



REUNIÓN LATINA TRAINING INSTITUTE

Eliminating Health Disparities in Our Communities

MARCH 15-16, 2018
ALBANY, NEW YORK



Content

2. Welcome Letter
4. Program
8. Conference Map
10. About the Latino Commission on AIDS
14. HIV/AIDS Among Hispanic/Latino Men who Have Sex with Men (MSM) in New York State
17. Latinas and HIV in NYC: An Overview



www.latinoids.org
www.nlaad.org

Welcome Letter

Welcome to Reunion Latina Training Institute 2018! It is important for to gather in Albany, New York to discuss health challenges and to address health disparities affecting our communities. By sharing strategies on how to contribute to reach the goals of the Plan to End the AIDS Epidemic by 2020 and others health issues we become a better network. Our Training Institute has served as a place for New York State providers and stakeholders to discuss ways to improve our services, share strategies on how to overcome health challenges, unify our efforts to end the HIV & AIDS epidemic, address viral Hepatitis, Sexually Transmitted Infections (STIs), ensuring participation in the redesigning process of Medicaid in our State and craft a common vision to eliminate health disparities it is the essential.

The theme of this year's Institute remind us to come together toward eliminating health disparities by addressing social determinants of health. The training institute will focus on:

- Addressing health disparities in our communities
- Addressing the Plan to End the AIDS Epidemic by 2020, examine the implementation challenges and understand the impact in our communities
- Understand the health care needs and the diversity of Latinos/Hispanics in New York State

Reunion Latina could not take place without the hard work and commitment of the many people and organizations involved. In particular, **we would like to thank the New York State AIDS Institute for its continued partnership in addressing health disparities across New York State.** We would also like to recognize the contributions made by the Hands United/Manos Unidas Capacity Building Assistance Program and the Hispanic Federation for the Skills Building Institute.

We are proud to receive support from GILEAD Sciences, and the Hispanic Federation, among other supporters. We would like to recognize the contributions of speakers, trainers, and facilitators, and our Reunion Latina Planning Committee, Latino Commission on AIDS staff and volunteers for their endless hard work and dedication to once again make the Reunion Latina Training Institute a huge success. Finally, we want to acknowledge the amazing staff of the Hilton Albany Hotel for providing professional service and making us feel at home every year.

In Unity is Strengthen!

Guillermo Chacón
President

Daniel Leyva and Natasha Quirch
Co-Directors


SÍ, NOS ENFOCAMOS EN LOS MEDICAMENTOS PARA EL VIH. TAMBIÉN NOS ENFOCAMOS EN AYUDAR A LAS COMUNIDADES A SATISFACER LAS NECESIDADES DE LAS PERSONAS MÁS AFECTADAS POR EL VIH.

En ViiV Healthcare, tenemos el compromiso de apoyar los programas comunitarios que ayudan a cerrar las brechas en el cuidado de las personas que viven con VIH.

Este anuncio no pretende implicar que los modelos que se muestran tengan VIH.



ENFOCADOS EXCLUSIVAMENTE EN EL VIH

Encuentre más información en us.viivhealthcare.com y síguenos en  @ViiVUS

Reunion Latina Training Institute

Thursday, March 15

8:30am
EAST GALLERY **Registration & Continental Breakfast**

9:30am
GOVERNOR A **Opening Plenary** **Guillermo Chacón**, President, Latino Commission on AIDS

Panelists:
John Rojas, MPA
NYC Department of Health & Mental Hygiene
Johanne Morne
New York State Department of Health, AIDS Institute

11:00am-
12:30pm **CYCLE ONE WORKSHOPS**

<p>Workshop #1 GOVERNOR B Youth This interactive workshop will look at how social media and technology have become one of the most profitable and time consuming markets to date. We will explore ways people may be harming their reputations with the content they post, think about how to better use social media outlets, the impact of social media on young people today, and come up with viral hashtag campaigns to bring to light important topics. Presenter: Justin Toro, LMSW, Adolescent AIDS Program, Children’s Hospital at Montefiore</p>	<p>Juventud Este taller interactivo analizará cómo las redes sociales y la tecnología se han convertido en uno de los mercados más rentables y uno en que consumidores dedican mucho tiempo. Exploraremos las formas en que las personas pueden dañar su reputación con el contenido que publican, cómo utilizar mejor las redes sociales, el impacto de las redes sociales en los jóvenes de hoy y crear campañas de virales para sacar diseminar temas importantes.</p>
<p>Workshop #2 GOVERNOR C TRADUCCIÓN DISPONIBLE Money Management Tools & Tips This workshop will provide useful tips for making smart financial decisions. We will cover healthy money management habits like creating a spending plan, smart shopping, understanding credit, and saving for your future. Presenter: Diana Caba, Hispanic Federation</p>	<p>Herramientas e ideas para el manejo del dinero Este taller proveerá ideas útiles para llevar a cabo decisiones financieras inteligentes. Cubriremos hábitos saludables para el manejo del dinero, como crear un plan de gastos, comprar de forma inteligente, entendiendo el crédito y ahorrando para el futuro.</p>
<p>Workshop #3 GOVERNOR D Ending the Epidemic: NYS AIDS Advisory Group on Gay and Bi Latino Men The Latino Gay and Bi Men’s has just released the recommendations to the NYS AIDS Advisory Council. While the recommendations are waiting approval, learn about the process and the work done to reach this point. Presenters: Michael Pantano, MPH, NYC Department of Health & Mental Hygiene David Garcia, MPH, EdD, Latino Commission on AIDS Adrian Juarez, RN, PhD, The State University of New York, Buffalo</p>	<p>El Fin de la Epidemia: El Grupo Asesor para el SIDA en el Estado de Nueva York de Hombres Gay y Bisexuales The Latino Gay and Bi Men’s acaba de publicar las recomendaciones al Consejo asesor sobre el SIDA del estado de Nueva York. Mientras las recomendaciones esperan aprobación, aprenda sobre el proceso y el trabajo realizado para llegar a este punto.</p>

12:30pm-
1:30pm **Lunch | GOVERNOR A**

1:30pm-
3:00pm

CYCLE TWO WORKSHOPS

<p>Workshop #4 GOVERNOR B TRADUCCIÓN DISPONIBLE Increased Need of Sexual and Mental Health Services for Older HIV+ Latinos By 2020, more than half of all individuals living with HIV in the United States will be aged 50 years or older. Latinos, a multiethnic and multiracial population, represent one of the nation's fastest growing minority and ethnic groups as well as the fastest growing aging population. This study outlines a national assessment of health needs for primarily Spanish speaking Latinos living with HIV/AIDS.</p> <p>Presenter: David Garcia, MPH, EdD, Latino Commission on AIDS</p>	<p>Mayor necesidad de servicios de salud sexual y mental para personas latinas mayores con VIH + Para el 2020, más de la mitad de todas las personas que viven con VIH en los EE.UU. tendrán 50 o más años de edad. Los latinos, una población multiétnica y multirracial, representan uno de los grupos minoritarios y étnicos de más rápido crecimiento de la nación, así como también el grupo de más rápido envejecimiento. Este estudio es una evaluación nacional de las necesidades de salud para los latinos, principalmente hispanohablantes, que viven con VIH/SIDA.</p>
<p>Workshop #5 GOVERNOR C SESIÓN EN ESPAÑOL U=U This workshop will discuss the U=U concept, the role it plays in the prevention of HIV, and how we can increase awareness in the HIV positive Latino community.</p> <p>Presenter: Carlos Maldonado, Latino Commission on AIDS</p>	<p>U = U (SESION EN ESPAÑOL) Este taller discutirá el concepto U = U, el papel que desempeña en la prevención del VIH y cómo podemos aumentar la conciencia en la comunidad latina VIH positiva.</p>
<p>Workshop #6 GOVERNOR D Chicas Charlando: Latinx Ladies Discuss Intersectionality within a Sexual and Reproductive Justice Framework This workshop explores the intersectional identities of gender, sexuality, class, race and ethnicity within a sexual and reproductive justice framework. The workshop highlights barriers to and facilitators for effective prevention and optimal sexual and reproductive health outcomes in an inclusive manner that respects and dignifies Latinas of both trans and non-trans experiences, of varied race, ethnicity, and immigration status.</p> <p>Presenters: Zeena Hazuri, Latino Commission on AIDS Devan Diaz, Latino Commission on AIDS</p>	<p>Chicas Charlando: Latinx Ladies discuten la interseccionalidad dentro de un marco de justicia sexual y reproductiva Este taller explora las identidades interseccionales de género, sexualidad, clase, raza y etnicidad dentro de un marco de justicia sexual y reproductiva. El taller resalta las barreras y los facilitadores para la prevención efectiva y los resultados óptimos de salud sexual y reproductiva de una manera inclusiva que respeta y dignifica a las latinas de experiencias trans y no trans, de diferentes razas, etnias y estado migratorio.</p>

3:00pm-
3:20pm

Coffee & Tea Break

3:20pm-
4:30pm

CYCLE THREE WORKSHOPS

<p>Workshop #7 GOVERNOR A Roundtable Discussions on Transgender Efforts to End the Epidemic Four transgender led organizations will highlight their efforts to end the epidemic in NYC. In an informal roundtable format, participants will have an opportunity to engage in discussions with all organizations as they progress through all four tables over the course of the session.</p> <p>Presenters: Devan Diaz, Latino Commission on AIDS Bryan Medina, M.Sc., Latino Commission on AIDS Anna Keyes, New York Transgender Advocacy Group (NYTAG) Kiara St. James, New York Transgender Advocacy Group (NYTAG) Jahaira Gonzalez, Destination Tomorrow Rumi Grant, Destination Tomorrow Laura Silvestre, TransLatina Network Charlotte Shum, TransLatina Network Madison Gathers, Princess Janae Place (PJP)</p>	<p>Mesa redonda y discusión sobre los esfuerzos transgéneros Cuatro organizaciones lideradas por personas transgénero destacarán sus esfuerzos para terminar con la epidemia en Nueva York. En un formato de mesa redonda informal, los participantes tendrán la oportunidad de entablar conversaciones con todas las organizaciones a medida que avancen en las cuatro mesas durante el transcurso de la sesión.</p>
--	---

Thursday, March 15

<p>Workshop #8 GOVERNOR B TRADUCCIÓN DISPONIBLE Developing a PrEP Campaign for Latino and Spanish-Speaking Communities in New York City Traducción Disponible Learn about a campaign that was developed specifically prioritizing Latino English and Spanish-speaking communities. Understand the work done to ensure that it included as many Latino communities.</p> <p>Presenters: John Rojas, MPA, NYC Department of Health & Mental Hygiene Michael Pantano, MPH, NYC Department of Health & Mental Hygiene</p>	<p>Desarrollando una Campaña PrEP para Comunidades Latinas y de habla hispana en la ciudad de Nueva York Obtenga información sobre una campaña que se desarrolló específicamente para priorizar las comunidades latinas de habla hispana e inglesa. Conozca el trabajo realizado para garantizar que se incluyan muchas comunidades latinas.</p>
<p>Workshop #9 GOVERNOR C NYS AIDS Advisory Group on New Immigrants, Farm-Workers and Non-English Speaking Communities: Immigration, HIV and Advocacy The AIDS Advisory Council Sub-Committee is working presenting recommendations to the NYS DOH AIDS Advisory Council. Learn what has been done thus far.</p> <p>Presenters: Wilfredo Morel, Hudson River Community Health Center Luis Mares, LMSW, Latino Commission on AIDS</p>	<p>Grupo Asesor sobre el SIDA del Estado de Nueva York para Nuevos Inmigrantes, Trabajadores del Campo y Comunidades que No hablan Inglés: Inmigración, VIH y Defensa El Subcomité del Consejo Asesor sobre el SIDA está trabajando presentando recomendaciones al Consejo Consultivo del SIDA, DOH del estado de Nueva York. Aprenda lo que se ha hecho hasta ahora.</p>

6:00pm-11:00pm

Community Celebratory Dinner | GOVERNOR CDE

Friday, March 16

8:30am-9:15am

Breakfast | EAST GALLERY

9:15am-10:45am

CYCLE FOUR WORKSHOPS

<p>Workshop #10 GOVERNOR B TRADUCCIÓN DISPONIBLE Pelo a Pelo, sin miedo: Changing Language in HIV Prevention As HIV service providers, part of our role is to disseminate HIV prevention messages. We discuss sexual health through scientifically supported and carefully crafted discourses regarding viral suppression, negligible risk, being undetectable, and in the advent of PrEP, protected condomless sex. But, how is this information being translated and interpreted by gay and bisexual Latinx who continue to see increases in HIV rates despite national declines in other priority populations? In this workshop, we will explore and assess how well (or not) science-based messages are being translated (coded) and interpreted (decoded) by the communities most impacted.</p> <p>Presenter: Michael Diaz, MA, NYC DOHMH</p>	<p>Pelo a pelo. Como cambia el lenguaje en la prevención del VIH Como proveedores de servicios de VIH, parte de nuestro papel es difundir mensajes de prevención del VIH. Discutimos la salud sexual a través de discursos científicamente respaldados y cuidadosamente diseñados sobre supresión viral, riesgo mínimo, siendo indetectables, y en la llegada del PrEP, sexo protegido sin preservativo. Pero, ¿cómo esta información está siendo traducida e interpretada por latinos homosexuales y bisexuales que continúan teniendo aumento en las tasas de VIH a pesar de la disminución a nivel nacional en otras poblaciones prioritarias? En este taller, exploraremos y evaluaremos qué tan bien (o no) los mensajes basados en la ciencia están siendo traducidos (codificados) e interpretados (decodificados) por las comunidades más afectadas.</p>
--	--

<p>Workshop #11 GOVERNOR C STIs in the Latinx Community: Stereotypes, Machismo and Intersections</p> <p>This workshop will explore the role that Latinx culture plays when it comes to the community's risk for Sexually Transmitted infections. During the session, we will look at how the concept of machismo may affect a person's risk for STI's. We will unpack common stereotypes about the Latinx community that will help us to provide culturally responsive services to clients.</p> <p>Presenter: Zeena Hazuri, Latino Commission on AIDS</p>	<p>ITS en la Comunidad Latinx: estereotipos, machismo e intersecciones</p> <p>Este taller explorará el papel que juega la cultura Latinx en lo que respecta al riesgo de la comunidad para las infecciones de transmisión sexual. Durante la sesión, veremos cómo el concepto de machismo puede afectar el riesgo de una persona de tener ITS. Analizaremos los estereotipos comunes de la comunidad de Latinx que nos ayudarán a brindar servicios culturalmente receptivos para los clientes.</p>
--	--

10:45am-11:00am

HOTEL CHECKOUT

Please take this time to retrieve all luggage and personal belongings from your hotel room. Please drop your room key off with the hotel front desk prior to returning to your next workshop session. Luggage may be stored in the back of the room of your next workshop session.

11:00am-12:30pm

CYCLE FIVE WORKSHOPS

<p>Workshop #12 GOVERNOR B TRADUCCIÓN DISPONIBLE Buscando Paraíso: Latinx LGBTQ Immigrants in The United States</p> <p>This workshop will address the multi-layered complex factors affecting the physical and mental health of LGBTQ Latinx immigrants and refugees to the United States. Participants will leave this session with the ability to identify practices for creating responsive and safe-spaces for LGBTQ Latinx immigrants.</p> <p>Presenters: Steven Fernandez, MPH, Latino Commission on AIDS Devan Diaz, Latino Commission on AIDS</p>	<p>Buscando Paraíso: Latinx Inmigrantes LGBTQ en los Estados Unidos</p> <p>Este taller abordará los factores complejos a distintos niveles que afectan la salud física y mental de los inmigrantes y refugiados LGBTQ Latinx en los Estados Unidos. Los participantes saldrán de esta sesión con la capacidad de identificar actividades prácticas para crear espacios receptivos y seguros para inmigrantes LGBTQ Latinx.</p>
<p>Workshop #13 GOVERNOR C TRADUCCIÓN DISPONIBLE We Need to Talk: Latinx Community "Isms" and Trauma</p> <p>Latinx individuals and communities are often labeled with "undesirable" characteristics that contribute to the formation of stereotypes. This can lead to violent acts of discrimination resulting in collective trauma. But, is this trauma solely the result of external oppression? As Latinx, have you engaged in difficult conversations with other Latinx about different -isms that are pervasive in our community and that perpetuate stereotypes, prejudice, stigma, and violence amongst us, and compounding individual trauma? Join us in this workshop and share your experience on how -isms are exemplified in our community</p> <p>Presenter: Rev. Shawn-Patrick Torres, Jr., M.Div., Latino Commission on AIDS</p>	<p>Necesitamos hablar: "-ismos" y trauma en la comunidad Latinx</p> <p>Las personas y comunidades de Latinx a menudo son etiquetadas con características "indeseables" que contribuyen a la formación de estereotipos. Esto puede conducir a actos violentos de discriminación que resultan en trauma colectivo. Pero, ¿este trauma es únicamente el resultado de la opresión externa? Como Latinx, ¿te has involucrado en conversaciones difíciles con otros Latinx sobre diferentes "-ismos" que están presentes en nuestra comunidad y que perpetúan los estereotipos, los prejuicios, el estigma y la violencia entre nosotros, y agravan el trauma individual? Únase a nosotros en este taller y comparta su experiencia sobre cómo "-ismos" se manifiestan en nuestra comunidad</p>

12:30pm-1:00pm

Brown Bag Lunch

LOBBY LEVEL



EVENT LEVEL

KEY

- Public Areas
- Amenities
- Fitness Center
- Meeting/Conference Rooms
- Food & Beverages
- Elevators



PATIO LEVEL





Thank You to
GILEAD Sciences
Community Division
for Supporting
Reunion Latina 2018



U = U

**UNDETECTABLE
=
UNTRANSMITTABLE**

A PERSON LIVING WITH HIV WHO HAS AN
UNDETECTABLE VIRAL LOAD DOES NOT
TRANSMIT THE VIRUS TO THEIR PARTNERS.

The Prevention Access Campaign is proud to endorse Reunion Latina.

WHAT WE DO • WHAT WE FIGHT FOR • WHERE WE ARE HEADING

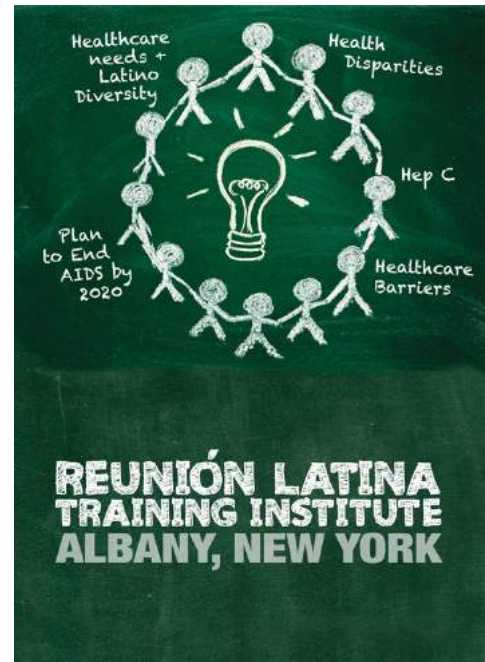
The Latino Commission on AIDS



MISSION STATEMENT: The Latino Commission on AIDS is a nonprofit organization dedicated to addressing health disparities and responding to the impact of HIV & AIDS, viral Hepatitis and sexually transmitted infections (STIs) in our communities. The Commission is the founder of the Hispanic Health Network.

In response to the unmet need for HIV prevention and care for Latinos, a coalition of Latino leaders founded the agency in 1990. Since then, the Commission has expanded its services outside New York to meet the needs of Latino and other communities of color in more than 40 States, Puerto Rico and the U.S. Virgin Islands.

The Commission is dedicated to resolving the HIV crisis, viral Hepatitis and STIs in Latino communities, where social stigma, poverty, language barriers, immigration status fears, and access to care deter testing and increase the infection rate. Over 220,000 Latinos in the U.S. and Puerto Rico are living with HIV/AIDS. The fastest growing ethnic population in the U.S., Latinos constitute 17% of the U.S. population but account for over 23% of new HIV infections.



Reunion Latina is an annual training institute where participants strategize how to best meet the unique and diverse needs of Latino/Hispanic communities in a rapidly changing HIV/AIDS crisis.



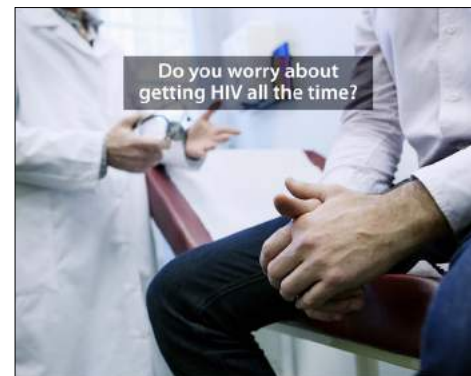
Many of the program and outreach activities target spanish speaking clients and specific populations.

HEALTH EDUCATION & AWARENESS. The Commission is strongly committed to ongoing Spanish language health education and strategic media campaigns that educate the general public about HIV treatment and prevention, and other health disparities affecting Latino and other communities of color.

The Commission's hallmark awareness initiatives are National Hispanic Hepatitis Awareness Day (May 15) and National Latino AIDS Awareness Day (October 15).

OUR FIVE CORE SERVICES: The Commission's public health model encompasses five core and complementary services provided to Latino and other communities of color. All services are offered in English and Spanish by a culturally diverse bilingual staff of health, education, and business professionals.

- Health Education and Awareness
- HIV, HCV & STIs Prevention
- Capacity Building Assistance
- Health Policy & Advocacy
- Hispanic Health Behavioral Research



The Commission provides counseling on PrEP as well as HIV and Hep C testing at no cost.

A Daily Pill Can Help You Stay HIV-negative.

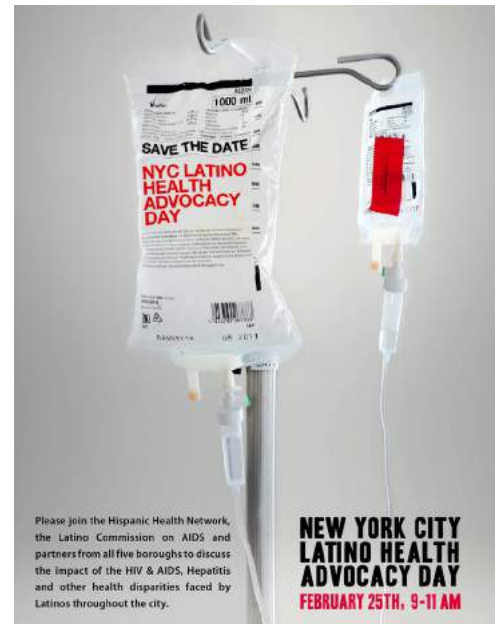
If you are in high risk of being exposed to HIV, you should consider PrEP. Talk to your doctor or outreach educator about it. One pill can make a difference in your health.

The Latino Commission on AIDS provides:
• PrEP counseling and referral
• National PrEP education

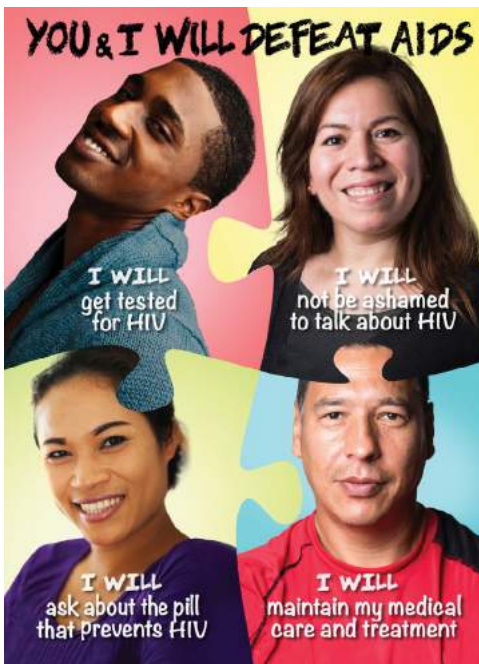
For more information visit us at:
www.latinohiv.org/PrEP
or call (212) 675-3288

HIV, HCV & STIs PREVENTION. All programs at the Commission are guided by our mission to prevent disease and promote health in Latino communities. The agency has a long history of developing and implementing prevention models and risk reduction interventions in low-income Latino communities including the only initiative in the U.S. to mobilize communities of faith for HIV interventions.

CAPACITY BUILDING ASSISTANCE: Finding solutions to health disparities impacting communities can best come from the community. The Commission has always been committed to building the capacity of local institutions - community organizations, health departments, healthcare providers, churches, and LGBT groups - to provide local disease prevention, healthcare and health education services in our communities.



The Commission advocates for a better understanding of the health challenges of hispanics on the local, state, and national levels.



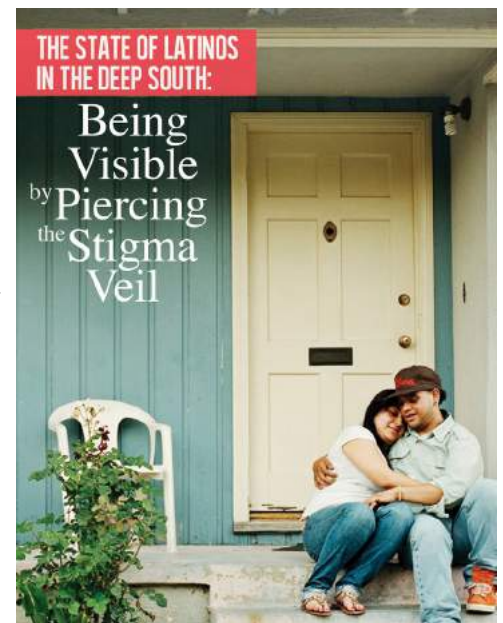
The Commission's National Latino AIDS Awareness Day is celebrated nationwide. It promotes testing and HIV education.

HEALTH POLICY & ADVOCACY: Advocacy has long been a core competency of the agency. The Commission is dedicated to: mobilizing Latino groups and community leaders, building broad based consensus, and advocating at all levels of government. In addition, advocacy training is provided to grassroots organizations throughout the U.S.

HISPANIC HEALTH BEHAVIORAL RESEARCH: The Hispanic Health Behavioral Research Center works with programs inside the Commission and with other community-based and academic institutions to identify research questions, develop research protocols, collect and analyze data, and write up findings. Since 2008, the Hispanic Health Behavioral Research Center team has obtained additional support for research projects, written articles that have appeared in academic peer-review journals, presented at academic and professional conferences, and developed evaluation reports on community-based projects.

OUR SUPPORTERS: The Commission's diverse range of stakeholders encompass the public and private sectors. Partial list includes: Centers for Disease Control and Prevention, Delta Air Lines, Ford Foundation, Gilead Sciences, Goya Foods, Hispanic Federation, Janssen Therapeutics, Macy's, Merck, NBC/Telemundo, New York City Council, New York State Department of Health AIDS Institute, Ryan White, Univision, ViiV Healthcare.

The Deep South Program serve the needs of the emerging Latino/Hispanic population in the Deep South.



QUE HACEMOS • POR QUE LUCHAMOS • A DONDE VAMOS

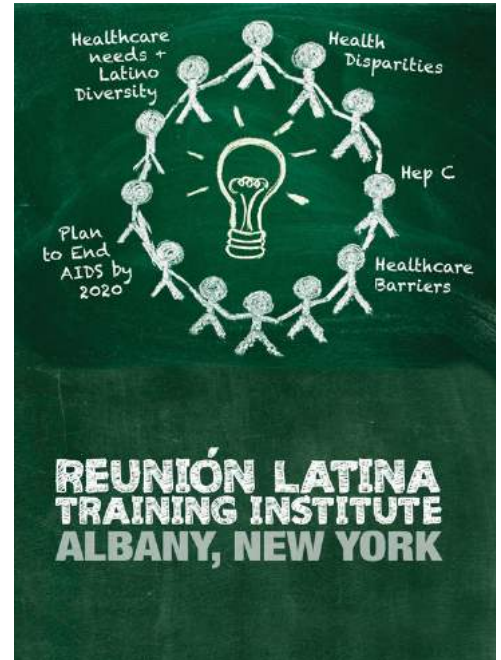
La Comisión Latina sobre el SIDA



NUESTRA MISIÓN: La Comisión Latina sobre el SIDA (La Comisión) es una organización sin fines de lucro dedicada a responder a los retos de disparidades de salud y al impacto del VIH & SIDA, hepatitis viral y enfermedades de transmisión sexual (ETS) en nuestras comunidades. La Comisión es la fundadora de la Red de Salud Hispana.

Líderes Latinos fundaron la agencia en 1990 en respuesta a las necesidades de prevención del VIH y cuidado de salud para Latinos. Desde esa fecha, la Comisión ha ampliado sus servicios fuera de Nueva York para responder a las necesidades de Latinos y otras comunidades de color en más de 40 Estados, Puerto Rico y las Islas Vírgenes de los Estados Unidos.

La Comisión está comprometida a responder a la crisis del VIH, hepatitis viral y ETS en la comunidad Latina, donde el estigma social, la pobreza, las barreras de lenguaje, el temor asociado al estatus migratorio y el acceso a la atención médica obstaculizan la prueba del VIH e incrementan las infecciones del VIH. Se estiman más de 220,000 hispanos en EE.UU. y Puerto Rico viven con VIH/SIDA. Latinos experimentan un rápido crecimiento poblacional en los EE.UU.; representan aproximadamente un 17% de la población Estadounidense pero acumulan un 23% de nuevas infecciones de VIH.



Reunión Latina es el entrenamiento regional anual donde los participantes desarrollan estrategias para responder a las diversas necesidades de la comunidad Latina relacionada al VIH, Hepatitis que cambia constantemente.



Muchos de los programas y actividades de alcance comunitario se dirigen a dientes hispanohablantes y otras poblaciones específicas

NUESTROS CINCO PILARES DE SERVICIO: El modelo de salud pública de la Comisión incluye cinco áreas y servicios complementarios. Todos los servicios son ofrecidos en inglés/español por un personal profesional bilingüe y multicultural en áreas de salud, educación y con el sector empresarial.

- Educación para la salud y Concientización
- Prevención del VIH, VHC, ETS
- Asistencia para la Capacitación Organizacional
- Defensoría de Derechos y Políticas de Salud
- Investigación en el Campo del Comportamiento en la Salud Hispana

PREVENCIÓN DEL VIH, VHC, ETS. Todos los programas de la Comisión están guiados por su misión de prevenir enfermedades y promover la salud en la comunidad Latina. La agencia tiene una larga trayectoria de implementación de modelos de prevención e intervenciones de reducción de riesgo en comunidades Latinas de bajo ingreso; incluyendo la única iniciativa en los EE.UU. que moviliza comunidades de fe para que incorporen la educación de salud, prevención y educación de VIH y reducción de estigmas asociado a la salud.

La Comisión ofrece, sin costo alguno, consejería sobre PrEP así como la prueba del VIH, Hepatitis C y referidos para pruebas de ETS



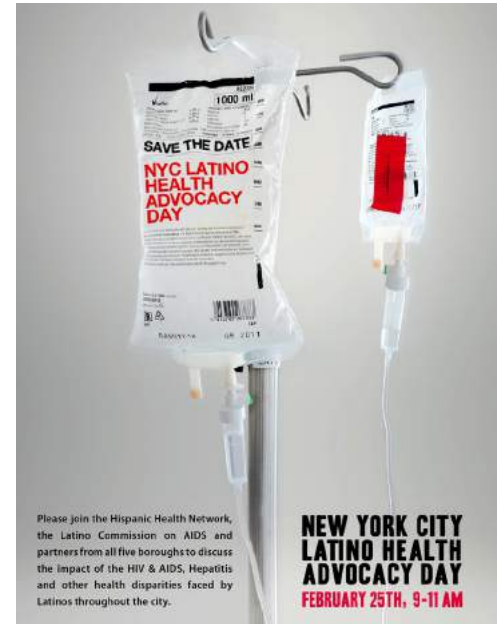
EDUCACIÓN PARA LA SALUD Y CONCIENTIZACIÓN

La Comisión tiene un compromiso sostenido para promover la educación de la salud en español y difundir campañas estratégicas a través de los medios de comunicación las cuales educan al público sobre la prevención y tratamiento del VIH, Hepatitis, ETS y otras disparidades de salud que afectan a Latinos y otras comunidades de color.

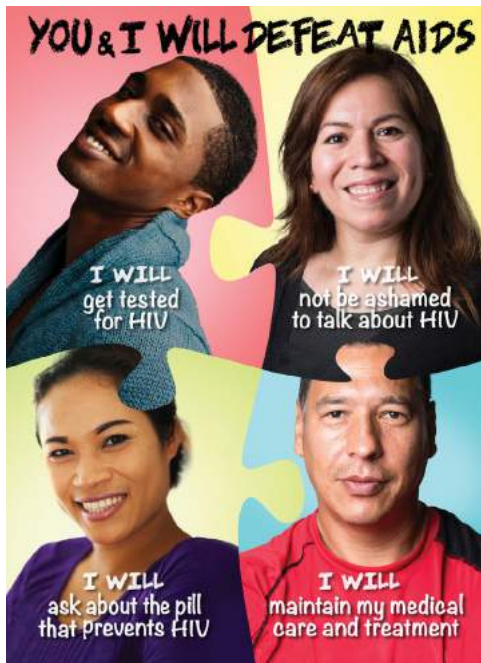
Las campañas de concientización emblemáticas de la Comisión son El Día Nacional Hispano de Concientización sobre la Hepatitis (15 de Mayo) y El Día Nacional de Concientización Latina sobre el SIDA (15 de Octubre).

ASISTENCIA EN ÁREAS DE CAPACITACIÓN.

Encontrar soluciones a las disparidades de salud muchas veces se generan dentro de la misma comunidad. Con esta visión, La Comisión siempre ha estado y continúa comprometida a ofrecer servicios para fortalecer la capacidad de instituciones locales (organizaciones comunitarias, departamentos de salud, proveedores de salud, iglesias, organizaciones LGBT) para fortalecer la prevención de enfermedades, mejorar el la atención médica y programas de educación sobre la salud.



La Comisión promueve un mejor entendimiento de los desafíos de salud de la comunidad Latina a nivel local, Estatal y nacional



LUCHA POR LOS

DERECHOS Y POLÍTICAS DE SALUD.

La defensa de derechos relacionados a la salud ha sido uno de los componentes esenciales de nuestra labor. La Comisión está dedicada a movilizar organizaciones Latinas y líderes comunitarios, desarrollar amplio consenso y ejercitar la defensa de derechos sobre la salud en todos los niveles de gobierno. Además, la Comisión ofrece asesoría sobre estrategias para proteger los derechos comunitarios en todo los EE.UU.

INVESTIGACIÓN EN EL CAMPO DEL COMPORTAMIENTO DE SALUD HISPANA.

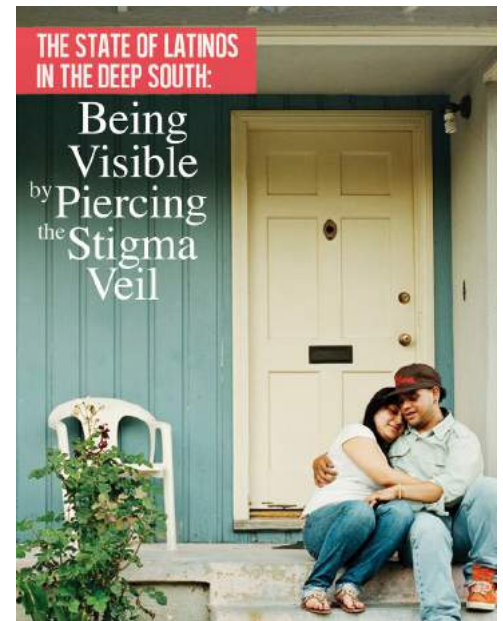
El Centro de Investigación del Comportamiento de Salud Hispana trabaja con programas dentro de la Comisión y con otras organizaciones académicas y comunitarias para identificar temas de investigación, desarrollar protocolos de investigación, coleccionar y analizar información sobre la salud y difundir reportes sobre muchos temas de la salud. Desde el 2008, el equipo del Centro de Investigación del Comportamiento de Salud Hispana ha obtenido apoyo en proyectos de investigación, escrito artículos para revistas académicas, presentado talleres en conferencias académicas y profesionales y desarrollado reportes de evaluación en proyectos comunitarios relacionados a nuestra labor.

La iniciativa de la Comisión: El Día Nacional Latino de la Concientización sobre el SIDA se conmemora a nivel nacional. Esta campaña promueve la prueba y la educación del VIH.

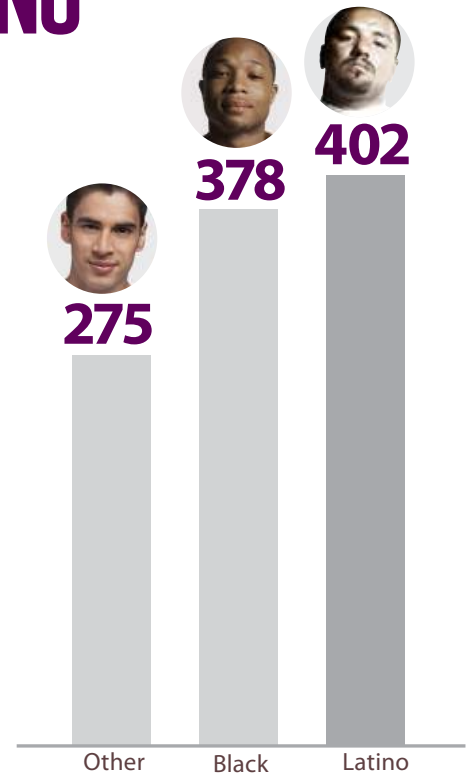
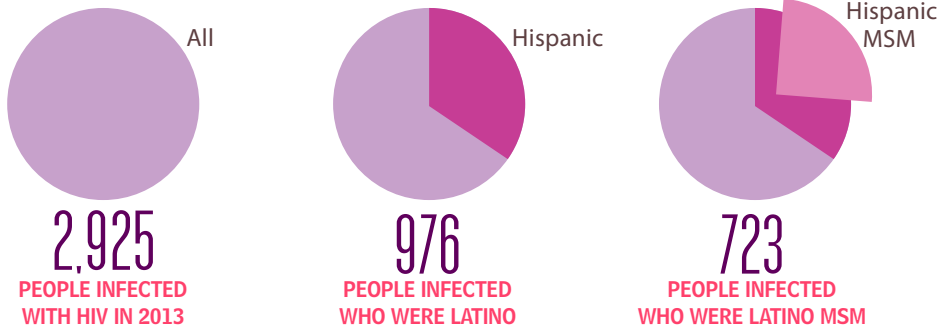
QUIENES NOS APOYAN:

La Comisión cuenta con el apoyo de organizaciones del sector público y privado por nuestro trabajo. Una lista parcial incluye: Centers for Disease Control and Prevention, Delta Air Lines, Ford Foundation, Gilead Sciences, Goya Foods, Hispanic Federation, Janssen Therapeutics, Macy's, Merck, NBC/Telemundo, New York City Council, New York State Department of Health AIDS Institute, Ryan White, Univision, ViiV Healthcare.

El Programa "Latinos in the Deep South" (Región sureña de los Estados Unidos) responde a las necesidades de la creciente población Latina en esa región.



HIV/AIDS AMONG HISPANIC/LATINO MEN WHO HAVE SEX WITH MEN (MSM) IN NEW YORK STATE



Hispanic MSM experienced the largest number of HIV infections among all young MSM 13-29 years old in 2013

MSM, or men who have sex with men, refers to all men who have sex with other men, regardless of how they identify themselves (gay, bisexual, or heterosexual). MSM have experienced high rates of HIV infection since the beginning of the epidemic. The HIV epidemic continues to disproportionately affect the Hispanic/Latino population, especially Hispanic/Latino MSM. Rising rates of infection for Hispanic/Latino MSM indicate that more support and culturally relevant prevention efforts are needed. Additionally, more research is needed to understand the causes for these higher rates, especially in young MSM (29 years or younger). Understanding HIV incidence data, or the estimated number of persons who become newly infected in any given year is crucial to abate the HIV epidemic and address New York State’s Ending the Epidemic initiative to achieve a reduction in cases to 750 by the end of 2020.

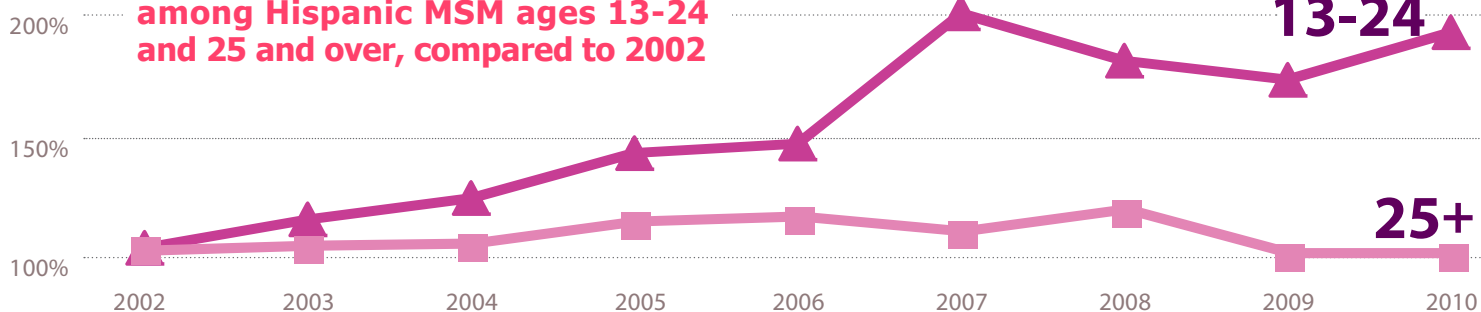
THE FACTS ¹

- In 2013, the year most recent data is available, New York State (NYS) had an estimated 2,925 new HIV infections and Hispanics/Latinos made up 33% or 1 in 3 of the total cases.
- The estimated rate of new infections among Hispanics/Latinos was 34.0 per 100,000, almost five times higher than non-Hispanic whites (6.8 per 100,000).
- MSM bear the greatest burden among new infections in NYS. They accounted for 71% or 7 out of 10 new HIV infection cases in NYS.
- In 2013, Hispanic/Latino MSM accounted for 1 out of every 4 (~25%) new HIV diagnoses and 35% or a little more than 1 out every 3 MSM HIV diagnoses in NYS.



ABOUT 2 PER DAY ESTIMATED NUMBER OF HISPANIC MSM WHO GET AN HIV DIAGNOSIS IN NEW YORK STATE

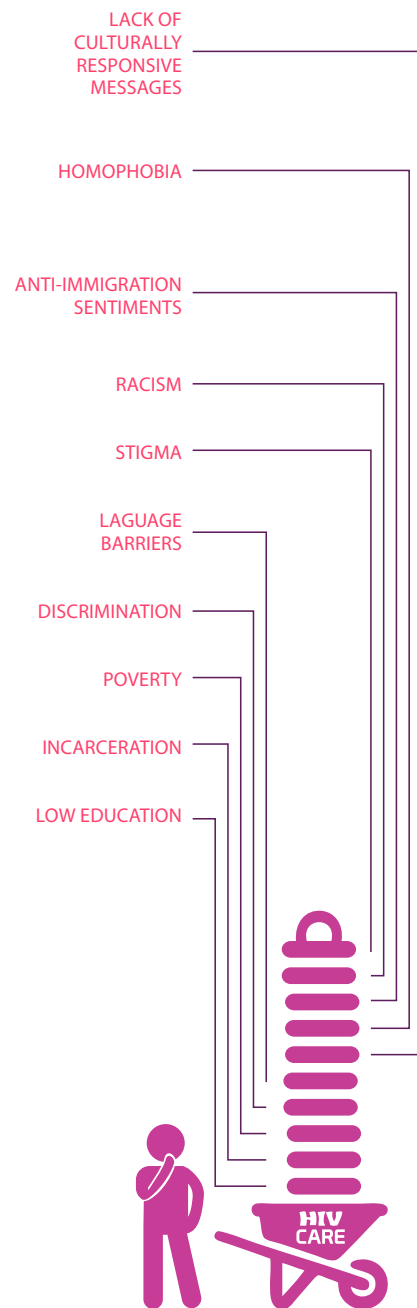
Annual newly diagnosed HIV cases among Hispanic MSM ages 13-24 and 25 and over, compared to 2002



- The burden of new HIV infections among Hispanic/Latino MSM was among young Latino MSM ages 13-29, as they accounted for 56% of cases, whereas the remaining 44% were among Hispanic/Latino MSM ages 30 and above.
- Young Hispanic/Latino MSM, 13-29 years old accounted for 402 new HIV infections in NYS, the second highest subgroup by race/ethnicity and age.
- Further alarming, a trend analysis of annual newly diagnosed HIV cases from 2002 to 2010 found that cases among Hispanic/Latino MSM ages 13-24 increased steadily each year resulting in almost double the amount of infections in 2010 since 2002.²
- Although new HIV cases in NYS decreased from 2002 to 2010 by 37%, rates among Hispanic/Latino MSM especially among young Hispanic/Latino MSM ages 13-24 have steadily increased.³

BARRIERS TO HIV PREVENTION SERVICES

- Hispanic/Latino gay, bisexual men face multiple barriers to HIV prevention, treatment and care. Specifically, current prevention programs do not integrate culturally responsive messages with cultural norms that address issues of marginalization from diverse Hispanic/Latino communities. Likewise, homophobia, racism, stigma and anti-immigration sentiments greatly compound the health access of US born and foreign born Hispanic/Latino.
- Hispanic/Latino gay men are at increased risk for contracting HIV relative to the general population due to poverty, increased incarceration, discrimination, language barriers, low educational levels as well as mental health vulnerabilities.
- Research further cites the role of mental health, intimate partner violence, and substance use issues among Hispanic/Latino as greatly impacting their HIV prevention and treatment needs.
- In addition, Hispanic/Latino face multiple stigmas around perceived immigration status complicating health service access, employment, educational opportunities and connection to social networks.
- When comparing U.S. and non-U.S. Born Hispanic/Latino, it is known that immigration status creates an additional stressor that makes HIV Testing, and accessing and being retained in HIV treatment and care more challenging.



1. New York State Department of Health AIDS Institute. *New York State HIV Incidence Estimates, 2013*. NY: New York State Department of Health. Retrieved at: http://www.health.ny.gov/diseases/aids/general/statistics/docs/hiv_incidence_2013.pdf

2. New York State Department of Health AIDS Institute. *New York State HIV/AIDS Epidemiologic Profile 2012*. Albany, NY: New York State Department of Health. Retrieved at: http://www.health.ny.gov/diseases/aids/general/statistics/epi/docs/2012_epidemiologic_profile.pdf

3. Ibid.




YES, WE FOCUS ON HIV MEDICINES. WE ALSO FOCUS ON HELPING COMMUNITIES MEET THE NEEDS OF PEOPLE WHO ARE MOST AFFECTED BY HIV.

At ViiV Healthcare, we are committed to supporting community programs that help close the gaps in care for people living with HIV.

This ad is not intended to imply that the models pictured have HIV.

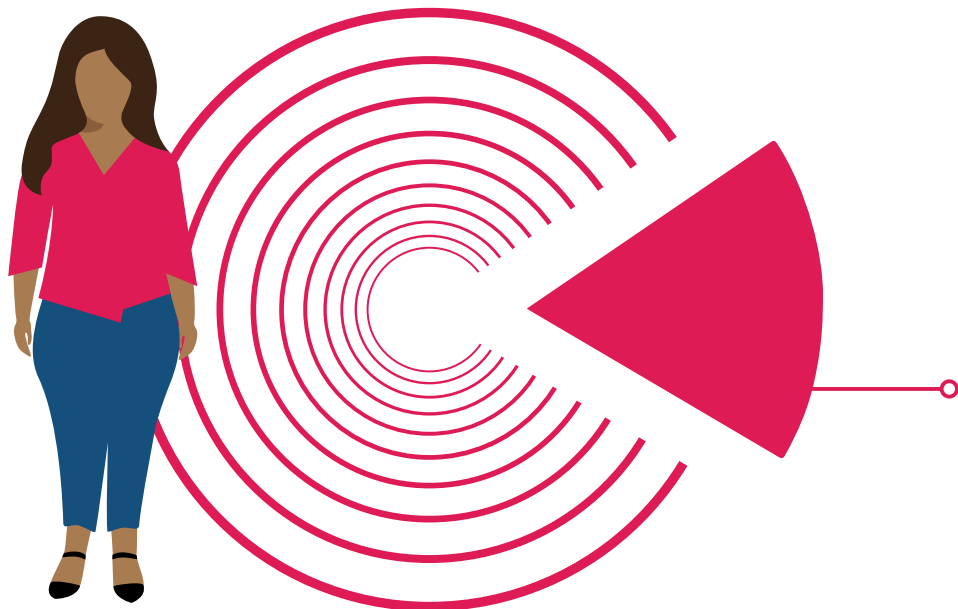
viiV
Healthcare

SOLELY FOCUSED ON HIV

Find out more at us.viivhealthcare.com and follow us  @ViiVUS

LATINAS AND HIV IN NYC: AN OVERVIEW¹

G. Betancourt, MA, MPH; D. Garcia; EdD, MPH; L. Scaccabarozzi, MPH; D. Diaz



THERE WERE 143 HIV DIAGNOSES AMONG LATINAS IN NYC IN 2015

18%
of these Latinas were also diagnosed with AIDS

The rate² of reported HIV diagnoses in New York City (NYC) in 2015 among Latinos was 36.3, more than twice the rate of whites (15.0), 4 times that of Asians/Pacific Islanders (9.3), and second only to the highest rate in the city among African-Americans (54.5).³ According to **mid-year 2016** surveillance data – there were 413 diagnoses of HIV among Latinos, and of these, almost 19% (n=77) were among Latinas.⁴

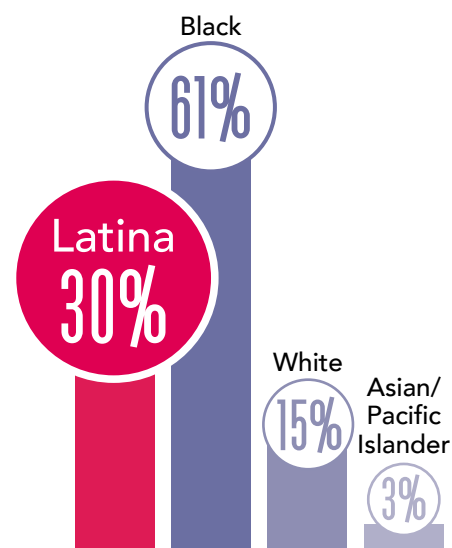
The New York City Department of Health and Mental Hygiene recently highlighted the needs of African American and Latina women in relation to HIV prevention, asking providers to consider offering PrEP to those at increased risk (i.e. STIs, IPV, residence in high-incidence area, partner of person living with HIV (PLWH) with detectable or unknown viral load, engaging in sex in exchange for money/goods, etc.) It is important to contextualize recommendations and understand HIV among women of color in NYC, **of both trans and non-trans experience**. This brief focuses on Latinas and HIV in NYC, highlighting the most recent epidemiological data publicly available, and discusses recommendations for HIV prevention and treatment, as well as principled approaches to providing culturally-responsive and equitable sexual health education and care.

The Numbers

There were a total of 482 diagnoses of HIV among women⁵ in New York City in 2015³; of these almost 20% (n=94) were concurrent with AIDS diagnoses (meaning that both HIV and AIDS were diagnosed at the same time). Concurrent diagnosis is an indicator of late testing and a predictor of poorer health outcomes. Almost 30% (n=143) of the HIV diagnoses were among Latinas (compared to 61% among African American women and 6% white women). Almost 28% (n=26) of the concurrent HIV/AIDS diagnoses were among Latinas in 2015. This comprised 18% of the total number of HIV diagnoses among Latinas in 2015.

Risk

Among Latinas diagnosed with HIV in NYC in 2015 – the majority were between the ages of 20 years and 59 years, and those with concurrent AIDS diagnoses between the ages of 40 years and 59 years. Specifically, 35% of concurrent HIV/AIDS diagnoses among Latinas were within the age range of 40-49 years, and an additional 23% among between the ages of 50 and 59 years³. This indicates that Latinas are at highest-risk for HIV throughout most



PERCENTAGES OF THE (482) CASES OF HIV DIAGNOSES IN 2015 AMONG WOMEN (INCLUDING TRANSGENDER WOMEN) IN NYC

23%
BETWEEN
AGES
50-59

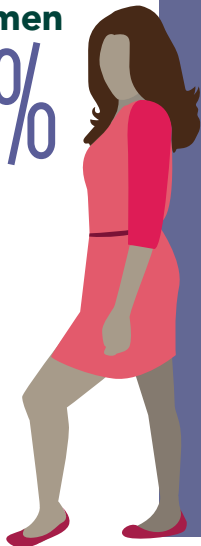
35%
BETWEEN
AGES
40-49



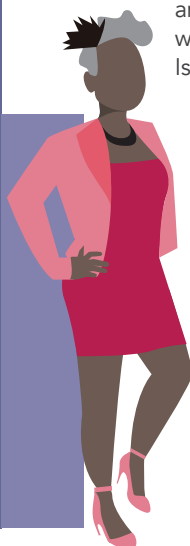
**CONCURRENT HIV/AIDS
DIAGNOSES AMONG
LATINAS BY AGE RANGE**

**! Older Latinas
have a higher risk
of receiving a
simultaneous
HIV/AIDS diagnosis**

**Latina Trans
Women**
61%



**Black Trans
Women**
37%



**LATINAS OF TRANS
EXPERIENCE WERE
AT HIGHER RISK
FOR HIV INFECTION
COMPARED TO
BLACK WOMEN OF
TRANS EXPERIENCE**

of the reproductive life-span and may be unaware of their status for a considerable amount of time before testing and being diagnosed with HIV and AIDS. Furthermore, Latinas continue to be at high risk as they age past their reproductive years and may consider themselves to be less “at risk.”

Seventy-eight percent of total diagnoses among Latinas were linked to sexual contact⁶; and unknown status increases risk of sexual transmission to others. Over ¼th (26.5%) of the HIV diagnoses among women linked to heterosexual risk in NYC in 2015 were Latina.⁷

Among individuals of transgender experience, there were a total of 41 diagnoses of HIV – and all 41 (100%) were among women. Latinas of transgender experience were at highest risk – 61% (n=25) of the diagnoses were among Latinas, followed by Black women (37%, n=15) and 75% of concurrent HIV/AIDS diagnoses were among Latinas.⁸ This is a trend that has been noted from 2011 through 2015, with transgender Latinas experiencing the highest number of newly diagnosed HIV, followed by Black transgender women, comprising 92% of the diagnoses among transgender women between 2011 and 2015.⁹ In New York City, Black and Latina transgender women are amongst the most vulnerable to HIV infection. Transgender women are disproportionately at risk for HIV and are in urgent need of prevention, treatment, and general healthcare services. The primary exposure to HIV among transgender women stems from the high transmission probability via penetrative sexual intercourse without use of a condom or pre-exposure prophylaxis (PrEP). Transgender women have been identified as “men who have sex with men” (MSM), and as such, their vulnerabilities to HIV have been lost and largely under researched. In the few instances where epidemiological data for transgender women have been obtained, results have reflected disproportionate risk for and burden of HIV infection.

Injection Substance Use

There were 16 diagnoses of HIV in 2015 among women linked to injection drug use (IDU) history, and of these 37.5% (n=6) were among Latinas, and 50% of the concurrent HIV/AIDS diagnoses were among Latinas.¹⁰

Social and Structural Determinants

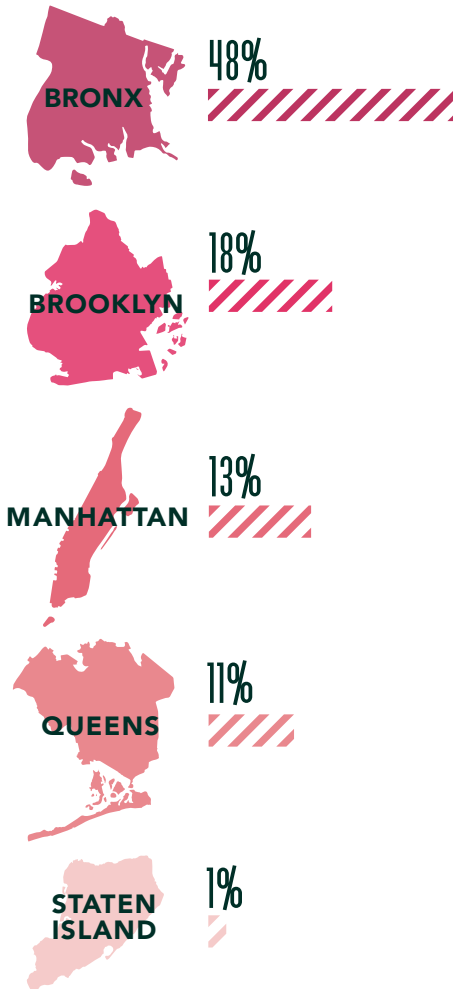
It is important to note the role of place in HIV and how it disproportionately affects community members, and inequitably determines health outcomes. This can be seen in place of residence, as well as place of birth. For Latinas diagnosed with HIV in 2015, almost 48% resided in the Bronx and an additional 18% in Brooklyn. These boroughs were also the ones with the highest number of concurrent HIV and AIDS diagnoses among Latinas in 2015. Both boroughs, but particularly The Bronx, hold some of the highest poverty rates in the nation. For Latinas diagnosed with HIV in NYC in 2015, half (49.7%, n=71) lived in very high poverty (>=30% below FPL) according area-based poverty levels.

Almost 100% of the HIV diagnoses among women in the Bronx in 2015 were among women of color (52% Black and 45% Latina), and the majority (83%) of the diagnoses were linked to sexual transmission risk (compared to 1% injection substance use risk and 16% “unknown” risk). Similarly, almost 100% of the HIV diagnoses among women in Brooklyn in 2015 were among women of color (78% Black and 18% Latina), and the majority (76%) of the diagnoses were linked to sexual transmission risk (compared to 2% injection substance use risk and 22% “unknown” risk.) Thirty-one percent of the HIV diagnoses among women in Manhattan in 2015 were Latina, 21% of the HIV diagnoses among women in Queens were Latina, and 12.5% of the HIV diagnoses among women in Staten Island were Latina.

Where is the epidemic? Who does it affect?

DISTRIBUTION BY BOROUGH* OF HIV DIAGNOSES AMONG LATINAS (INCLUDES TRANSGENDER WOMEN)

*Remaining 9% were from outside of NYC or unknown residency



HIV Diagnoses Among Foreign-Born Individuals

It has been firmly established that immigration status has a strong association with HIV risk. Although we cannot make inferences using the following data for Latinas alone, it is important to understand inequities in HIV outcomes by place of birth. Note – not all countries of the Caribbean, South America, and/or Central America are Spanish-speaking, and individuals born in these countries do not necessarily identify as “Latino/a” in the United States.

Among all new HIV diagnoses in females in 2015, 34% were foreign-born.¹¹

The majority (63%) reported being born in the western hemisphere: i.e. the Caribbean (not including Puerto Rico and the US Virgin Islands), South America and Central America (including Mexico).¹

- Caribbean – 40%
- Africa – 28%
- South America – 14%
- Central America – 9%
- Asia – 4%
- Europe – 3%
- Other – 2%

Note: the data presented below represents both males and females of transgender experience, although data support that the majority of HIV diagnoses are among women.

Among transgender individuals diagnosed with HIV in NYC between 2011-2015, 21% (n=48) were born outside of the US (including Puerto Rico (PR) and United States Virgin Islands (USVI)).¹² The majority (98%) reported being born in the western hemisphere, with over half indicating they were born in a Central American country or Mexico.

- 55% born in Mexico and Central America¹
- 24% in the Caribbean
- 18% in South America
- 2% Asia



3 IN 4

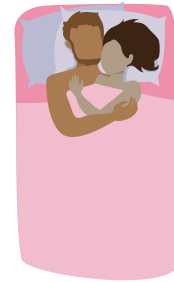
Transgender women who received a concurrent HIV/AIDS diagnosis were Latinas

Histories of trauma

Trauma is also an established risk factor for HIV. A study of characteristics of women of transgender experience¹² diagnosed with HIV in NYC between 2011 and 2015 found 49% had at least one of the characteristics identified as an increased risk predictor, including sexual abuse.¹¹

- History of substance use (32%)
- History of incarceration (25%)
- History of commercial sex work (10%)
- History of homelessness (7%)
- History of sexual abuse (3%)

Given the sensitive nature of disclosure, it is highly likely that the documented percentages represent conservative estimates.



27%

of the HIV diagnoses among women linked to heterosexual risk in NYC in 2015 were Latina



37%

of the 16 diagnoses of HIV in 2015 among women linked to IDU (injection drug use) were among Latinas



50%

of Latinas diagnosed with HIV in 2015 in NYC lived in high poverty

Conclusions

The data available indicates that Latinas in NYC experience unmet needs leaving them increasingly vulnerable to HIV, and that current prevention strategies may not be effectively addressing the realities of their lives. Latinas at highest risk experience striking inequities in social and structural determinants of health throughout the life course. The intersectionality of high poverty, and limited power and privilege in society due to racism, xenophobia, misogyny, and transphobia, among others, leaves Latinas in NYC vulnerable, particularly those living in high-incidence boroughs and neighborhoods. Sexual contact poses the highest risk of transmission among Latinas¹³ on average – but this is mediated by both macro-level factors as well as individual-level behaviors. Often, the two interact and manifest in relationship dynamics between sexual partners. For example, women may find themselves in coercive relationships with limited ability to exert prevention methods, but outweigh risk in relation to other priorities, such as basic survival needs. This likelihood increases for disenfranchised women of color, including women of transgender experience, women concerned about their immigration status, and women living in high-poverty areas with little opportunity for quality employment.

It is important to remain conscientious and principled in our approaches to marketing, educational efforts, outreach, and provision of PrEP to Latinas, as well as other women of color, women of both trans and non-trans experience, and other disenfranchised women in New York City. It is vital to understand the nuances and importance of sexual and reproductive health (SRH) and justice in Latina communities and in the lives of women of color in general. Acknowledgement of the historical events that led to mistrust of medical authorities and establishments in our communities, including forced sterilization, non-informed and non-consensual interventions aimed to exert sexual and reproductive control, and the withholding of lifesaving care to study the natural progression of morbidity, is critical if we are to be effective in our public health strategies, goals and outcomes.¹⁴

Finally, it is important to contextualize the role and limitations of routine HIV testing and SRH care – given the threats to accessible and affordable quality health care, particularly SRH services and providers that represent the ONLY sources of care available to Latinas.

Note: Sexual risk is included in this brief, but warrants further centering, exploration, and understanding of risks for transgender women. The majority of the data included in this brief has been recently released by the New York City Department of Health and Mental Hygiene (NYCDOHMH) - inclusive of women of both trans and non-trans experience.

Recommendations

1 PROVIDERS:

Acknowledge, understand and respect

their lived experiences, and their concerns. Center Latinas' lives when offering the full range of prevention and treatment methods to Latinas, regardless of status to effectively provide culturally-responsive SRH care leading to the reduction of HIV disparities and eradication of health inequities across NYC.

2 HEALTH POLICY MAKERS:

Address social determinants

such as quality employment and education, including comprehensive medically accurate sexual health education in your efforts to eliminate disproportionate levels of poverty, underemployment, and insurance coverage. Collaborate with key stakeholders. Policy Reduce and eliminate legal barriers related to immigration status and criminalization laws that leave individuals vulnerable to infection or increased viral load.

3 RESEARCHERS:

Document and build evidence

to understand the causal pathways between trauma and abuse and poor sexual health outcomes among vulnerable women of color in NYC including adverse childhood experiences (ACES), intimate partner violence (IPV), violence, mental health, and substance use disorders. Forge partnerships with community based organizations (CBOs) including faith-based organizations (FBOs), that have established trust in the community to collaboratively develop effective interventions, health promotion messaging, and awareness campaigns that resonate for constituents.

4 FUNDERS AND FUNDING STREAMS:

Further allocate resources

to assess and document risk for transgender women and men – related not only to sexual risk, but injection use related to hormones, as well as risk posed by exploitation, coercion, and both social and structural determinants of health.

5 EVERYONE:

Work to increase the availability,

accessibility, and acceptability of HIV education, prevention, and treatment via advocacy and awareness campaigns. Promote adherence and principled approaches to health-seeking behaviors and health equity.

References

1. Latinas – defined as individuals, regardless of sex/gender assigned at birth that identify as female and Latino/Hispanic.
2. Rate – defined as diagnoses per 100,000 population. Diagnoses include diagnoses of HIV without AIDS and HIV concurrent with AIDS. Rates calculated using the intercensal 2015 NYC population. As defined by New York City HIV/AIDS Annual Surveillance Statistics 2015; HIV Epidemiology and Field Services Program, NYC DOHMH.
3. New York City HIV/AIDS Annual Surveillance Statistics 2015: See <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/surveillance2015-table-all.pdf>
4. HIV Surveillance Mid-Year Report NYC 2016 See <https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-mid-year-report-2016.pdf>.
5. Ages 13 years and older
6. Sexual contact includes “heterosexual contact” and “transgender people with sexual contact” transmission risk categories specified by the HIV Epidemiology and Field Services Program, NYC DOHMH. See Table 1.3.4 of New York City HIV/AIDS Annual Surveillance Statistics 2015.
7. See Table 1.6.6. New York City HIV/AIDS Annual Surveillance Statistics 2015.
8. See Table 1.6.7. New York City HIV/AIDS Annual Surveillance Statistics 2015.
9. See <https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf>.
10. See Table 1.6. 3 of New York City HIV/AIDS Annual Surveillance Statistics 2015.
11. See <https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-aids-in-females.pdf>
12. <http://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf>
13. See also HIV Risk and Prevalence among Heterosexuals at Increased Risk for HIV in New York City (2013 National HIV Behavioral Surveillance Study) <https://www1.nyc.gov/assets/doh/downloads/pdf/dires/nhbshet-2013.pdf>
14. See “LARC Statement of Principles” – SisterSong and National Women’s Health Network. <http://bit.ly/2crsyQi>.
 - i. Note - Mexico is defined as part of Central America in the NYCDOHMH data, and presented as aggregate.
 - ii. Note - the study did not disaggregate by race and ethnicity.



visit us at: www.latinoaids.org

IT TAKES A TEAM OF SUPERHEROES **TO DEFEAT HIV**

Bryan
Garcia

Web Designer
HIV Negative

SUPERPOWERS:
Takes PrEP,
Uses condoms



Lupe
Castro
Waitress

HIV Negative

SUPERPOWERS:
Uses condoms,
Gets tested
regularly



Francisco
Quispe
Retired

HIV Positive

SUPERPOWERS:
Gets treatment,
Uses condoms



Candy
Mendoza
Secretary
HIV Positive

SUPERPOWERS:
Gets treatment,
Uses condoms



YOU'RE A SUPERHERO. USE YOUR SUPERPOWERS.



OCT 15

NATIONAL LATINX
AIDS AWARENESS DAY

#NLAAD

nlaad.org

* All participants depicted in this ad are models.

**TOMAMOS DECISIONES TODOS LOS DIAS.
HOY TOMO UNA POR MI SALUD.**




**ME HAGO LA PRUEBA
DEL VIH y LA HEPATITIS C.**

**La prueba es gratis, rápida, confidencial
y no importa el estatus migratorio.**

(917) 438-0698
OFICINA DE ACCESO A LA SALUD DE
LA COMISION LATINA SOBRE EL SIDA

1-800-233-7432
LA LINEA INFORMATIVA DEL SIDA
DEL ESTADO DE NUEVA YORK



para mayor
información visite:
www.latinoids.org



For Spanish information
and referrals about HIV/AIDS
CALL THE SPANISH NEW YORK STATE HOTLINE

1-800-233-7432
Monday-Friday 8:00am-5:00pm

All our calls are toll free and strictly
confidential. Our personnel are highly
capable and will answer each call
with extreme care and respect.

Para información
y referidos en Español sobre el VIH/SIDA
**LLAME A LA LÍNEA INFORMATIVA DEL SIDA
DEL ESTADO DE NUEVA YORK**

1-800-233-7432
Lunes - Viernes 8:00am-5:00pm

Todas las llamadas son gratis
y confidenciales. Nuestro personal
está altamente capacitado y
contestarán sus preguntas
con el esmero y respeto que
cada individuo requiere.

Sponsored by The Department of Health
and The AIDS Institute



NEW YORK CITY
AIDS MEMORIAL

R E M E M B E R • R E F L E C T • R E N E W

THE NYC AIDS MEMORIAL IS NOW OPEN. COME VISIT US.
WWW.NYCAIDSMEMORIAL.ORG