

## Latino Health Advocacy Day Notes

State of the City will occur tomorrow February 16th, 2017  
Marry Bassett

### **John Rojas**

Dr. Basset and Dimitry send their regards. Mayor and city council allocating funds for EtE.

In 2015, hit record <2500 new HIV diagnoses in NYC. Of those <2500, 80% Latino or African and 59.5% transgender individuals.

Engaging individuals who are not HIV positive, but also those at risk. Expanded services in STDs clinics or Sexual Health Clinics--changed name to be more sex positive. Now offer PEP at these clinics without insurance. We also now issue PrEP.

JumpStart--if you come into our clinic and you're newly diagnosed--we start you on medication the same day! A lot of new initiatives, and a lot of work to be done.

### **Dr. David Garcia**

Cannot ignore social determinants of health: poverty, immigration status, education.

Devan introduces panelists

Mauro - M

Trujillo - T

Jasmine Lopez - JLo

Elizabeth Rivera - Liz

Justin Toro - J

Questions:

1. **Latinos usually are late testers. What do you think we need to do to make sure that our community tests for HIV and remains in care?**

JLo - When we're talking about HIV testing we need to talk about outreach strategies.

We're seeing a lot of young people are becoming sexually active earlier...because they're so young they have this mentality that "oh it'll never happen to me" Different areas and different times.

Liz - Social marketing is also very important. People see themselves in social marketing campaigns. Social marketing needs to be geared to the community you want to target.

J - To talk about retention to care--we need to make sure that the provider or hospital is culturally competent about care. When you don't have doctors, nurses are not culturally competent about our community

T - I would suggest we have the funds to target the community--Bronx is pretty scary.

M - Technology is changing and so The way we communicate to this community needs to

change. Target immigrants. A lot of information often times creates confusion.

### **1a. What are some challenges and barriers? Immigration status, language, and insurance.**

M - To get tested is a hard decision. A lot of times we focus on the client, but most of the time we don't see what we're doing. For late testing, it's about access to testing. A lot of undocumented immigrants, work in labor. They can't come into get tested because of their work schedules.

Liz - We actually do provide testing during the later evening hours. We do provide testing on the weekends as well. And we also provide testing at a mobile unit in front of a club. I think that we really need to work on is de-stigmatizing the idea of getting tested.

JLo - Last year there was a point that was made that language is important about getting tested. You need someone who can communicate about what taking PEP/PrEP means to you. It's not just about language--if you speak english spanish or french or russian. It's about how you communicate language within the environment you're in.

### **2. Do you think that your community is accessing these services? Why or why not?**

J - I work with people 14-24, and they're not. Young people are having sex at much earlier age, if we're not giving them full access, we're doing them a disservice. An organization that sex shames, that's not okay. It's about empowering anyone about sex. It's really about making sure we're coming from a sex positive perspective.

Liz - For the trans community, they're not accessing PEP and PrEP as they should be. Either because providers are not culturally competent or social marketing. It's about finding a way of really getting to the root about how we're providing the message to the community.

JLo - In my work, I have found that they are able to access service but only bc we're providing that bridge. There's barely any mention of trans masculine folks or intersex folks. There's not messaging to even address the struggles they have.

T - I have had a lot of questions or concerns about PrEP. I don't think what's being addressed is a lot of the side effects. It is being offered, but the information on the side effects has not been discussed much. PEP definitely need to be discussed more.

M - In terms of PEP, interesting to see report about race and status. I've heard a lot of populations accessing PrEP. One of the barriers to PrEP, is mixed messages about PrEP. It's one of the problems we've been having as providers. For example, PrEP is not free. It's accessible but not free. Giving the message that it's free, is confusing. PEP is not free either. Although I think there's a lot of progress, providers need to take a lot of initiative.

Structural information--to make sure that organizations provide clients the right information at the right time. There are certain communities that prompt the PrEP information. Most of the time it's sad to me to find out that guys find out about PEP and PrEP when there's already been an incident.

**DEVAN: How do you think we can provide or target information for these communities (trans masculine, intersex)?**

JT - We're being asked the questions but the client's aren't being asked the questions. They're the content experts. We need to make sure their voices are heard. We need people from "priority" populations sitting at these panels, sitting at these tables.

Liz - It's not just about doing culturally competent services. It's about hiring these people. It's important when clients see providers that come from that experience.

Historically our community has been disempowered in certain ways, because we haven't been given the opportunities. ACTION SPEAKS LOUDER THAN WORDS.

JLo - I want to further expand on representation--one of the ways we can begin to do that is make sure we have correct data collection. One way we realized about trans women is because we started asking the right questions.

#### **4. Blueprint to End the Epidemic. Is this something they're aware of?**

Jlo - I don't think so. I've never seen a panel or forum conducted in Spanish talking about Ending the Epidemic. I also want to add in all this talk about ending the epi...all this time I hear about PLWHA getting into care. It's about getting them to a low viral load so they don't transmit to others. What about living healthy? Just as a whole, in understanding the epidemic, understanding what it's like to live with HIV.

JT - We've failed our community. It needs to be prevention for all. When we hone in on one population at a time, we're forgetting about everyone else at the table. We need to message for all, but also relate to all. We need to have a message that works for me, but also works for them. What happens when it's 2020 and we don't reach these numbers?

M - I think this is a great initiative--a top down initiative to end the epidemic. How can we improve (the loose ends)? One thing we haven't seen is inclusion. Also acknowledge that communication is changing--processing of information is rapidly changing. All these loose ends have to be considered for this powerful initiative. These are something we can learn to...

Liz - Sometimes we get stuck in a box. Get out of the box. One thing I've observed, is that orgs have shied away from being sexy--because of the conservative funder. I think when you start streamlining, and get more corporate in how you engage with the community--that's how you lose the community.

#### **David Garcia takes the mic.**

Open mic:

T - I haven't heard about the Crystal Meth epidemic. I'd love to see more organizations to address the crystal meth epidemic.

C2 - Looking at the Latino community, once you engage the community they're the most adherent on PrEP.

C3 - Doria--I think we're not doing enough for young people. Our young people have different

culture, how can we target?

JT - A lot of ppl think young people aren't interested. We need to take a more "reality" based approach, not a fear approach. A lot of families are not comfortable having those conversations. As providers we need to engage the families in these conversations as well. We can't talk to someone, we have to have a convo with them.

We need to make sure that these convos are being had at home. We need to reach out to families. What about youth not engaged in school? How do we engage all these different providers? We have a curriculum that has been around for... How can we support principals? How do we make sure that this information is being done? And who is making sure this information is being done? Gym teacher? Health teacher?

Liz - Step outside of the box. We're in 2017, we need to stop pretending we don't know how young adults are in 2017. Don't be scared of provocative messaging. How many times have I gone to a school and I can't pass out condoms? Don't be scared to step out of the box. That's where my challenges have been. Sex is sex. Let's talk about it.

More collaborations amongst CBOs, depts. more culturally responsive work. What are some out of the box strategies?

Bc crystal meth use is so highly stigmatized, what do you think we should do to engage that population?

T - I see CM in a lot of these social apps. And they haven't been prioritized. We need advertising, and support groups for meth addicts. We need to go where they are.

.... (bathroom break)

C2 - It's my understanding that PEP is available in 5 clinics. In terms of PrEP, it's free in a handful of clinics.

C3 - Jorge Benitez. I want to reiterate the point of us communicating with each other. The immigrant community--undocumented persons--how can we engage them?

M - One of the barriers, it's about access to information. Making information available in Spanish, doesn't mean it's gonna be accessible. Some of the messaging can be so strong that it can stigmatize. Different sectors of NYC have different populations of the Latino community. It's segmented--different countries have different values...

Allowing funding for evidence based research--we need interventions in research that support all these crazy initiatives.

Gabriela Betancourt---speaks