

HELP/PSI

For over 20 years, HELP/PSI has provided various services to thousands of people living with HIV/AIDS throughout the boroughs of New York City. Our programs include adult day health care programs, health homes, primary care, dental care, and mental health services. In recent years our services have expanded to include all people with chronic health conditions, but our commitment and dedication to providing services to people with HIV/AIDS remains strong.

HELP/PSI was privileged to have an exhibit booth at the recent International AIDS Conference 2012 (IAC) and to have several members of the HELP/PSI team attend the conference.

It was especially meaningful for members of HELP/PSI's medical team to attend the conference and be educated on the cutting edge research and treatment options in HIV/AIDS. They also heard about what the future may hold for managing and even eradicating HIV so that it will not advance to AIDS.

Patricia Williams, RN, Vice President of Clinical Operations at HELP/PSI described her experience at the conference as "Awesome, rejuvenating, educating, and hopeful." She admits to mixed emotions of joy and pain hearing Secretary of State Hillary Clinton verbalize the hope of an "AIDS free generation." There was a feeling of joy for those who are benefitting from the advances



HELP/PSI



Turning the Tide Together



HELP/PSI at IAC 2012!

in medicine and are staying healthy despite living with HIV/AIDS. There was pain from the memory of her 22 years as an HIV nurse, watching the faces of patients and their family and friends who watched as their loved ones lost the fight to this dreadful disease.

Patricia said the conference afforded her the opportunity to gain a better understanding of some of the global concerns regarding HIV/AIDS treatment. However, her "Ah-Ha" moment came when listening to one of the plenary speakers, Phil Wilson, talk about the state of the epidemic in America — especially among the black community. There are approximately 1.2 million Americans living with HIV; blacks represent approximately 50% of all new cases and around 50% of AIDS related deaths.

There is still a lot of work to be done; and it is extremely gratifying to know the services we provide at HELP/PSI reflect the theme of this year's conference – "Turning the Tide Together."

Another member of HELP/PSI's medical team who works on the front line is Darcel Reyes, a Nurse Practitioner at one of HELP/PSI's primary care clinics in the Bronx.

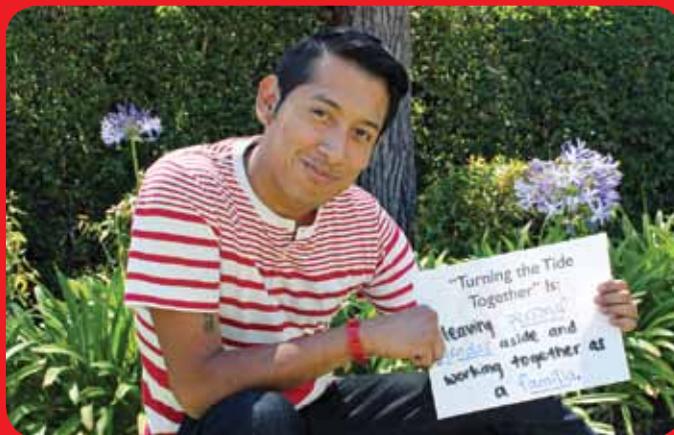
Darcel was very impressed with the conference as well. "HIV, something so tiny that it cannot be seen without the aid of powerful microscopes, has the power to wreak global havoc, while at the

same time produce a response of global unity that crosses all political, geographical, racial, ethnic, education, and socioeconomic boundaries. This global response tied in with the theme of "Turning the Tide Together," and this reminded Darcel of HELP/PSI's part in this global effort by testing, treating, and educating the people who participate in our programs.

Darcel realized that at HELP/PSI we face many of the same challenges as the providers and people who have HIV/AIDS in the developing nations: high rates of infection among the most vulnerable people in the population. However, we are blessed with the resources to meet these challenges.

Darcel stated that another one of the major themes of the IAC this year was that "it takes all of us together including: providers, scientists, social workers, policy makers, funding agencies, people infected with HIV/AIDS and countless others, too numerous to mention, to defeat HIV/AIDS." According to Darcel, a sub-theme of the conference was that we can't defeat this virus by being judgmental towards those infected. We need to be inclusive. She said that HELP/PSI embodies these themes in our work with people with HIV/AIDS who we treat with empathy, compassion, dignity, and respect.

For Darcel, attending the IAC was an invaluable experience which further validated how much HELP/PSI is doing to help people with HIV/AIDS.





NYC Harm Reduction Agency Goes Global!

CitiWide Harm Reduction, a comprehensive syringe exchange program serving 3,000 injection drug users, sex workers, the homeless and people living with HIV and HCV in the South Bronx, participated in the recent International AIDS Conference in Washington, DC.

While many grassroots organizations from around the U.S. participated, very few were able to bring over 30 staff and program participants to engage in the conference. How and why did they do it? According to Robert Cordero, CitiWide's Executive Director, "We had to represent at this important international conference because we were concerned that the voices of injection drug users living with HIV/AIDS would be left out due to U.S. travel restrictions placed on drug users and commercial sex workers from abroad. Logistically, we booked a hostel along with Housing Works almost a year in advance. We saved money by using buses from New York City and we raised funding throughout the year with t-shirt sales

to cover our costs. This was truly priceless and we will take what we have learned back to the South Bronx." CitiWide's t-shirts, "Harm Reduction Revolution" sent a clear message and were a hot item at the IAC Global Village. "This experience has been transformational. I feel connected to other people living with HIV/AIDS from throughout the world. We really made sure to spread the word about harm reduction principles as a tool to end AIDS around the world. We even set up a visit to CitiWide's drop-in center with harm reduction advocates from Paris!" stated Neil M., Chair of CitiWide's Participant Advisory Board.

About Citiwide:

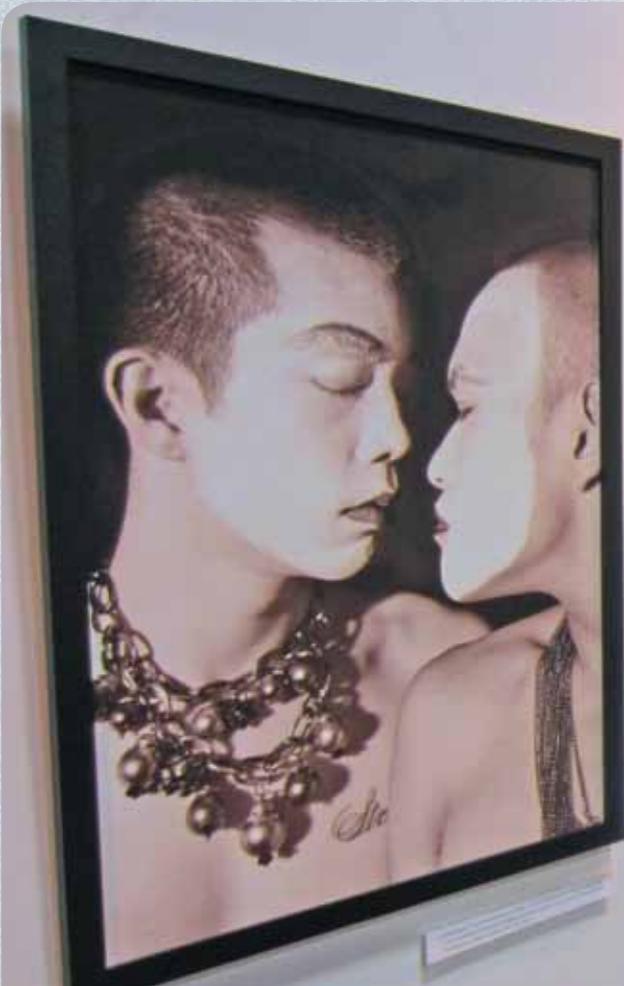
CitiWide Harm Reduction is committed to improving the health, social and economic status of active drug users in New York City. For more information about CitiWide Harm Reduction, and to check out their 2012 Annual Report, go to www.citiwidehr.org.

Sidney or Bust

CitiWide Harm Reduction has already begun to plan for participation in the 2014 International AIDS Conference in Sydney, Australia. Staff and participants are brainstorming creative ways to raise funds for flights, registration and accommodations at a hostel. "We need to ensure that harm reduction is front and center at every international AIDS conference," states Julie Pena, CitiWide's Director of Human Services. Through engagement in global advocacy, CitiWide Harm Reduction aspires to ensure that grassroots syringe exchange services are tied to national and international efforts to promote health and safety for drug users.



Transcendents - Beyond Limitations: Living with and Fighting HIV in Bangkok, Thailand by Cameron Wolf



Is HIV a problem for New York City



YOUTH?

by HAF

New York City still remains as one of the primary epicenters of the HIV pandemic in the United States. When we look at the rates of new HIV infections in NYC, we can see that younger populations are becoming increasingly affected by HIV/AIDS.

The latest statistics reported by the New York City Department of Health and Mental Hygiene indicate that in 2010 approximately one third of all new infections were found to be in people 29 years old or younger. Almost half of all new infections in NYC that same year were among men who have sex with men, and among those, over 45% were ages 29 or younger. Over 70% of all new infections are found to be among African Americans and Hispanics. Additionally, among gay/bisexual men, over 40% are diagnosed with AIDS concurrently with HIV. This is critical because those that are concurrently diagnosed with AIDS are an indication that these individuals have been living with HIV unknowingly for a long time. These statistics tell us that in NYC, HIV is a significant problem amongst young gay/bisexual men, and in particular amongst African American and Hispanic youth.

What are the causes?

In the simplest terms, the cause is unprotected sex. NYC Department of Health continues to report that young people report the highest rates of sexually transmitted disease, indicating high rates on unprotected sex. Nonetheless, we know that what leads to unprotected sex is complex in nature.

At the core of the problem is a person's self esteem and how they view themselves and their place in society and in their relationships. If one does not feel valued, one is less likely to assert themselves in demanding the use of protection during sex. They risk their own health over the risk of rejection. What makes us feel less than others is precisely influenced by what our families have told us while growing up, what our teachers have told us in school, how our neighbors treat us, how we see people that we identify with are portrayed in the media, what our laws say our rights are, and what our peers think and how they act towards us.

For queer youth, high levels of stigma and discrimination in their homes, schools, and neighborhoods, have found to have a direct effect not only in HIV rates, but also teen homelessness, substance use, depression, and high suicide rates, among others. High rates of homelessness in particular, is an important factor in NYC as teens are sometimes thrown out or seek to leave their home in order to escape the verbal or physical abuse that they endure after coming out to their families. Living on the street, can lead a teen to endure and accept conditions such as survival sex, because they need a place to stay for the night, they need to survive.

How can we solve this problem?

The Centers for Disease Control and Prevention point to stigma associated with HIV and homosexuality as a major factor fueling the spread of HIV. There are also many studies that indicate that marginalization and isolation of lesbian, gay, bisexual and transgender (LGBT) youth, lead to other social ills such as homelessness, bullying and violence that have a direct and negative effect on the health of LGBT youth.

To deal with the problem of HIV in New York City, it is necessary that we all take part in it: lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth, parents, teachers, neighbors, policy makers, and institutions. We do this by increasing visibility of LGBT individuals, creating networks and safe spaces for LGBTQ youth to socialize and congregate, build capacity amongst providers to address and change their heterosexist norms in service provision, making health and mental health services LGBTQ affirming, supporting teens and families in communicating and supporting each other through the coming out process, instilling anti-discrimination laws that are inclusive of LGBTQ individuals, ensuring that schools establish a policy of zero tolerance of bullying and discriminatory behavior, and that we nourish a society that is not only tolerant, but embracing of human diversity, including sexual diversity.

When we love ourselves and feel loved, we feel strong and with the fundamental right to take care of ourselves and our future. We need to create a community where LGBTQ youth can feel safe, strong, and nurtured so they can take charge of their own health and future to fulfill their endless potential.

What is being done now?

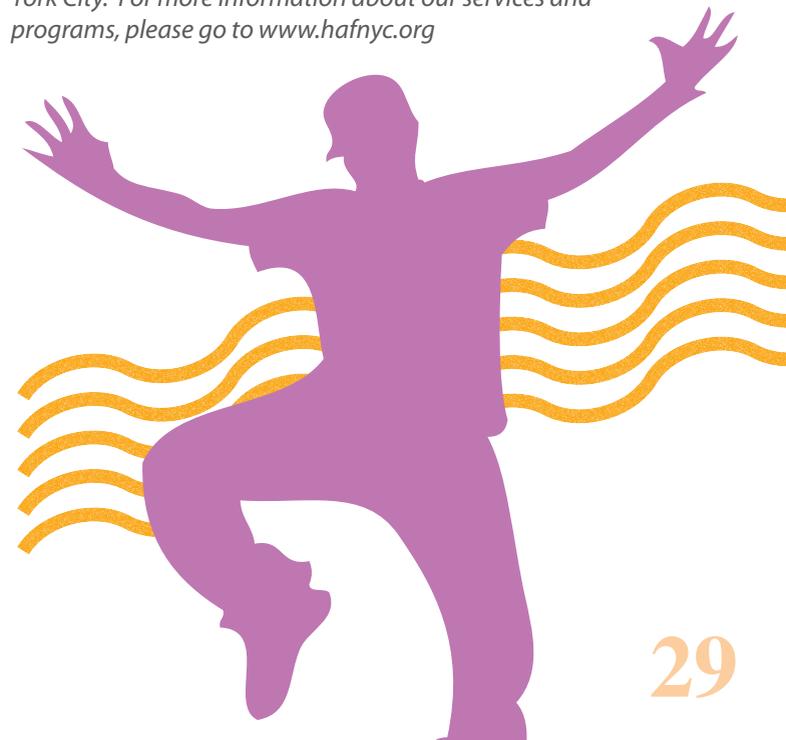
There are a number of agencies in New York City that offer services to LGBTQ youth and their families, addressing issues of health, mental health, homelessness, and the need to socialize and build networks. Many more resources and services

are needed as our agencies are often faced with the inability to absorb the high and increasing demand. Compounded by diminishing resources, the outlook for service providers looks dire. Nonetheless, we as service providers are working hard to coordinate with each other to make the most out of the few resources that we have available, in particular the lack of much needed LGBTQ youth-specific funding.

At HAF, we have the Latino Youth In Action program, which builds on the strengths of LGBTQ youth by training them to be leaders and agents of change that can and do reach out to their peers to link them to services, encourage condom use, and take an active part in creating safe spaces to learn, be creative, fun, and feel part of a community. We encourage all LGBTQ youth to contact us to find out how to be connected to these services and to find out how they can be part of the solution by applying to be part of Latino Youth In Action's next peer training cycle. For more info. visit www.lyia.hafnyc.org

About HAF:

HAF's mission is to improve health outcomes for Latinos in New York City who are affected by HIV and other chronic illnesses. To this end, HAF integrates prevention and education into a set of multi-faceted wellness programs. The Latino Youth in Action (LYIA) was conceived 16 years ago as a youth development program aimed at addressing the sexual health needs of Latino queer youth in New York City. For more information about our services and programs, please go to www.hafnyc.org



A TALE OF TWO CITIES:

Housing Works Takes Back the IAC Convention Center

by Lucile Scott



The International AIDS Conference Global Village, a bustling land full of informative booths and global art and music, is not only the liveliest, most diverse part of the largely staid, commercially sponsored conference, it's the only part one can visit without an official badge – which runs a hefty \$475. It is also the only part many attendees with HIV can afford to see of the IAC, excluding them from the conference sessions discussing issues that are, for them, critical and integral to their lives. To get there, to what some Villagers have dubbed “steerage,” the badge-less must trek three blocks from the main entrance of the D.C. Convention Center— a massive sparkling glass structure that spans several city blocks— around a corner, through a small back door and down an escalator to the basement. However, today, a brave and mostly brazenly badge-free Village tribe led by Housing Works decided they were bursting out of the basement. The rallying cry: “You can’t end AIDS without people with AIDS.”

“There’s not enough money to be made putting us on the ground floor. So they’ll just make money off of us,” said Thomas Clodfelter, who has been HIV positive for 21 years, and received a grant from a California NGO to pay for his week long trip from Greensborough, North Carolina. The travel money, however, did not cover the steep price of official admission and he’d spent the first four days of the conference confined to the Global Village working at

a community booth. “Corporate white collar America doesn’t know what we go through everyday and I’m not going to stay separated so they don’t have to see it here,” he said of his decision to hop on the escalator behind the We Can End AIDS banner-led, bongo beating, cow bell ringing procession. When the undeterrable trespassers reached security, where badges must be flashed to proceed, they just chanted louder and barged on through. The guards, looking on sympathetically, let them and the new Village delegates, wearing shorts and tee-shirts and yelling hard, victoriously merged into the buttoned up crowd.

In a parallel action to increase community visibility, Housing Works invited conference attendees from all walks and countries to fill out signs about their origin, identity and AIDS related needs and desires. The paper signs spread across the plushly carpeted main hall, forming what Housing Works’ Larry Bryant called, “A quilt of humanity, not of those who have passed, but of people who are alive and at the conference and have needs.” The ever-expanding paper quilt began at the threshold of the exhibition center, a space also featuring booths, but ones sponsored by companies able to pay a pretty penny for the first class real estate, often decked out with neon pharma signs and sleek furniture.

The exhibition center was also the first stop for the rogue villagers, who rallied there shouting that they deserved a spot in the featured hall, before storming the media center, which requires its own specialized badge. They chanted their demands to on-looking cameras, before quieting to allow members of the UK’s Stop AIDS Campaign, who had marched their way into the center shouting with irate Villagers, to perform a mock wedding between the European

Union and Big Pharma – complete with an Irish priest, a veiled bride and a grinning groom – to protest the India Free Trade agreement, which would decimate the Indian supply of affordable generics currently saving millions in the developing world.

“Let’s ensure that all conferences going forward change this practice and have meaningful inclusion of community in the exhibition hall, so that those corporations able to afford this booth space are with the people they serve,” said Housing Works’ Christine Campbell, about the discrepancy in the two centers, suggesting the International AIDS Society implement corporate partnerships with Non-Governmental Organizations or a sliding scale system. Others called for scholarships for low income HIV positive people wishing to join the badge carrying delegates, pointing out that too few of the panelists and the audience members absorbing the information came from the most affected front lines. “I’m from the South and segregation and classism is something we have to deal with. I always say HIV isn’t the problem. It’s a symptom of the problem,” said Melva Florence, also from North Carolina, adding, “When I saw that other people had noticed it too I had to join this march.

After the unholy matrimony concluded, the marchers again joined forces with the free trade protestors and snaked back through the convention center, camera flashes still flying, and then dispersed. The action in the main hall, however, had just gotten under way, with activists fast-talking security into letting the installation remain. “We are bombarded with commercial posters and ads here at the conference, but there is very little human experience.” said Bryant of the reason for the blanket of signs at his feet, “We don’t know if the people writing are doctors, pharmaceutical reps or people with HIV. We just know they’re human beings. ”

The handwritten sentiments, some scrawled, some in perfect curling penmanship, one in Arabic, stated origins from all over the world, including Suriname, Martinique, Alabama, China, Niger and Germany, to name a few.

The signs provided varying messages with blanks to fill in, the most common being TO END AIDS IN _____. WE NEED _____, and I AM _____.

The most often stated needs penned were funding and rights. And creative and moving answers abounded as the paper quilt stretched further and further, closing in on the main entrance.

Highlights included:

**TO END AIDS in Mexico, WE NEED Balls.
I AM AIDS. • I AM A HUMAN.
I AM Tahitian • I AM a child of the soil
I AM Queer • I AM Beautiful**

Nearly every passing, badged delegate slowed enough to take them in. Most paused. Hundreds, maybe thousands, bent over and picked up a marker.



About Housing Works:

Housing Works is a healing community of people living with and affected by HIV/AIDS. It’s mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts.

Trans Issues

Based on the Transgender CPC report by Terje Anderson

There are diverse and multiple forms of transgender identity around the world, shaped by culture, individual choices and the legal/ social environment, making generalization difficult. But it is clear that stigma, transphobia, discrimination and violence affect the transgender community at the local, national and international level at epidemic rates. All these inequalities make the transgender community highly vulnerable to HIV.

HIV is an epidemic of poverty, discrimination and injustice—so it's not a surprise that the transgender community is also disproportionately affected by the disease. Although data and statistics about HIV infection among transgender people are limited, some studies suggest that over 30% of transgender women are living with HIV. That is almost one in every 3 transgender women, a very alarming situation indeed.

This vulnerability to HIV is increased by issues like lack of housing and employment opportunities, sex work as a survival necessity, the substance-use usually associated with the sex trade, sexual violence, and mental health issues.

Furthermore, human rights violations against trans-people are common all around the world. Violence/hate crimes, denial of essential services, police harassment, rape, lack of equal protection under the law and problems obtaining legal identity with proper name and gender are tolerated, and many times, sanctioned by the authorities.

These circumstances often propel trans-people to move or migrate while searching for a more supportive and safer environment. Migration may present opportunities for finding community, support, identity and love, but it can also make individuals vulnerable to homelessness, abuse, poverty, poor health, infectious disease, addiction, exploitation and, in the case of undocumented migrants, detention and deportation.

Funding for HIV prevention programs for transgender communities is inadequate. Programs are frequently part of programs targeting men who have sex with men, despite very distinct needs. Transgender organizations need to receive funding to carry out prevention, care and support activities. Like with other communities at risk, effective programming for transgender communities must include much more than just condoms – a comprehensive approach that addresses the structural vulnerabilities must include human rights protections, legal changes, employment opportunities, housing, and social/medical services.

More importantly, the transgender communities and organizations have to be involved in decision-making, and consulted in resource allocation or program planning. Without their valuable input and leadership, programs will fail to effectively address the needs of this vulnerable community, and diminish the effort to slow the spread of HIV among trans-people and the general community. It's important that any program that targets the trans-community be trans-competent.

**Trans-Competent Services
Include Hiring Transgender Staff**



Much must be done in this area, but JoAnn Keatley, from University of California-San Francisco, perhaps said it best, when trying to make HIV programs trans-competent, "give us a job, we're competent, capable and we need good pay that includes health care, affirms our dignity and offers us stability."

HIV + ART

Besides discussions, presentations and demonstrations, there was a strong presence of art at IAC 2012. There were performances, photo galleries and paintings from all over the world.

One of the art galleries at the Global Village featured the paintings of people living with HIV that used their artistic expression and creativity to find their voice and to assist in their personal healing.

Here are some examples of their work.



Round and Round

The artist expressed how she felt about her life at the moment.



Unabashed Despair

This artist talks about painting a woman living in fear and ashamed of her past. The eyes are a constant reminder of her past. The yellow is God comforting her and trying to take her pain away.



Looking for Love

This is an exercise where an artist created a painting, handed it to another who destroyed it, and then another who tried to repair the piece back to its original state. The 18 year old artist that attempted to repair the piece describe it as his eyes tired from searching for love.



Bailey House has fully furnished, private permanent apartments for HIV+ transgender young people between the ages of 18 and 22. If you are interested in learning more about this unique opportunity, please call **Sergio Leon** at **(212) 633-2500 x337** or **Kevin Blank** at **x471**.

Bailey House
1751 Park Ave., 3rd Floor
New York, NY 10035
(212) 633-2500

Bailey House provides a safe and confidential environment.

Quality Care

What it Means for HIV-Positive Consumers and How They Contribute to It

How would you answer the question: “What does ‘quality of care’ mean to you?” This was the first of many questions asked of 45 HIV-positive consumers in a project called **Through a Consumer’s Lens: Examining Ideas and Experiences of Quality in New York State HIV Health Service Programs.**

The project was done by the New York State Department of Health AIDS Institute between 2010-2011. Consumers were asked to talk about what “quality care” was like for them. Consumers at clinics were also accompanied through their visits to understand their responses in light of how they receive healthcare services. Researchers got to know the participants over a one-year period.

This project was presented in a poster session at the International AIDS Conference in Washington D.C. in July. Highlights are summarized below, including how the findings can improve HIV care.

Design Highlights

- The project took place in three hospital-based HIV outpatient programs in different parts of New York State between May 2010 and September 2011.
- 45 consumers and 31 providers participated.
- Interviews were conducted with consumer participants and providers.
- “Qualitative” methods were used. This means that consumers and providers were asked “open-ended” questions that let them to describe their experiences in their own words and feelings.
- Consumers were also accompanied on regular primary care visits. Researchers watched how consumers interacted with clinic staff and service delivery processes.
- Researchers also went to meetings with consumers and providers where ideas about “quality care” were discussed.

Findings Highlights

What did consumers say about quality care? Here are four major findings based on how consumers talked about “quality care:”

1 Consumers used familiar words and phrases to talk about “quality,” but they used these words in unique, creative, and personal ways. Consumers did not talk as if they were filling out a survey. Rather, consumers made unique connections by drawing on their own experiences to understand and talk about clinical care.

2 90% of the terms consumers used, described how providers relate to them on a personal basis — for example, how they listen and respond to consumers and the compassion they show. When looking more closely at how they used these terms, we found consumers bringing more technical issues into their personal descriptions. For example, consumers described “shared decision-making,” which meant being involved in making medical decisions and wanting to feel respected.

3 Consumers described how they felt privileged to receive “quality care” because it went beyond what they expected to receive. We believe this is key to understanding the expectations that consumers bring to their medical care, which can shape their interactions with staff and service delivery processes.

4 Consumers understand that they have an important role to play in receiving quality care, especially by fostering relationships with primary care providers and front-line staff.

Table 1

CONSUMER PARTICIPATION IN HIV CLINICS	
TYPES	EXAMPLES FROM OBSERVATIONS AND INTERVIEWS WITH PARTICIPANTS
<p>Seeking Best Care:</p> <p>Consumers shape clinical experiences to meet their needs.</p>	<p>Clinic visits can be important to consumers beyond maintaining their health and well-being. One participant explained: “I’m reliable. That’s what the doctor says, ‘She’s reliable. Give her her test results, to come a week in advance. Take her blood. She’s reliable now.’”</p>
<p>Health Activities:</p> <p>Consumers try their own “systems interventions” when accessing healthcare services.</p>	<p>One participant doesn’t want to come to the clinic as often as the clinic staff would like. He says: “I’m from the old school; I don’t like to waste, waste not want not. I feel for the economic throes of the city itself. Why should I come twice a month, when, maybe if I take blood today for example, if I want to know, I can come in interim over three months to find out what the results are...”</p>
<p>Informal Service Providers:</p> <p>Consumers take on clinical tasks in informal ways.</p>	<p>On one occasion, a consumer helps clean up a mess made in the clinic, while consoling staff. Others “work with” staff to meet their healthcare goals in a way that clinicians can manage.</p>
<p>Soothing:</p> <p>Consumers provide comfort to others at clinic to help things run smoothly.</p>	<p>Consumers reduce tensions between patients and providers by joking, showing appreciation, consoling staff, and providing support for the clinic.</p>
<p>Consumer Feedback:</p> <p>Information helps both consumers and providers and promotes better care.</p>	<p>Consumers provide informal feedback by swapping tips about the clinic and sharing their clinic experiences with providers as one of “the team.” They sometimes personally stick up for staff. One staff member recalled: “Once a patient yelled at the medical director telling him, ‘They need lunch breaks!’ They were really sticking up for us.”</p>



By Abigail Baim-Lance, Daniel Tietz, and Bruce Agins

Consumer Participation in Healthcare Environments

Consumers also participated in clinical processes in informal ways. Consumers did not always identify what they were doing, but we observed them “pitching in.” They acted to correct clinical errors, provided emotional support for clinical staff, and helped the service processes run smoothly. Table 1 shows the different roles consumers performed. What does this mean? While there are many efforts within healthcare to highlight consumer “voices” about healthcare, Consumer Lens points to ways that consumers take up active roles to create the quality service environments they seek.

Toward increasing consumer participation in healthcare

Consumer Lens shows how consumers can join in discussions about healthcare services in meaningful ways. They have strong ideas and active ways

of participating already. Healthcare programs are encouraged to invite consumers to think creatively about their participation to promote better communication and team-work skills. While more research is needed to better understand these relationships, we are off to a good start to understand and build upon consumer participation in HIV care programs.

Abigail Baim-Lance, PhD, is an anthropologist who worked with the AIDS Institute to design and administer the project.

Daniel Tietz serves as Program Manager for Consumer Affairs at the AIDS Institute and assisted with recruitment, data collection, and analysis.

Bruce Agins, MD, is the Medical Director in the Office of the Medical Director at the AIDS Institute. He oversaw the Consumer Lens Study.

Latinas por la Salud

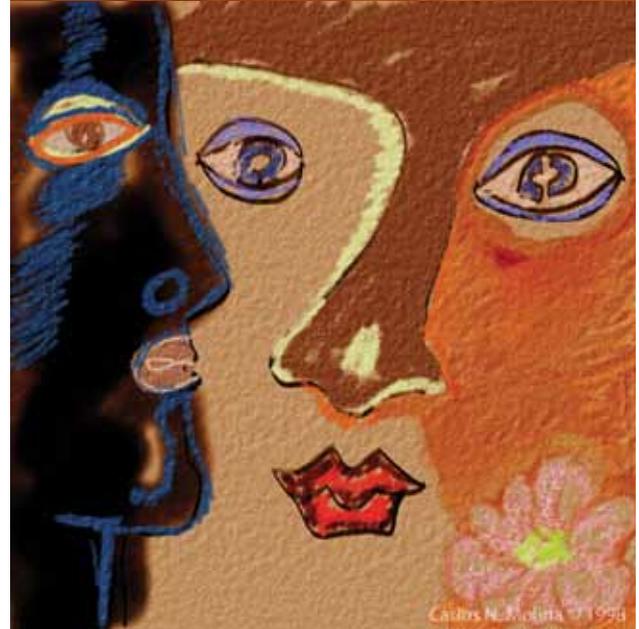
In the United States, the HIV/AIDS epidemic has adversely affected women. Hispanic Women/Latinas are disproportionately impacted at all stages of HIV infection compared with their white counterparts. While Latina women accounted for 21% (2,000) of new infections among Hispanics in 2009, their rate of HIV infection was more than four times that of white women.

From 2007 through 2010, the Latino Commission on AIDS conducted Latinas por la Salud [Latinas for Health; originally developed by Amaro et al., 2002], an intensive HIV prevention intervention for high-risk immigrant Latinas in New York City that was rooted in an awareness of cultural nuances and structural barriers for HIV prevention among this group. On July 26, I, Lina Cherfas, presented a poster of Latinas por la Salud at the International AIDS Conference 2012 that highlighted the findings from evaluating this intervention.

Some of the risk factors considered when working with Latinas are:

- lack of awareness of their male partner risk factors or an incorrect assessment of them;
- traditional Hispanic/Latino values and norms that might become barriers to encouraging women to use condoms with their heterosexual partners
- and the fact that for many Latinas, the health of their family might have priority over their own health.

Acculturation – the level to which a person has adopted the American beliefs and behaviors– also plays a significant role in acquiring knowledge of HIV/AIDS transmission and proper condom use.



an Effective Risk Reduction Intervention for Latinas in New York City

Among women, 20% of the reported cases of AIDS were among Hispanics/Latinas contracting the virus from high-risk heterosexual contact. Injection and other methods of drug use have been other primary modes of HIV transmission among Hispanic women/Latinas. For Hispanic women/Latinas, the most common reason for admission to substance abuse treatment facilities has been opiate use, which is often injected intravenously (for Hispanic/Latino men, the primary basis for admission was alcohol use which poses less of a risk of blood contact). Among Hispanic women/Latinas, approximately 29% of those living with HIV/AIDS at the end of 2005 identified injection drug use (IDU) as the mode of transmission.



By Lina Cherfas
Program Manager

In comparison, an estimated 24% of Black women that were living with HIV/AIDS identified IDU as the source of transmission.

The results of the research included significant improvements in five key outcomes:

- more frequent condom use;
- more assertive sexual negotiation skills;
- higher self-esteem;
- more perceived control in the relationship;
- and fewer instances of abuse by participants' main partners.

In addition, participants demonstrated increased knowledge of HIV, STDs, and condom use. The self-reported behavioral outcomes spoke to the strength and effectiveness of the Latinas por la Salud community intervention for Latinas in New York City. The length of the intervention (12 sessions) and very high retention rate (90%) of women in the 14 cohorts was noted as an effective community approach.

The holistic nature of this intervention, as it promotes conversations among the women that go far beyond basic HIV/STI information, to include domestic violence, immigration and acculturation and economic dependency, represent the essence of being relevant.

For further information about this evaluation article, please contact Lina Cherfas at: lcherfas@latinoaid.org.

About LCOA:

The Latino Commission on AIDS is a nonprofit membership organization dedicated to fighting the spread of HIV/AIDS in the Latino community. The Commission's public health model encompasses five core and complementary services provided to Latino communities: health education, HIV prevention, capacity building, advocacy, and health behavioral research.



Report from the XIX International AIDS Conference

by the Center for Comprehensive Care
of St. Luke's and Roosevelt Hospitals

Dr. Victoria Sharp, director of the Center for Comprehensive Care (CCC) of St. Luke's and Roosevelt Hospitals, led a delegation of her colleagues to participate in the XIX International AIDS Conference held in Washington DC, July 22-27. CCC representatives including physicians and researchers, program leaders, educators, peer counselors, and interns joined over 24,000 attendees from around the world for this biennial gathering of policy makers, researchers, care providers and activists.

CCC staff participation included an oral poster presentation with colleagues from the St. Luke's/Roosevelt Department of Emergency Medicine on the *Impact of model change, collaborative continuous quality improvement (CQI), and policy changes on a rapid HIV screening program in a high volume urban Emergency Department (ED)*. The presentation highlighted the success of a HIV testing model conversion from a counselor-based approach to a model where testing is fully integrated into outpatient and emergency service. Following full implementation of the new model, out of 263,854 patients triaged from 7/2010 to 12/2011, 231,175 were offered an HIV test at triage (87.6%). Of these, 30,869 accepted the offer (13.4%), and 22,445 (9.7%) were tested and received their preliminary result prior to ED discharge.

In another collaboration with ED colleagues, CCC staff presented their *Experience of a NYC Hospital with non-occupational post-exposure prophylaxis (nPEP)*. nPEP is a chemo-prophylaxis intervention that can prevent HIV acquisition and transmission and provides additional opportunities for synergistic biological and behavioral interventions. At SLR, experience has shown that a multi-

disciplinary approach is necessary to coordinate care, follow-up, and supportive counseling leading to successful linkage to care and completion of 28-day nPEP.

The CCC's peer program was highlighted in the presentation: *HIV-positive, ex-smoker peers successfully trained to implement motivational interview-based smoking cessation intervention for HIV-positive patients* on their experience utilizing motivational interviewing (MI) to address an alarming increase in smoking-related deaths among individuals on ART. The study demonstrated that peers can be trained to proficiency in MI in 20 hours and such interventions may prove to be a cost effective and powerful method to address health behaviors, such as smoking, among high-needs patients.

Elsewhere at the conference, CCC's associate medical director, Dr. Antonio Urbina reports that several presentations highlighted the role that HIV plays in accelerated aging and inflammation. In a Dutch cohort study, 74.4% of HIV+ persons over the age of 44 had one or more age-associated non-communicable co-morbidities (e.g. hypertension, non-AIDS cancer, chronic liver disease, cerebrovascular disease and reduced renal function) compared with 60.4% in a matched HIV-negative group, a highly significant difference. In fact, even after controlling for age and other risk factors, HIV infection doubled the odds of having a co-morbidity. Further, researchers at New York's Beth Israel Medical Center showed that age in stroke patients with HIV occurred roughly 15 years younger than in those that were HIV negative despite having similar traditional risk factors-- supporting the hypothesis that "HIV in some way promotes stroke".

Are Alcohol And/or Drugs Making Your Life Unmanageable?

AMIDA CARE CAN HELP!

Your Amida Care benefits include treatment for alcohol and drug dependency. Call us today to find out what services are available to you.

**Amida Care Behavioral Health
1-866-644-7142**

So how can patients with HIV prevent some of these complications? Investigators from the Aaron Diamond Research Center, showed that starting antiretroviral therapy (ART) during the first weeks of HIV infection resulted in normalization of markers of immune activation and inflammation that persisted for 96 weeks. What this data supports is that early initiation of ART may potentially prevent some of the “downstream” non-AIDs complications. Further, NYU investigators demonstrated that inflammation-induced platelet aggregation was significantly greater in HIV+ versus negative controls and that one week of aspirin significantly dampened platelet and immune activation in HIV-positive persons on ART. What this data suggests, is that the prophylactic use of aspirin in HIV positive persons may lead to a reduction in heart attacks and strokes given the caveat that the benefit outweighs the potential of an increase in gastrointestinal bleeding.

And finally, in the US Sun Study, investigators followed HIV+ persons for 2 years and showed that 33% went from normal weight to overweight and 25% went from overweight to obese. Overall, 10% of participants moved to a higher BMI category. Although all participants were on ART and undetectable, obese participants in this study exhibited significantly higher levels of markers of inflammation and atherosclerosis as well as lower Vitamin D levels. These findings suggest that in this modern era of HIV management, preventing weight gain is “right up there with adherence” as a key clinical indicator.

**St. Luke's
Roosevelt**



Visioning Health

This powerful and unique photography exhibition featured the photos, artworks and stories of 13 Positive Aboriginal Women (PAW) from Canada who use art to find personal strengths and explore what it means to be 'healthy' instead of ill, as PAWs. This exhibition was part of an important research project called Visioning Health that studied their perceptions of health, culture and gender to create programs and services that better serve them. PAWs and other Visioning Health team members were present at IAC to speak about their photos and their experiences of participating in this research project.



Woman's Voice

"I think it's important for a woman to have a voice. I have a voice and I like voicing it. I'm proud of who I am." **Katrina**



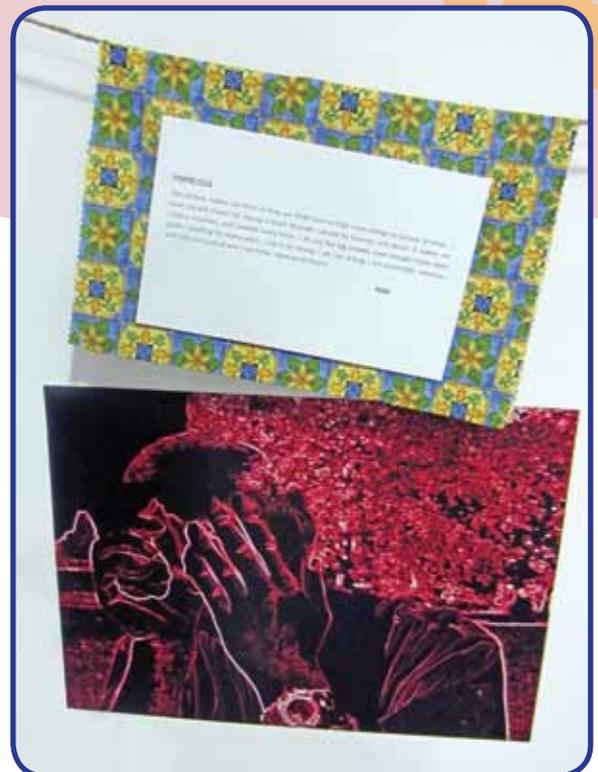
Polar Bear

"I always wanted to be strong like polar bear".

Elaine

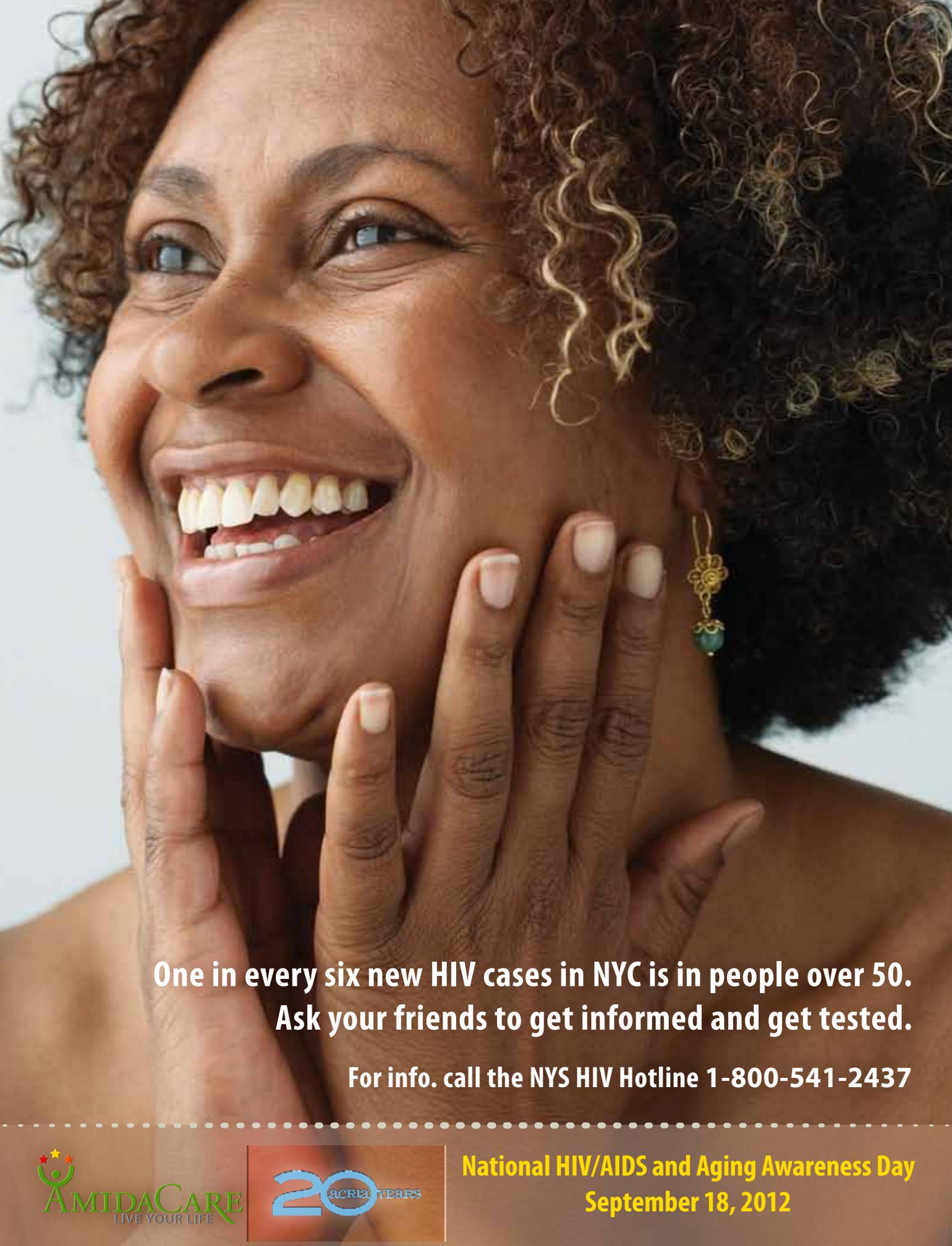
Shame-Full

"This picture makes me think of how we PAW have to hide many things to survive at times". **PWA**



Positive Aboriginal Women's Experiences of Health, Culture and Gender





**One in every six new HIV cases in NYC is in people over 50.
Ask your friends to get informed and get tested.**

For info. call the NYS HIV Hotline 1-800-541-2437



**National HIV/AIDS and Aging Awareness Day
September 18, 2012**

National Gay Men's HIV/AIDS Awareness Day
September 27, 2012

PEOPLE HAVE HISTORY
IN REAL LIFE

THIS IS WHY WE
KISS
AND
TELL

TALK ABOUT WHERE YOU'VE BEEN
AND WHERE YOU WANT TO GO


AMIDACARE
LIVE YOUR LIFE

amidacareny.org

GMHC

FIGHT AIDS. LOVE LIFE.

gmhc.org



The Restricted Recipient Program

The New York Office of the Medicaid Inspector General (OMIG) required that all Medicaid Managed Care Plans, including HIV SNPs like Amida Care, to start a Restricted Recipient Program (RRP). Most of our members will not be affected by this program. If you are restricted, you will receive a letter from Amida Care saying that you are being restricted and why.

A general letter explaining the program was sent to all members in August. Please refer to the copy of this letter below. This general letter **DOES NOT** mean that you have been restricted. You can get more information by reading the Frequently Asked Questions (FAQs) which are also available on our website www.amidacareny.org. You can also, call Member Services at 1-800-556-0689 if you do not have access to a computer and would like us to send you a hardcopy of the FAQs or have any more questions about the program.



Dear Amida Care Members,

The New York Office of the Medicaid Inspector General (OMIG) places restrictions on Medicaid recipients who misuse benefits. If restricted, a members' access could be limited to one or more of the following: primary care provider (PCP), clinic, hospital, pharmacy or dentist. Restrictions do not apply to emergency care.

Amida Care will start its Restricted Recipient Program (RRP) in August based on New York State requirements. Decisions will be made by our RRP Review Team, which will consist of at least a physician, registered professional nurse and pharmacist.

Please be aware that restrictions follow members even if they choose to move to another health plan.

Should you be restricted to a specific provider(s), you will receive a packet explaining the program, your rights, and contact information.

If you have any other questions about this program, please call us at (800) 556-0689.

Sincerely,

Karen Knight
Director, Member Services

Member Frequently Asked Questions

Restricted Recipient Program (RRP)

Why was I sent a letter, am I going to be restricted?

You were sent a letter about a program for members who misuse or abuse their Amida Care/Medicaid card. Any members who are restricted will be mailed a packet of information. The packet says why they are being restricted, who they are restricted to, and their rights to a fair hearing and appeal. Most of our members will not be affected by this program.

What is the Restricted Recipient Program? What does it mean?

This program places restricted members with specific providers. A provider can include a primary care provider (PCPs), clinic, hospital, pharmacy, dentist or durable medical equipment (DME). For example, if you are restricted to one pharmacy, you would have to go to the specific pharmacy to get all your medications.

Why is the Restricted Recipient Program being implemented?

Restrictions have been part of Medicaid for many years through the New York State Department of Health (NYS DOH). All Managed Care Plans — including Amida Care — have been required to start a restriction program based on the DOH rules.

Does this program mean that I will have limited doctor visits, limited treatment and/or medications?

No. The Restricted Recipient Program does not limit the amount of visits or amounts of medication. If you are part of this program, you may be given one provider for each type of service. For example, you would go to your assigned pharmacy for all your medications or your assigned clinic for exams.

Does this mean that my doctor, clinic, ADHC facility will be changed?

No. If you are getting care and services at a specific doctor, clinic, Adult Day Health Care (ADHC) or other services, Amida Care will not change your provider. You may be assigned to that provider if you are part of this program.

Will services such as housing be restricted also?

No. Restrictions are only for medical services, such as pharmacy and doctor visits. It does not apply to housing or food stamps.

How long can I be restricted?

Restrictions can vary from two to six years. If you are restricted, the time period will be in your information packet. Restrictions will follow you even if you change your health plan.

How will I know if I am restricted?

If you are restricted, you will get a packet of information in the mail telling you about your restriction. It will have the specific reason for the restriction(s), how this was decided, proof of misuse or abuse, a letter telling that you are restricted, your rights to a Fair Hearing and an appeal, and information about the provider you have been restricted to. Most of our members will not be affected by this program.

If I am restricted, what are my rights?

If you received an information packet and do not agree with the restriction, you have the right to appeal. Your information packet will give you information on how to apply for a Fair Hearing or appeal.

Who can I call if I have questions about my restriction?

Please call Member Services at 1-800-556-0689 if you have any questions about the program.



Have you ever wanted to dance, exercise and have fun at the same time? **Then, come and join Sonia and Amida Care for the fun of a lifetime!**

Thursday, October 11, 2012

3:00pm – 5:00pm

HELP/PSI,
1545 Inwood Avenue
Bronx, NY 10452

Transportation:

Take #4 train to Mt. Eden Avenue and walk two blocks to 1545 Inwood Avenue.

Thursday, October 18, 2012

3:00pm – 5:00pm

El Faro East, Harlem United
179 East 116th Street, 3rd Flr
New York, NY 10029

Transportation:

Take #6 train to 116th St. and Lexington Ave. and walk to building #179 on the 3rd Flr.

Space is limited to 60 participants. RSVP required, please call 1-800-556-0689

Members may bring one guest.

Great food and MetroCards are available.



Art Contest

For all Amida Care Members & ADHC Clients!



Be Part of Our 2013 Calendar!

Enter now & have your art be seen by thousands of New Yorkers and become part of a real collector's item!

Rules are simple:

- All graphic media is acceptable: paint, collages, color pencils, markers, photography, crayons or oil pastels.
- Image area must be at least 8" x 10" and no larger than 30" x 40".
- All artwork must be original. Two (2) entries are allowed per person.
- Artwork should be signed with your preferred "artist" name and date (at least the year).
- Attach a 4x6 card to the back of your art and include: your name, site, and telephone number a brief description of what your artwork means to you, and PCP name or ADHC site.
- We will prefer all artwork presented in a landscape format. However, it is not mandatory.
- Images with high contrast, saturation will reproduce better.
- Winning artist preferred names and PCP/ADHC sites will be made public.
- All winning artwork entries become property of Amida Care and will not be returned. The winning art will be used in the 2013 calendar and/or visual media.
- Artwork not chosen for the calendar must be picked no later than **11/30/2012** (MetroCard provided). If you do not pick up your artwork by the above date, it will become property of Amida Care.
- Deadline for submission is Wednesday **10/03/2012**. Winners will be announced **11/09/2012**.
- Winners will be selected by the Amida Care Member Advisory Committee.
- By submitting your artwork to this contest you are giving Amida Care reproduction rights of your work.

Winning Entries:

TWO 1st PLACE WINNERS:

Each will receive a \$150 gift certificate and their artwork will appear on the calendar covers.

TWELVE 2nd PLACE WINNERS:

Each will receive a \$50 gift certificate and their artwork will represent one of the 12 months.

4 HONORABLE MENTIONS:

Each will receive a \$25 gift certificate and their artwork will appear in the inside covers.

Important Submission Info

Please ensure that your submission is of your original art, no reproductions, copies or photos of other artists' artwork. Photography needs to be submitted as a high resolution print and also as a 300 dpi jpeg or tiff file. Submissions that do not meet these requirements will be disqualified.



If you have any questions, please call Amida Care at **1-646-786-1800**