REUNIÓN LATINA TRAINING INSTITUTE
Eliminating Health Disparities in Our Communities

MARCH 15-16, 2018
ALBANY, NEW YORK
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.
### Registration & Continental Breakfast

**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

### CYCLE ONE WORKSHOPS

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<thead>
<tr>
<th>Workshop #1</th>
<th>GOVERNOR B</th>
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<tr>
<td>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.</td>
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<td><strong>Presenter:</strong></td>
<td><strong>Justin Toro, LMSW</strong>, Adolescent AIDS Program, Children's Hospital at Montefiore</td>
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<th>Workshop #2</th>
<th>GOVERNOR C</th>
<th><strong>TRADUCCIÓN DISPONIBLE</strong></th>
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<tr>
<td><strong>Money Management Tools &amp; Tips</strong></td>
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<td>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.</td>
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<td><strong>Presenter:</strong></td>
<td><strong>Diana Caba</strong>, Hispanic Federation</td>
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<tr>
<th>Workshop #3</th>
<th>GOVERNOR D</th>
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<tr>
<td><strong>Ending the Epidemic: NYS AIDS Advisory Group on Gay and Bi Latino Men</strong></td>
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<tr>
<td>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.</td>
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</table>
| **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 |

| 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 y cómo utilizar mejor las redes sociales para crear campañas de virales para sacar diseminar temas importantes. |

| 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. |

| 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. |
**CYCLE TWO WORKSHOPS**

**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.  

Presenter:  
David Garcia, MPH, EdD, Latino Commission on AIDS

**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.  

Presenter:  
Carlos Maldonado, Latino Commission on AIDS

**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.  

Presenters:  
Zeena Hazuri, Latino Commission on AIDS  
Devan Diaz, Latino Commission on AIDS

**Coffee & Tea Break**

**CYCLE THREE WORKSHOPS**

**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.  

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)

**Mesa redonda y discusión sobre los esfuerzos transgéneros**  
Este taller explorará 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 respete y dignifique a las latinas de experiencias trans y no trans, de diferentes razas, etnias y estado migratorio.
### Thursday, March 15

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<th>Workshop #8</th>
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<tbody>
<tr>
<td>Developing a PrEP Campaign for Latino and Spanish-Speaking Communities in New York City</td>
<td>Desarrollando una Campaña PrEP para Comunidades Latinas y de habla hispana en la ciudad de Nueva York</td>
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<tr>
<td>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.</td>
<td>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.</td>
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<td>John Rojas, MPA, NYC Department of Health &amp; Mental Hygiene</td>
<td>Wilfredo Morel, Hudson River Community Health Center</td>
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<tr>
<td>Michael Pantano, MPH, NYC Department of Health &amp; Mental Hygiene</td>
<td>Luis Mares, LMSW, Latino Commission on AIDS</td>
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<th>Workshop #9</th>
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<tr>
<td>NYS AIDS Advisory Group on New Immigrants, Farm-Workers and Non-English Speaking Communities: Immigration, HIV and Advocacy</td>
<td>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</td>
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<tr>
<td>The AIDS Advisory Council Sub-Committee is working presenting recommendations to the NYS DOH AIDS Advisory Council. Learn what has been done thus far.</td>
<td>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.</td>
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### Community Celebratory Dinner | GOVERNOR CDE

### Friday, March 16

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<tr>
<th>Breakfast</th>
<th>EAST GALLERY</th>
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<th>CYCLE FOUR WORKSHOPS</th>
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<tr>
<td>Pelo a Pelo, sin miedo: Changing Language in HIV Prevention</td>
<td>Pelo a pelo. Como cambia el lenguaje en la prevención del VIH</td>
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<tr>
<td>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.</td>
<td>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.</td>
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<td>Presenter:</td>
<td>Presenter:</td>
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<tr>
<td>Michael Diaz, MA, NYC DOHMH</td>
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## Workshop #11 | GOVERNOR C
**STIs in the Latinx Community: Stereotypes, Machismo and Intersections**
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.

**Presenter:**
Zeena Hazuri, Latino Commission on AIDS

## Workshop #12 | GOVERNOR B | TRADUCCIÓN DISPONIBLE
**Buscando Paraíso: Latinx LGBTQ Immigrants in The United States**
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.

**Presenters:**
Steven Fernandez, MPH, Latino Commission on AIDS
Devan Diaz, Latino Commission on AIDS

## Workshop #13 | GOVERNOR C | TRADUCCIÓN DISPONIBLE
**We Need to Talk: Latinx Community "-isms" and Trauma**
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.

**Presenter:**
Rev. Shawn-Patrick Torres, Jr., M.Div., Latino Commission on AIDS

## 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.

## CYCLE FIVE WORKSHOPS

### Brown Bag Lunch
10:45am-11:00am

### 11:00am-12:30pm

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<tr>
<th>Workshop #12</th>
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<tr>
<td><strong>Buscando Paraíso: Latinx Inmigrantes LGBTQ en los Estados Unidos</strong></td>
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<tr>
<td>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.</td>
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<tr>
<td><strong>Necesitamos hablar: &quot;-ismos&quot; y trauma en la comunidad Latinx</strong></td>
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<td>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? Unase a nosotros en este taller y comparta su experiencia sobre cómo “-ismos” se manifiestan en nuestra comunidad.</td>
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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.

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

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).
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.

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.
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 trasmisión 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 estimarían 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.

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.
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 la atención médica y programas de educación sobre la salud.

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, colectar 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.

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.
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

- 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.

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

About 2 per day estimated number of Hispanic MSM who get an HIV diagnosis in New York State
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.

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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.

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This ad is not intended to imply that the models pictured have HIV.
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 2015⁶; 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 years⁷. This indicates that Latinas are at highest-risk for HIV throughout most
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 contact, and unknown status increases risk of sexual transmission to others. Over 14th (26.5%) of the HIV diagnoses among women linked to heterosexual risk in NYC in 2015 were Latina. 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. 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. 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.

### 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.

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

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean</td>
<td>40%</td>
</tr>
<tr>
<td>Africa</td>
<td>28%</td>
</tr>
<tr>
<td>South America</td>
<td>14%</td>
</tr>
<tr>
<td>Central America</td>
<td>9%</td>
</tr>
<tr>
<td>Asia</td>
<td>4%</td>
</tr>
<tr>
<td>Europe</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
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</tbody>
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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)). The majority (98%) reported being born in the western hemisphere, with over half indicating they were born in a Central American country or Mexico.

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Mexico and Central America</td>
<td>55%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>24%</td>
</tr>
<tr>
<td>South America</td>
<td>18%</td>
</tr>
<tr>
<td>Asia</td>
<td>2%</td>
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</tbody>
</table>

Histories of trauma

Trauma is also an established risk factor for HIV. A study of characteristics of women of transgender experience 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:

- 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.

Where is the epidemic? Who does it affect?

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

50% of Latinas diagnosed with HIV in 2015 in NYC lived in high poverty

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

There were 3 in 4 trans women who received a concurrent HIV/AIDS diagnosis were Latinas.
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 Latinas 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.

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.


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 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.


10. See Table 1.6.3 of New York City HIV/AIDS Annual Surveillance Statistics 2015.


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.
IT TAKES A TEAM OF SUPERHEROES TO DEFEAT HIV

Bryan Garcia
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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

* All participants depicted in this ad are models.

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Lunes - Viernes 8:00am-5:00pm

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