in their lives. According to CDC (2013) slightly more than half of those in the US have not been tested for HIV.

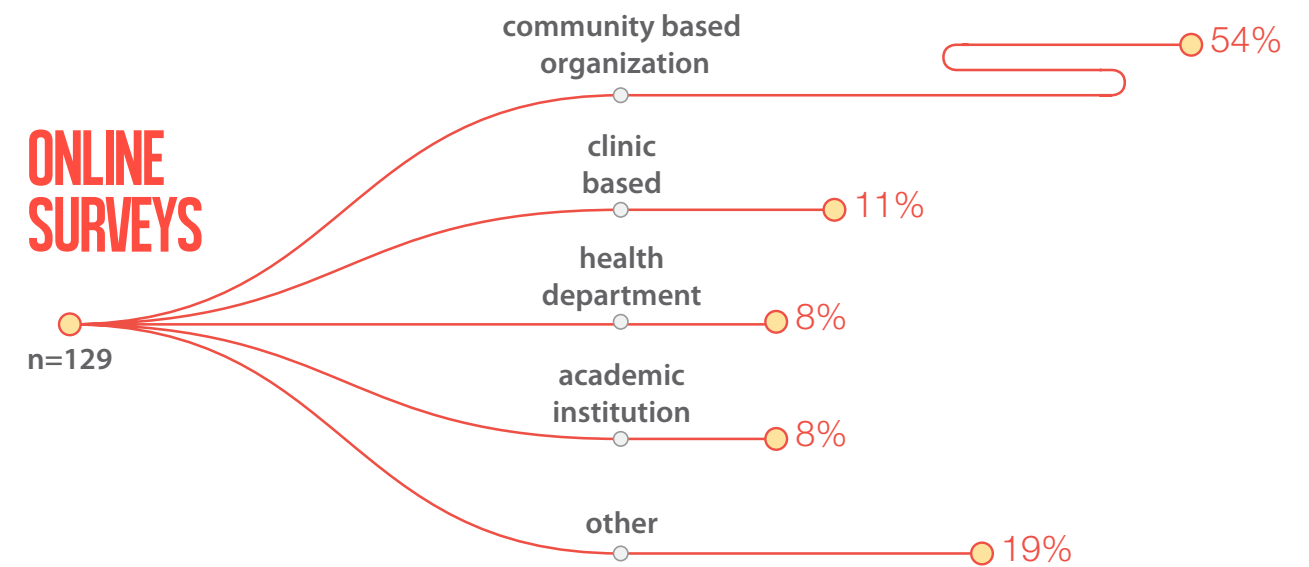
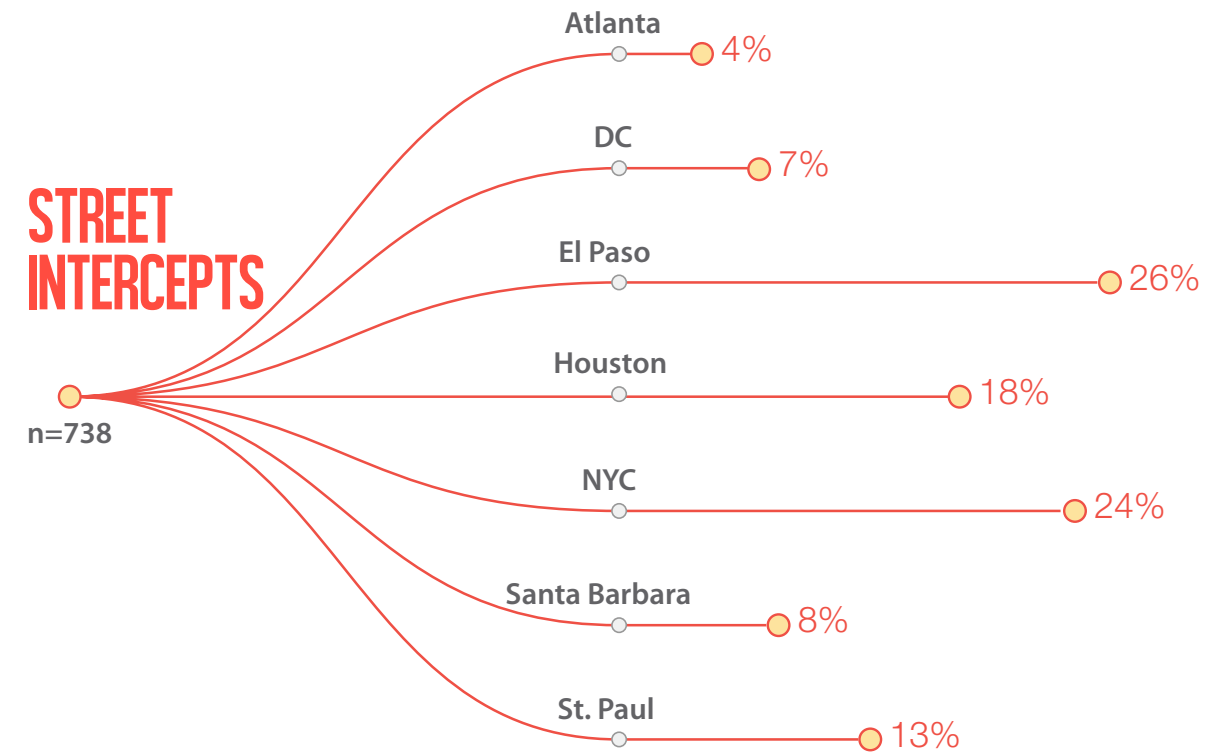
## ONLINE SURVEYS

In order to gain a better understanding of locally implemented NLAAD activities and their outcomes, we developed a short survey for NLAAD registrants to complete. Because of the vast NLAAD network and small Commission NLAAD staff, the decision was made to administer the survey online. The survey was developed the Latino Commission on AIDS and the data was then analyzed by HEARD, the research institute of the Latino Commission on AIDS.

Online survey administration began on **January 30, 2014** and was completed on **March 17, 2014**. Emails were sent by the Latino Commission on AIDS to those on the NLAAD registration, as well as partner networks, in January encouraging individuals to complete the online NLAAD evaluation. Note, that those individuals on the NLAAD registration list are not necessarily the same individuals that ended up coordinating an NLAAD event. Upon closing of the online survey, the databases were cleaned and quality-checked prior to analysis.

There were 129 partner respondents representing 54 cities across 24 states in the US, along with the District of Columbia and Puerto Rico. Slightly over 54% of the surveyed partners were affiliated with community based organizations, 11% were clinic based, 8% were from a health department and another 8% were from an academic institution. Close to a third of the respondents receive funding from the state health department and another 18% receive funding from their local health department (note that respondents could pick more than one funding source). For 90% of those that conducted an NLAAD event, this was not their first time.

Figure 1. Street Intercepts by City





# EVALUATION RESULTS

Below we provide the results from both the street intercepts with community members and the online-surveys with partners.

## COMMUNITY MEMBERS

**AWARENESS.** Those approached in the seven cities, were asked about their overall NLAAD awareness. Similar to past years, there was a 33% reported NLAAD awareness across the participants. Compared to street intercept findings of other national campaigns, NLAAD awareness is comparatively high. Furthermore, 63.1% noted correctly that NLAAD occurs on October 15. Slightly over 44% correctly identified this year's theme as "Commit to Speak." Reported NLAAD awareness was higher during the weeks after NLAAD (35.5%) versus the week before NLAAD (29.9%).

Awareness of NLAAD, amongst community members, did differ by city. A higher percentage of respondents in the cities of Santa Barbara, St Paul and Houston reported NLAAD awareness.

Figure 2. Percentage of surveyed community members that were aware of NLAAD

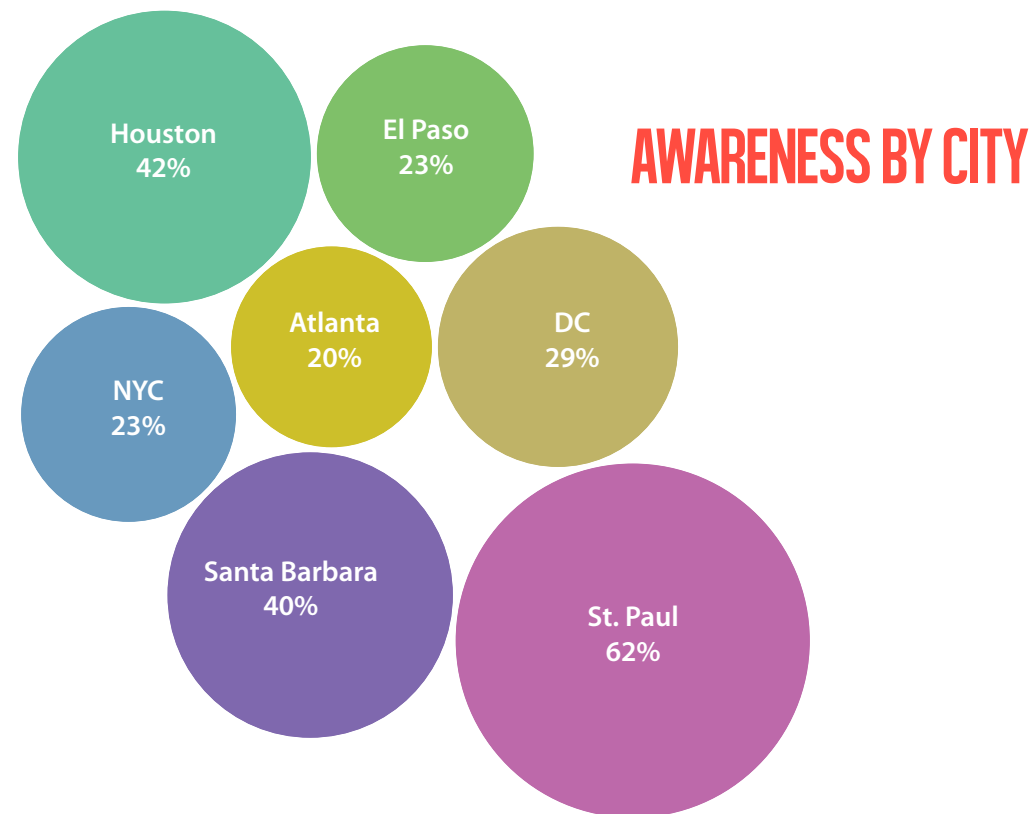
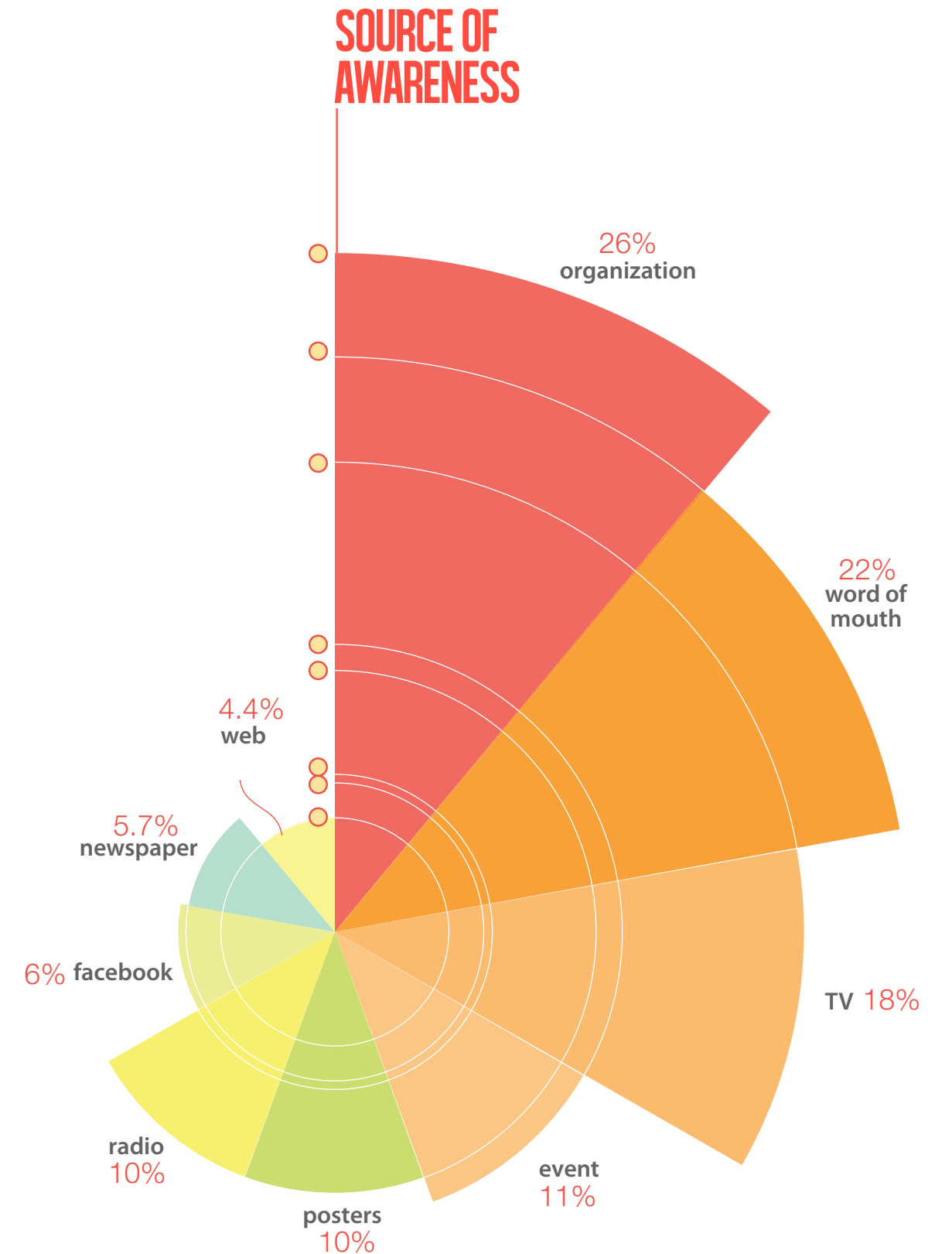


Figure 3. Awareness Medium



Digging slightly deeper into the data, we found that a higher percentage (53.7%) of those that completed the survey in Spanish reported being aware of NLAAD versus those who completed the survey in English (46.3%). Furthermore, over two-thirds (66.9%) of those that had NOT heard of NLAAD were born in the US or Puerto Rico.

**AWARENESS SOURCE.** Upon noting that they were aware of NLAAD, community member respondents were asked where they had heard about NLAAD. A plurality (26%) noted heard of NLAAD through a local organization and another 22% heard about NLAAD through word of mouth.

In considering that NLAAD, while a national campaign, is implemented locally by on-the-ground partners, we imagined that the main source of awareness would differ by city. In Figure 4 below, you will note that word of mouth was reported by a larger percentage of respondents in the cities of New York, St. Paul and El Paso. Meanwhile, the newspaper medium was cited as a source of awareness by a larger percentage of respondents in Washington, DC and Santa Barbara.

**ACTION TAKEN.** Those that indicated they were aware of NLAAD were asked whether they took some action as a result and what type of action they undertook. Slightly over 28% of those who indicated they had heard of NLAAD, noted they did something in response to the campaign. Overall, of those that indicated they did something, 23.5% reported getting tested for HIV. Furthermore, 11.1% noted talking to their friends about HIV. Very few (only 1%) noted talking to their doctor about HIV.

A larger percentage of respondents in Houston (39.5%) noted engaging in an action in response to NLAAD. An overwhelming percentage (88.2%) of those in respondents in Santa Barbara reported taking an HIV test in response to NLAAD. Close to 14% of those in Houston reported that they attended an NLAAD event.

Overall, the number of actions undertaken by each respondent in response to NLAAD ranged from 0 to 5. Furthermore, 15% of those that did something in response to NLAAD talked to someone whether it was a friend, family member, doctor or partner. About 3% talked to more than one person about HIV. In the city of Houston, respondents on average reported a larger number of people they talked to ( $M = .67$ ) than respondents in other cities ( $F = 13.17, p = .000$ ).

Lastly and no less importantly, in terms of HIV testing, over 76% of those that had heard of NLAAD had at some point in their lives been tested for HIV.

Figure 4: Awareness by City

## SOURCE OF AWARENESS BY CITY

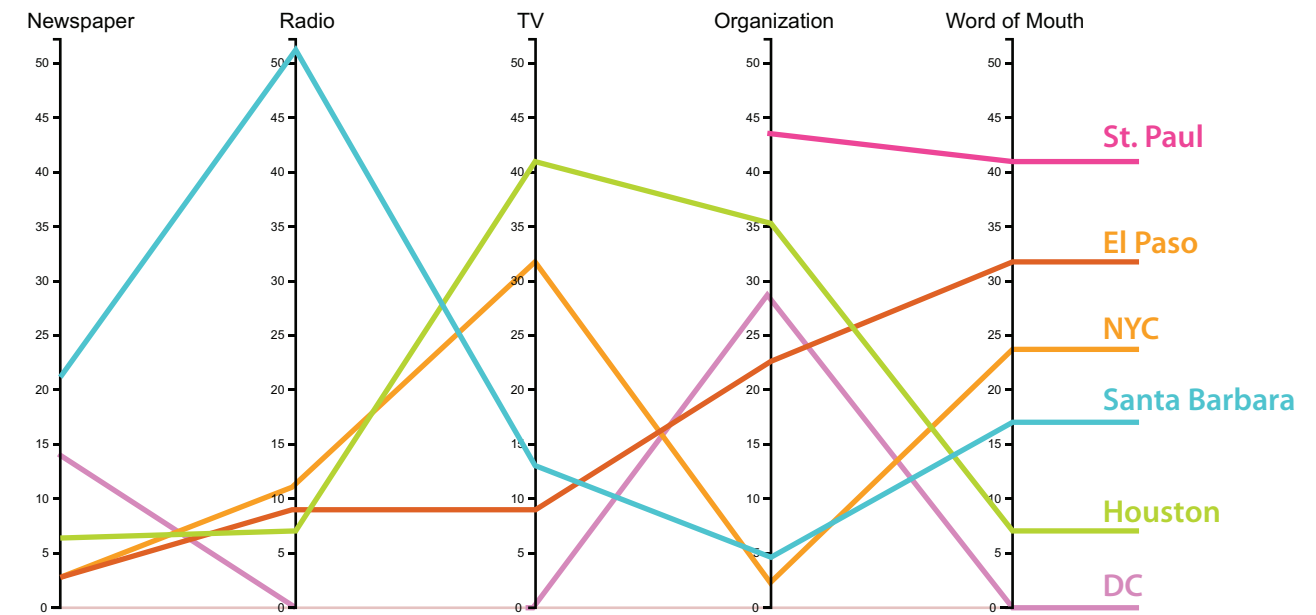
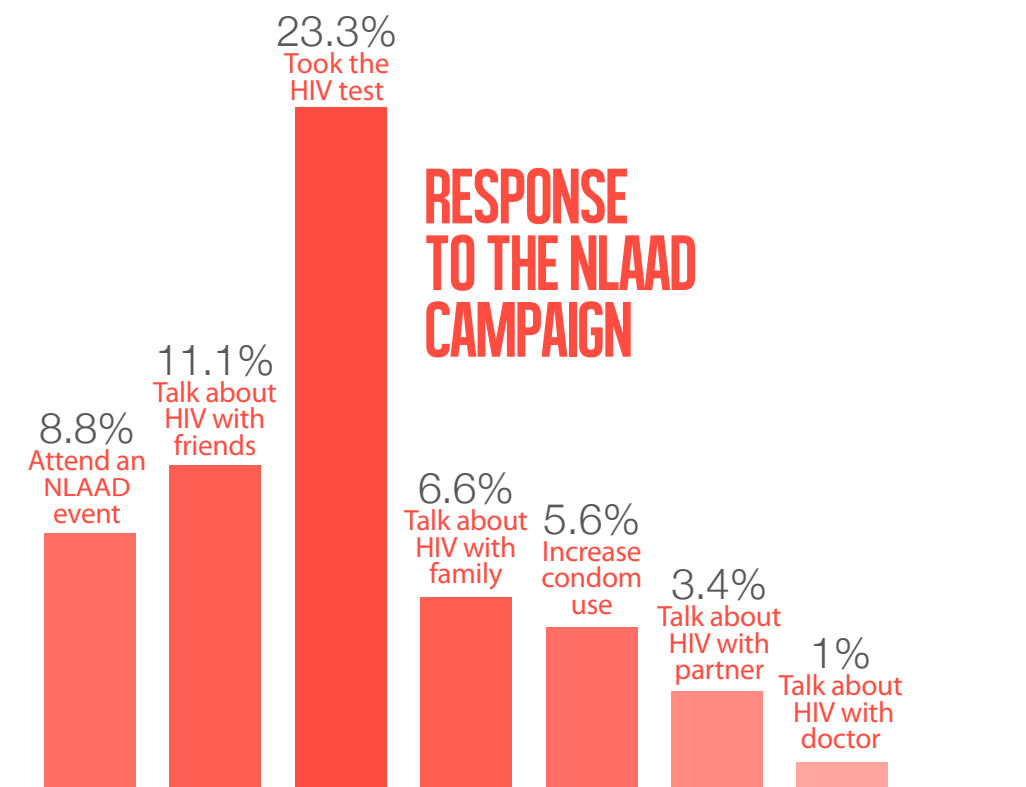


Figure 5: Action Taken



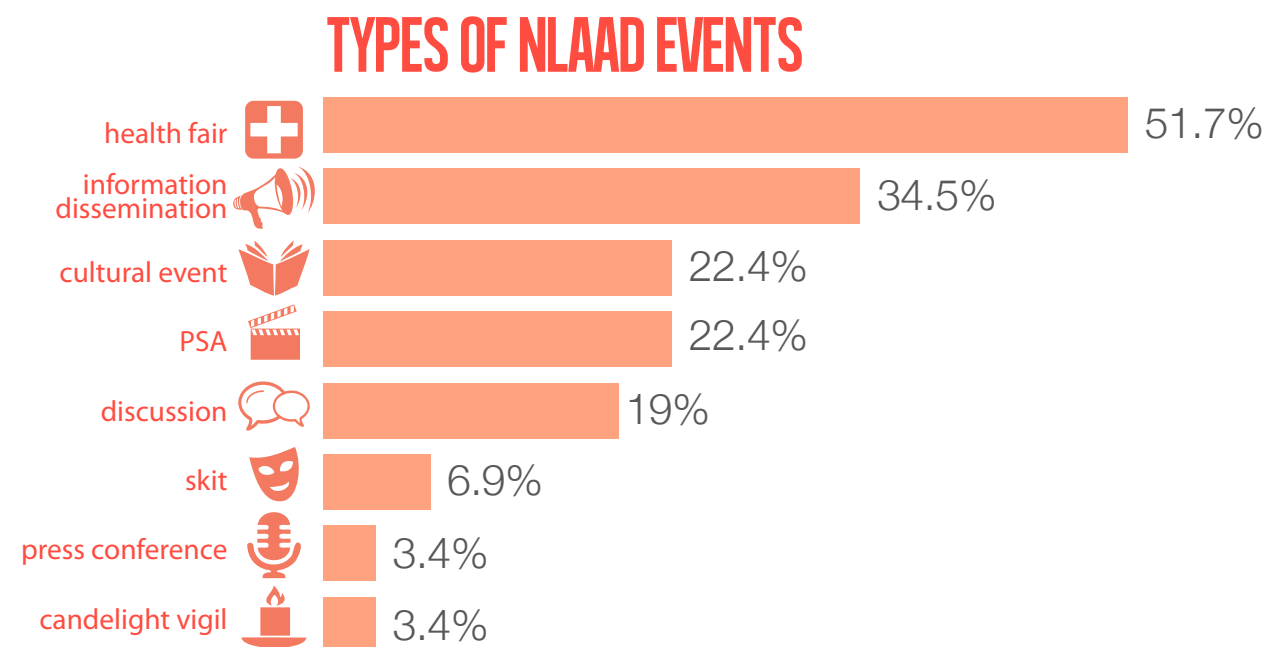
## PARTNERS

Survey respondents were asked to indicate whether they held an NLAAD event and if so what type of event was held, logistics regarding the events, and likelihood of holding future events. For those that indicated they had not held an event, they were asked what may have been a barrier to holding an event. All were asked their opinions of the several key national policies such as the National HIV/AIDS Strategy and High Impact prevention (CDC's response to the strategy). Of those partners that completed the event survey (N= 129), 45% held an NLAAD event. Furthermore, close to 40% of those organizations that held an NLAAD event are not Latino-focused agencies; with 16% primarily serving African-Americans. As such, NLAAD is implemented by vastly differing types of agencies.

## EVENTS

Partners were asked to indicate which type of event they held ranging from a health fair to a press conference to a PSA. Close to 52% of those that held an event, held (or participated in) a health fair. The other top two event types were information dissemination events and cultural events. Several partners also did radio interviews, photo shoots and a fashion show of condom-made dresses. As mentioned previously, the NLAAD website is meant to help partnering organizations learn from each other and share information.

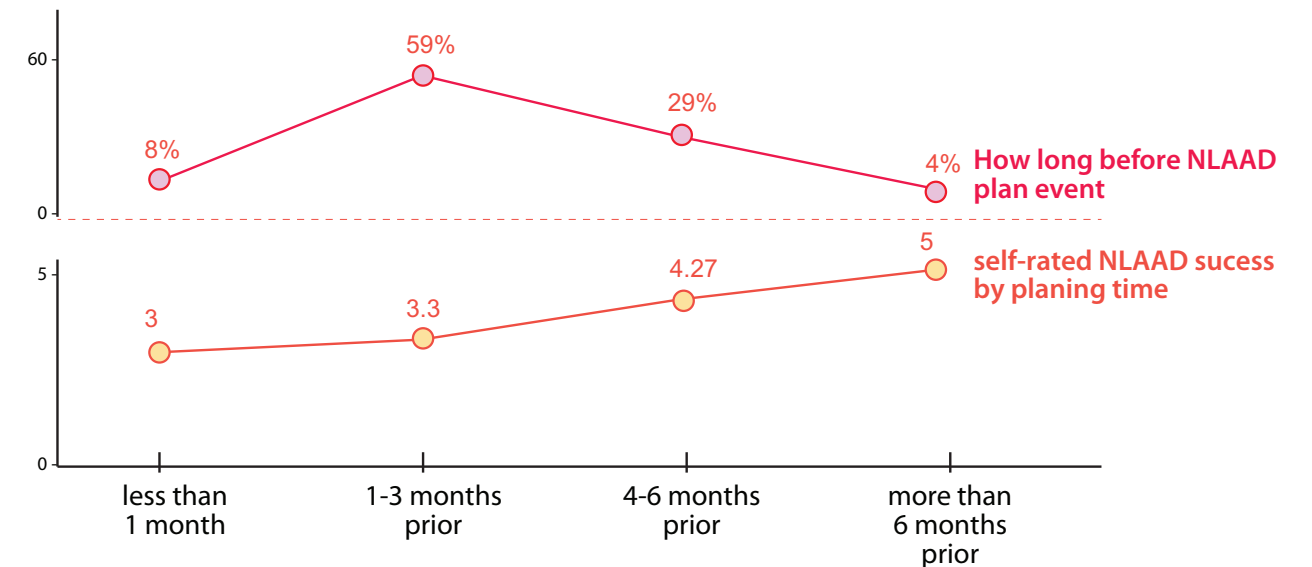
Figure 6: Types of NLAAD Events



Over 34% of those that held an event registered their event on the NLAAD website. Close to 60% of those that held an event distributed educational materials at the event. Furthermore, 51% of those that held an event had a planning or organization committee for NLAAD. However, rated success of NLAAD event did not differ by whether there was an organizing committee. A majority of those that held an event (58.8%) started planning for their event one to three months prior. Rated success of NLAAD event did differ by how long prior to NLAAD they started planning, with those planning 6 months prior rating their success higher than others who planned their events less than six months prior (Figure 7).

Figure 7: Planning Time for NLAAD

## EVENT PLANNING AND RATE OF SUCCESS



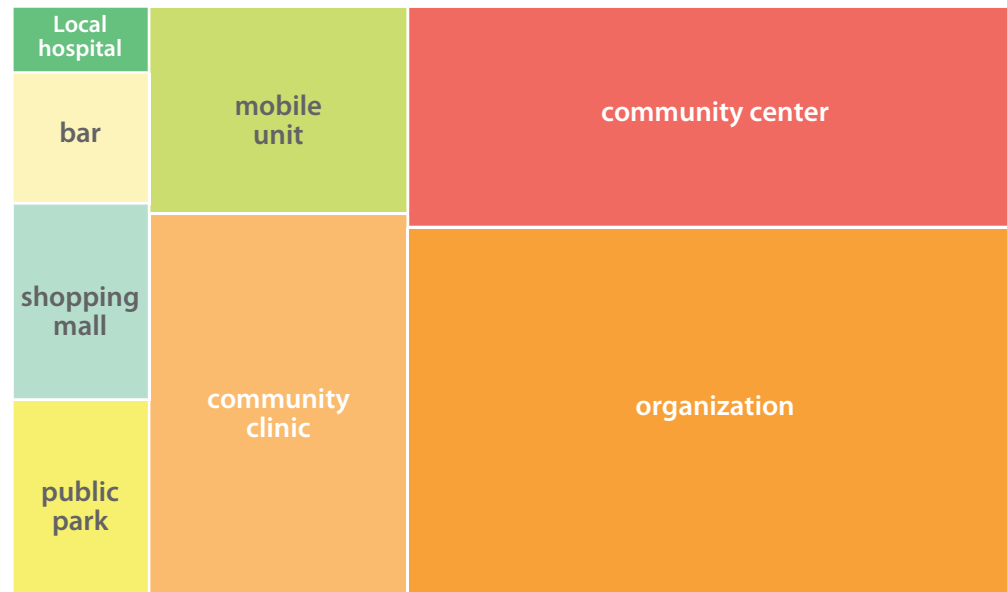
Nearly 83% of those that held an event conducted HIV testing at the event. Over 36% of the respondents noted that they provided the oral rapid test at their event, another 31% noted they provided the finger stick and 12% noted they did blood draws at their NLAAD event.

Our partners were also asked to note where they held their NLAAD event; whether in a clinic, on-site or elsewhere. A majority (65.8%) noted that they held the event at the site of an organization and another 36.8% noted that they held their NLAAD event at a community center. Note Figure 8 below.

When asked as to what was the motivation behind offering HIV testing as part of the NLAAD observation, close to 57% noted that they wanted to provide free testing for community members and another 36% noted that they implemented NLAAD in order to align with CDC's high Impact prevention initiative. Furthermore, close to 40% indicated that they provided HIV testing at their NLAAD event in order to "normalize" testing.

Figure 8. Location of NLAAD Events

## NLAAD EVENTS BY LOCATION



### IMMEDIATE EVENT IMPACT

Across the reported HIV testing events, respondents noted that approximately 2,010 individuals got tested at an NLAAD event across the country. There were 9 confirmed positives as reported by the respondents. Approximately 10% of the respondents noted that the results were unknown, at times because their partner agency did not have to report the testing numbers. One agency also noted that they did Hepatitis C (HCV) testing as well at the NLAAD event and found 8 positives out of 53 HCV tests (15%).

When asked about referrals, it was noted that a larger percentage of partners (42.9%) made referrals for health insurance enrollment when the individual tested positive for HIV. When the individual tested negative, a larger percentage of our partners (46.6%) made referrals to STD clinics. See Figure 9 below for a side-by-side referrals comparison. Figure 9: Types of Referrals for HIV+ and HIV- Individuals Post-Testing

### NLAAD'S PERCEIVED ROLE IN LARGER POLICIES

We asked all survey respondents (those that held an event and those that did not) their level of awareness of and perceived NLAAD relevance to key national policies such as the Affordable Care Act, National HIV/AIDS Strategy and High Impact Prevention, to name a few. Uniformly, across all policies, respondents who held an NLAAD event noted a higher level of awareness of the individual policies. Furthermore, those that held an NLAAD event tended to believe that NLAAD was relevant to key national policies. See the Figure 10 below for specific policies comparisons.

Figure 9: Types Of Referrals For HIV+ and HIV- Individuals Post-Testing

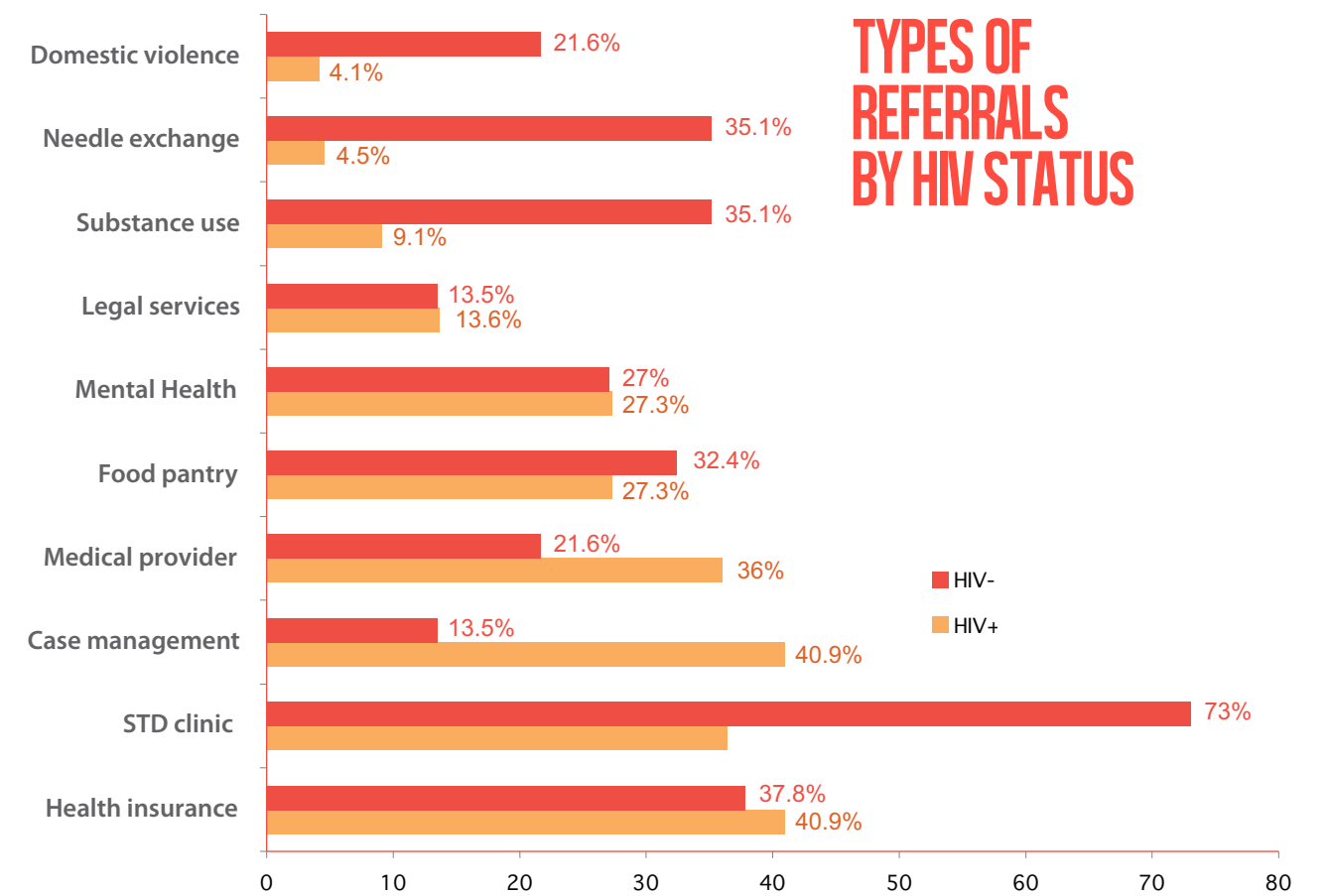
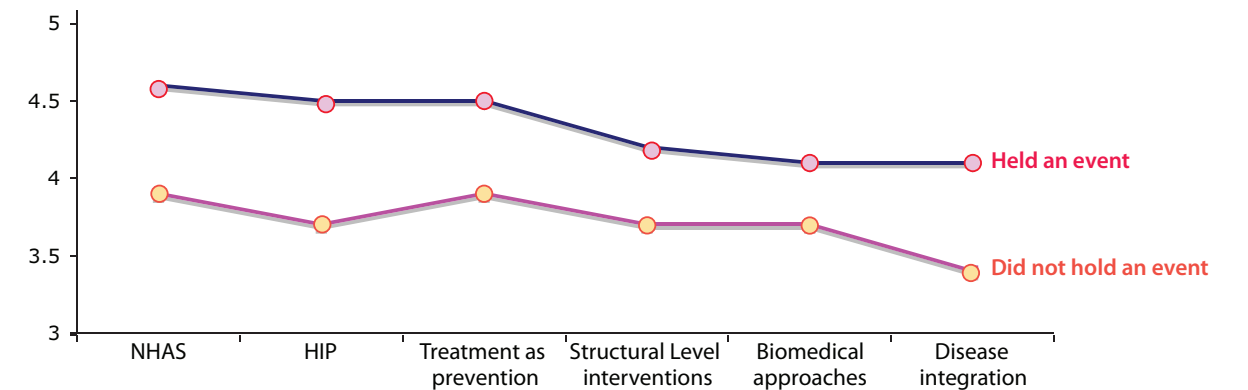


Figure 10: Holding vs. Not Holding an Event: Attitudes on National Policies

## RELEVANCE OF NLAAD TO NATIONAL POLICIES



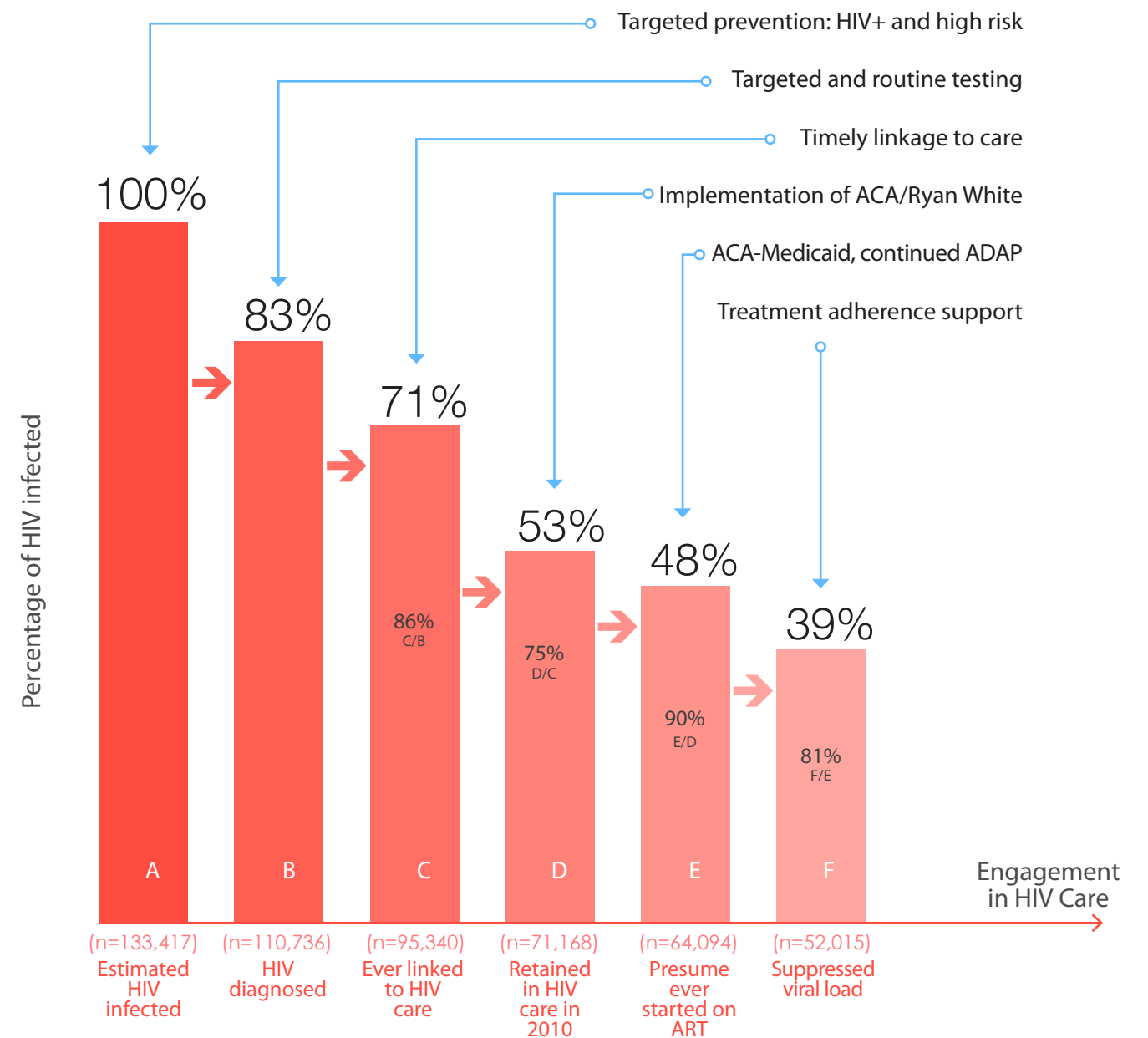
# DISCUSSION: MAKING NLAAD HIP

There are major changes nationally in terms of how HIV prevention programs are being funded (more targeted) and how HIV/AIDS knowledge is enhanced; with this there is an overall need to bring all partners, together to learn from each other and to better serve the community. A model of continuum of care, in light of the National HIV/AIDS Strategy, the treatment cascade (Gardner et al., 2011; see below), and the CDC's response to the strategy (which serves as the blueprint for funding parameters), needs to be implemented whereby we aim targeted efforts to reach those disproportionately impacted by and are at high risk for HIV. With about 20% of the population not knowing their status, going forward NLAAD can serve as a high-impact prevention awareness day model in order to meet the goals as set forth in the National HIV/AIDS Strategy and for addressing the first step in the cascade.

Specifically NLAAD will continue with the theme of "Commit to Speak" with an enhanced focus in high incidence areas and with more role models from the Latino gay community. Our partners noted high use of referrals and linkages to care which is a crucial step in the treatment cascade. Going forward, we will provide more tools and factsheets around linkages to care. We will also invite our leadership council members to take more active roles at the local level to help mobilize an enhanced word of mouth NLAAD campaign that can serve as a linchpin in targeting efforts for those at more high risk.

Overall, we are proud of the national campaign's efforts to raise awareness of HIV amongst the Latino/Hispanic community and to mobilize key partnerships across the United States. In particular, it is important to note that according to the findings from the National HIV Prevention Progress Report, as a nation we have not met the annual prevention goals for Hispanics/Latinos in trying to "reduce new HIV infections among groups at increased risk by 25%". NLAAD can serve as a vehicle to help reach these goals in the Hispanic/Latino community.

## THE HIV TREATMENT CASCADE



# ACKNOWLEDGMENTS

We would like to especially thank the following organizations and individuals for their support during the planning, implementation and evaluation of National Latino AIDS Awareness Day 2013. All our new and ongoing partners that put great thought, compassion, and effort into organizing local events. Without your collaboration, there would truly be no NLAAD. (Complete list of registered partners found at [www.nlaad.org](http://www.nlaad.org))

Centers for Disease Control and our partner, Penngood, for understanding the importance of our work and supporting this creative endeavor. Tony Falvo and OraSure Technologies for their continuous annual support and donation of testing Kits.

For their support with conducting NLAAD street intercept surveys:

- The Association for the Advancement of Mexican Americans
- El Paso Department of Health
- Farmworker Justice
- Fundación Latinoamericana de Acción Social, Inc.
- Santa Barbara Neighborhood Clinics
- Neighborhood House

## NLAAD 2013 LEADERSHIP COUNCIL MEMBERS:

Carlos Marin, *Concra* • Javier Rios, *New Mexico Department of Health* • Alfredo Hernandez, *Health & Human Development Division* • Denise Rivera, *Catawba Care* • Steven Vargas, *AAMA* • Joshua Ferrer, *Cascade AIDS Project* • Ayesha McAdams-Mahmoud, *Kaiser Family Foundation* • Schenelle Flores, *California Department of Public Health, Office of AIDS* • Nohora Chandler, *Latino Agency* • Dianna Manjarrez, *Director of Prevention Services* • Julia Lechunga, *Center for AIDS Intervention Research* • Edwin Espinel, *Utah Department of Health* • Jose Alfredo Hernandez, *Centro de Comunidad y Justicia* • Virginia Ruiz, *Hispanic Health Council* • Jean Hernandez, *AIDS Alabama* • Juvencio Rocha-Peralta, *Associtaiton of Mexicans in North Carolina, Inc. (AMEXCAN)* • Patty Kissinger, *Tulane- Mexican Migrant Workers* • Jorge Salazar, *Centro de Salud Familiar La Fe, Inc* • Angela Dunn, *Alaska AIDS Assitance Association* • Marcos Martinez, *Entre Hermanos* • Jasmin Minaya, *Centers for Disease Control* • Susan Wolfson, *American Institues for Research* • Antonio Martinez, *International AIDS Empowerment* • Peter Shepard, *Coai, Inc.* • Jasmin Rodriguez, *Horizon Health Center* • Jason Yaris, *Malama Pono: Kauai AIDS Project* • Angelica Imaca, *K.I. Services, Inc.* • Sandra Estevez, *Florida Department of Health* • Greg Bautista, *Georgia Department of Public Health* • Sergio Farfan, *Louisiana Latino Health Coalition for HIV/AIDS Awareness* • Rosita Castillo, *Planned Parenthood of Southern Nevada* • Elvira Aguirre, *Ventanilla de Salud*



