Vida/SIDA Bartolo Hernández De Jesus

HIV/AIDS Project

2013 Annual Report
FROM THE EXECUTIVE DIRECTOR OF THE PUERTO RICAN CULTURAL CENTER

Compañeros/as:

This report includes an overview of the multiple services and community engagement practices that we conducted in 2013. Since it was founded, Vida/SIDA has been a program that has challenged the community to rethink how it looks at AIDS and other ailments. To do so, we have always contextualized diseases as manifestations of fundamental social inequalities. An inequality in health – such as the persistent burden of HIV/AIDS among Puerto Ricans – is not due to biological or genetic causes but can be attributed to unnatural causes. These unnatural causes include structural racism, discrimination, homophobia, and all of the social injustices that Puerto Ricans and people of color experience on a daily basis.

For Puerto Ricans, the inequalities in the burden of disease are a reflection of the lived experiences of colonialism and oppression. For example, injection drug use-related HIV infection accounts for a substantial portion of the total cases of HIV among Puerto Ricans. This speaks to the very problem that when people cannot address their issues they turn to the use of drug and alcohol as a coping mechanism. Our response to this problem has been to create a decolonizing approach that is rooted in the principles of self-reliance, self-actualization, and self-determination.

Homophobia has been a central issue that Vida/SIDA has sought to eradicate from the Puerto Rican and Latino community. An atmosphere of discrimination and fear within our community has been used to justify hate crimes and acts of segregation. For example, one of the problems that we addressed from the beginning was that in Puerto Rico when someone died of AIDS family members would self-impose a closed casket funeral, as a mean to hide the shame caused by stigmatization; whereas now our funerals are seen as a celebration of life.

Our work with the transgender population has also been groundbreaking. We welcome them with open arms and respect as members of our community. Vida/SIDA has participated in many activities, particularly the Annual Chicago Pride Parade, which celebrates sexual diversity. We also hold an Annual Paseo Boricua Pageant that seeks to honor transgender individuals and their families.

Vida/SIDA invites us to reflect and act upon the issues of homophobia, colonialism, and social injustices. Accordingly, we invite you to join our community building efforts and support this important work as a volunteer and as an advocate of people living with HIV and of sexual minorities. In the many years to come, we dream to continue growing together and expand our work with Puerto Ricans in Chicago and in the island.

¡Felices 25 años a Vida/SIDA!

José E. López
FROM THE DIRECTOR OF VIDA/SIDA

Dear Friends,

It is with great pleasure that we share with you the second Annual Report of Vida/SIDA. This report provides an overview of the activities that we conducted in 2013 and our achievements towards addressing the problem of HIV/AIDS in Chicago. Together, the PRCC-Vida/SIDA staff has much to be proud of over the work that was accomplished during the 2013 year.

For 26 years, Vida/SIDA has been mobilizing the Puerto Rican and Latino community of Chicago against HIV/AIDS and homophobia. As a grassroots organization our work has been grounded in cultural resistance and community building. For 26 years and despite of the availability of funds, we have implemented behaviorally focused interventions, condom distribution programs, and HIV testing services based on the best available science.

Even though important scientific advances and the long-road traveled, the HIV/AIDS rates continue to grow among people of color. To address health inequalities, our work and efforts are aligned with the National HIV/AIDS Strategy, City of Chicago’s Healthy Chicago Initiative, Centers for Disease Control and Prevention (CDC)’s High Impact Prevention Approach. All of our programs are framed within a holistic approach that also addresses the social determinants of health. We believe that high impact prevention approaches will have a major positive effect on our communities.

Vida/SIDA will continue to provide efforts to end the HIV transmission among people of color in Chicago. We will continue to grow to provide the services that our community needs. In collaboration with our partners and funders, we believe that we will see the day when the HIV/AIDS epidemic comes to an end. Finally, I would to acknowledge the work and support all of those who have dedicated their lives to this organization; without their hard work, we wouldn’t be here today.

Congratulations to Vida/SIDA! I hope that you will join us in our celebration and that you find this report informative.

Juan M. Calderón
Director, Vida/SIDA

“Our goal is that we will continue to grow to provide culturally and linguistically sensitive, HIV prevention services to those who need it the most. We still have a long way to go when in 2011 Latinos/as and Non-Hispanic Blacks in Chicago represented 71% of the new HIV infection diagnosed.”

Juan Calderón

2013 Annual Report
1. The PRCC founds the **Vida/SIDA** project, a volunteer HIV/AIDS prevention initiative under the leadership of José López, Roberto Sanabria, Ferd Eggan, Lourdes Lugo, & Marcello Hagen
2. The first **World AIDS Day** is observed internationally
3. Ferd Eggan, the principal at the Pedro Albizu Campos High School and a founding member of ACT UP, coordinated the “**Target CTA**” campaign in which accurate, informative, and sex-positive AIDS educational posters were illegally placed in city buses and trains
4. Bartolo Hernández De Jesus uses **arts, performance, and theater** in response to homophobic stigmatization of AIDS
5. Vida/SIDA opens the **AIDS Resource Center** providing linguistically and culturally relevant information to help educate community members on how HIV/AIDS is affecting their community
6. Vida/SIDA received its **first federal funding**, recognizing the organization as a leader in service to the Chicago community. Funds were used to create HIV/AIDS awareness and prevention programs targeting women, sex workers, violence, and men who have sex with men (MSM)
7. Vida/SIDA relocated to a new space located at **2703 Division Street**
8. Upon his death, Vida/SIDA expanded its name to **Vida/SIDA Bartolo Hernández De Jesus HIV/AIDS Initiative** in tribute to the local artist/activist
9. Two major **fundraisers** were held with the Company of Ballets of San Juan and its founder, Ana Garcia, participated
10. Vida/SIDA **expanded** to the point where it employed 15 community members
11. Juan Sánchez, an influential American artist, participated in various workshops for youth and community events through Vida/SIDA
12. The International AIDS Conference convenes for the 15th year in a row
13. **Federal funding was reduced**, but Vida/SIDA continued to distribute condoms to encourage safe-sex practices and reduce HIV/AIDS transmission
14. Vida/SIDA began **expanding**
15. The **Vida Health Center** is created to provide HIV testing services targeted towards the greater Chicago Latino population
16. The first annual **Paseo Boricua Pageant**, a beauty pageant for transgender youth, was held
17. Juan Manuel Calderón became the youngest director of Vida/SIDA at the age of 21
18. **Generation L** is created as the main social/support/educational group focused on MSM youth
19. Expansion of **HIV prevention programs** and housing portfolio
20. Enhancement of efforts to engage in national LGBTQ advocacy efforts
21. “**I am the Queen**,” a documentary film exploring the transgender, youth beauty pageant in Humboldt Park, was released
22. Delegation from New York and Chicago travels to Puerto Rico to demand LGBTQ health crimes in Puerto Rico
23. **El Rescate** opened its doors and became the first shelter in the Midwest for homeless LGBTQ youth
24. **With Me Comes a Cure Campaign** begins
25. El Rescate received national attention and was featured at the welcoming plenary for the International Conference on AIDS that took place in Washington, D.C. in 2012
26. Vida/SIDA was granted by SAMHSA for their Women for PASEO program, a program for Latinas and African American Women/Transgender women providing HIV/STI test services to help them reduce their risk to become HIV positive.
INTRODUCTION

This report provides us with the necessary tools to define, enhance, and expand our programs to ensure that the groups in most need of HIV and Sexually Transmitted Infections (STIs) prevention services are being served.

Our main goal is to provide HIV prevention services through counseling and behavioral interventions that are aimed at high risk and hard-to-reach groups. As such, based on state-of-the-art science, we seek to empower underserved groups to take control of their health and well-being by adopting measures for prevention in their lives. All of our work is grounded in cultural sensitivity, respect, and empathy towards Spanish and English speaking Latinos/as, people of color, lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities. In 2013, Vida/SIDA was granted by the Substance Abuse and Mental Health Services Administration (SAMHSA) for a new program called Women for PASEO (Promoting Actions that Support Recovery through Services and Outreach), the purpose of the program is to address the unmet behavioral health, HIV and other health needs of the women of color, including transgender women.

According to the HIV Diagnoses by Top 10 States/Dependent Areas in 2011, Illinois is ranked in 6th place of HIV infections diagnosed in 2011. Also the Chicago Department of Public Health reported in 2014 through their 2013 Annual Report, stated that HIV and AIDS cases have decreased by 46% and 43% respectively, and that Chicago youth are the only population group which continue to see a rise in new HIV infections.

The information presented in this report reiterates the need for our services among Latinos/as and people of color. The data presented here is a strong evidence for the need to expand our programs. We are committed to implementing the strategies outlined by the Chicago Department of Public Health (CDPH) and Illinois Department of Public Health (IDPH), as well as the Centers for Disease Control and Prevention (CDC) to contribute to decrease HIV transmission and increase the percentage of HIV diagnosed in less than 12 months of contagion. In the long term, we strive to see that people living with HIV can live longer and healthier life with an excellent quality of life, and decreasing health inequalities among ethnic and sexual minorities and high-risk groups such as Men who have Sex with Men (MSM).

This report presents information on our programs and interventions, including the following sessions:

- Vida Health Center
- Prevention with Positives
- Prevention with Negatives
- Housing Services
- Comprehensive Public Health Strategies
- Financial Summary
- Social Media
- Annual Events
- About The Puerto Rican Cultural Center
Health Inequalities

Although most of our work is based at the community level, it is important that our work is seen within the context of the national, state, and city levels. Despite national efforts, inequalities in health among Latinos/as and people of color are persistent. The following information summarizes key disparities in HIV among ethnic and sexual minorities.

- In 2011 the annual rate of new diagnosis of HIV among Latinos/as in the United States (US) was 2.9 times that of non-Hispanic whites.iii
- Chicago’s 2009 prevalence rate of HIV infection was almost 3 times greater than the national rate (756.5 versus 276.5 per 100,000). Humboldt Park reported a prevalence rate of 655.1 per 100,000.iv
- In the city of Chicago, Latino men have the highest rates of late diagnosis (defined by having diagnosis of both HIV and AIDS in one year). v
- Male-to-male sexual contact remains the largest source of HIV transmission in males of all race/ethnicity groups. For Chicagoan Latino males, male-to-male sexual contact accounted for 78% of HIV diagnoses. vi
- In Chicago, the largest increase of HIV infection diagnoses by age group occurred in ages 13-19 (50%) and 20-29 (20%), while the older age groups experienced declines.vii
- A CDC study conducted in 2007 showed that an average of 28% of transgender women tested positive for HIV.viii
- Low socioeconomic status places an individual in circumstances that can increase their risk of contracting HIV. Approximately 25% of Latino families live in poverty compared to 10% of non-Hispanic whites.x
- Health insurance allows individuals to more easily access health care, including HIV testing and treatment. In the US, 30% of Latinos/as lack consistent health insurance compared to 11% of non-Hispanic whites.x
- The prevalence of HIV is disproportionate in Latino communities. In 2012, Latinos represented 16% of the U.S. population but accounted for 21% of new HIV infections. These individuals therefore face an increased risk of exposure to HIV infections even when they abstain from higher risk behaviors.xi
- The risk of HIV infection remains particularly high among certain subgroups. Widespread stigma against homosexuality and an overall ignorance regarding gender variance create substantial barriers to health care among MSM and transgender individuals. Social discrimination exacerbates these barriers thereby contributing to poor physical and mental health outcomes among this diverse population.xii

Increasing prevention and intervention services that adequately represent the diverse social, cultural and sexual associations of minority subgroups is key to reducing health disparities among these at risk populations.

The following tables compare Vida/SIDA client’s distribution tested for HIV in 2013 and the new infections reported by: Chicago Department of Public Health (CDPH) in 2011, Illinois Department of
Public Health (IDPH) in 2010, and Centers for Disease Control and Prevention (CDC) in 2011 for United States of America. In 2013, Vida/SIDA Health Center attended 1,232 clients of those four out of five (80%) were tested for HIV, almost half (45%) were tested for Gonorrhea y Chlamydia, and for syphilis and Hepatitis C, 16% and 14% each.

Table 1: In 2013 the positivity rate for all those tested at Vida/SIDA Health Center was of 4%. Gender distribution among HIV-positives served in Vida/SIDA’S Health Center is as follows, male represented nine out of ten of the all positives. Male distribution was higher than the reported by Chicago Department of Public Health (CDPH), Illinois Department of Public Health (IDPH), and national data reported by Center of Disease, Control & Prevention (CDC). HIV positive female represented a considerable fewer distribution for Vida/SIDA’S Health Center while comparing it with these organizations, only a 5%. The Chicago Department of Public Health reported on 2011, that just one percent amidst Transgender population, while Vida/SIDA’s reported 5% for this group.

Table 1: Gender Distribution for Vida/SIDA’s HIV Positives in 2013 and the HIV New Infections

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<tr>
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<tbody>
<tr>
<td>Male</td>
<td>89%</td>
<td>81%</td>
<td>81%</td>
<td>79%</td>
</tr>
<tr>
<td>Female</td>
<td>5%</td>
<td>18%</td>
<td>19%</td>
<td>21%</td>
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<tr>
<td>Transgender M2F</td>
<td>5%</td>
<td>1%</td>
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Table 2: Race Distribution for Vida/SIDA’s HIV Positives in 2013 and the HIV New Infections

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<tbody>
<tr>
<td>Hispanic</td>
<td>63%</td>
<td>17%</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Non Hispanic Black</td>
<td>29%</td>
<td>59%</td>
<td>49%</td>
<td>47%</td>
</tr>
<tr>
<td>Non Hispanic White</td>
<td>3%</td>
<td>19%</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>-</td>
<td>7%</td>
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Table 2: Almost two thirds (63%) of all HIV positives attended by Vida/SIDA were Hispanic, while a little less than a third (29%) were Non-Hispanic Black. There is a significant different reported by Vida/SIDA while compared to the distribution amidst these population groups reported by CDPH, IDPH and CDC. It is important to make clear that Vida/SIDA target the Hispanic population in most of its programs.
Table 3: Transmission Group/ Sexual Orientation for Vida/SIDA’s Tested for HIV in 2013

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<tbody>
<tr>
<td>Heterosexual/ Straight</td>
<td>16%</td>
<td>22%</td>
<td>10%</td>
<td>27%</td>
</tr>
<tr>
<td>Gay</td>
<td>58%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bisexual</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>8%</td>
<td>63%</td>
<td>48%</td>
<td>62%</td>
</tr>
<tr>
<td>Injection Drug Use (IDU)</td>
<td></td>
<td>13%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>MSM &amp; IDU</td>
<td></td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Risk not reported</td>
<td></td>
<td></td>
<td></td>
<td>35%</td>
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Table 4: Comparison of Chlamydia Reported Cases by Age Group

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<tbody>
<tr>
<td>15 - 19**</td>
<td>24%</td>
<td>37%</td>
<td>34%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>45%</td>
<td>33%</td>
<td>38%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>21%</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>30 +</td>
<td>9%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>0%</td>
<td>0%</td>
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Table 5: Comparison of Gonorrhea Reported Cases by Age Group

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<tbody>
<tr>
<td>15 - 19**</td>
<td>31%</td>
<td>35%</td>
<td>31%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>27%</td>
<td>32%</td>
<td>35%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>23%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>30 +</td>
<td>19%</td>
<td>18%</td>
<td>18%</td>
</tr>
</tbody>
</table>

* Positives Cases confirmed with IDPH reported data.
** CDPH reported age group 13 - 19

Table 3: When comparing by transmission group or sexual orientation the percentage distribution per organization varies significantly. It is important to point out that organizations may have difference data collecting tools, which may lead to these reporting differences. Three out of five HIV positives attended by Vida/SIDA in 2013 were Gay, and 8% self-reported as MSM, these both groups combined represented 66%, two thirds of the HIV positives. Vida/SIDA’S MSM population is higher than those reported by CDPH and CDC. HIV positive percentage by the whole Heterosexual group is only 16%, while CDPH reported a little over than a fifth, and CDC over one fourth. Other
organizations do not report by bisexual group, this group represents a 13% amidst the positives for Vida/SIDA.

Table 4: The following tables compare positive cases by age groups for chlamydia, gonorrhea, and HIV for Vida/SIDA’s, CDPH and IDPH. A little over two thirds of the cases reported positive for chlamydia by Vida/SIDA are between the ages of 15 to 24 years, the positivity rate among those tested for chlamydia is 13%. Only one tenth of the positive cases are 30 years or older.

Table 5: The gonorrhea positivity rate for Vida/SIDA’s clients is 5%. Three out of five of those who came out with affirmative results are 24 years or younger. While comparing results with CDPH and IDPH they reported two thirds in the same age bracket. The numbers did not vary for the 30 years and over group, they represented one fifth of the positives amidst the reported numbers by the three organizations.

Table 6: The most significant difference by age group is in the HIV positive results data, it is important to mention that the positivity rate for HIV is a 4%. Two thirds of the HIV positive cases tested by Vida/SIDA Health Center were in the 20 to 29 years age group. This figure doubles the numbers reported for that same category by CDPH and IDPH. The other three age groups are consequential different, still it is important to comment that the data released by CDPH and IDPH are almost identical.

Table 6: Comparison of HIV Positive Reported Cases by Age Group

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<tr>
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<tbody>
<tr>
<td>15 - 19**</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>20 - 29</td>
<td>66%</td>
<td>33%</td>
<td>29%</td>
</tr>
<tr>
<td>30 - 39</td>
<td>16%</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>40 - 49</td>
<td>8%</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>50+</td>
<td>5%</td>
<td>13%</td>
<td>15%</td>
</tr>
</tbody>
</table>

* Positives Cases confirmed with IDPH reported data.
** CDPH reported age group 13 – 19
VIDA HEALTH CENTER

The Vida Health Center offers many health and educational services to all individuals at no cost. The main components of the Vida Health Center are:

- Counseling, Testing, and Referral (CTR)
- Comprehensive Risk Counseling Services (CRCS) and
- Linkage to Care.

Our services include confidential HIV/STI testing and counseling, health care referrals, testing for hepatitis C, syphilis, chlamydia, and gonorrhea, substance abuse counseling, and health presentations in public forums. All of our counselors are bilingual (Spanish and English) and have been certified to perform HIV and Sexually Transmitted Infections (STIs) testing by the Chicago Department of Public Health (CDPH) and the Illinois Department of Public Health (IDPH).

Counseling, Testing, and Referral (CTR)

Our counselors provide Counseling, Testing, and Referral (CTR) services to increase the client’s knowledge of HIV, encourage and support risk reduction, and provide referrals to appropriate services. A client’s individual HIV risk can be determined through a screening process based on self-reported behaviors and clinical signs or symptoms. Behavioral risk includes injection drug use or unprotected intercourse with a person or persons at an increased risk for HIV. Clinical signs and symptoms include those suggestive of HIV infection and other sexually transmitted diseases (STDs).

Many community members learn about our services through outreach efforts and presentations that are conducted in Chicago’s communities of color, high-risk areas, churches, libraries, open houses, and educational institutions. These presentations are based on the literacy level, culture, and language of the target audience. The goal of the presentation is to promote health affirming behaviors and attitudes, and increase awareness of our programs and services.

Our CTR services are provided by appointment and we also hold walk-in hours at the Vida/SIDA Health Center to increase serendipitous encounters. Our clients fill out multiple forms prior to receiving services, including a risk assessment, confidentiality statement, rights and responsibilities of the client, testing consent and a short questionnaire that measures basic knowledge for STI’s, including HIV.

After completing an Individualized Risk Assessment Evaluation, if the participant is found to be at risk, they are tested for STI’s (HIV, Gonorrhea, Syphilis, Chlamydia and Hepatitis C) and are recommended to participate among Vida/SIDA’s programs.

The following data represents all the participants among all Vida/SIDA programs serviced by the Center through 2013. Over
two thirds (66%) of the clients were male, 33% female, and less than one percent (.33%) identified as transgender. Two out of three (67%) participants were Hispanic, 21% were Non-Hispanic Black, while the remaining 12% of participants identified as Non-Hispanic White, Non-Hispanic other ethnicity, and/or Native American.

The average age of our participants was 30 years, while half were 28 years or less, and the majority of our clients were 23 years old in 2013. One fifth (19%) of the participants are in the ages of 13 to 20 years old. Seven percent of the participants are teenagers (13 to 18 years), one quarter (25%) are 20 to 24, and 18% are 25 to 29. For the purpose of this report, the age range of 20 to 29 will be labeled as “young adults.” Therefore, adults represented over half (56%) of all visitors to the Center.

In 2013, we had a total of thirty-eight HIV-positives results from the population tested for HIV, representing a 3% of all the participants HIV tested. Gonorrhea & chlamydia positive cases represent 2% of participants, syphilis (1%) and hepatitis C (4%).

Graph 1: Counseling, Testing, and Referral Services (CTR): Gender Distribution per Sexual Identity Group, 2013

<table>
<thead>
<tr>
<th>Sexual Identity</th>
<th>Male, n=819</th>
<th>Female, n=404</th>
<th>Transgender M2F, n=4</th>
</tr>
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<tbody>
<tr>
<td>Grand Total, n=1227</td>
<td>67%</td>
<td>33%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Straight, n=827</td>
<td>67%</td>
<td>62%</td>
<td>79%</td>
</tr>
<tr>
<td>Gay, n=207</td>
<td>17%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Bisexual, n=108</td>
<td>9%</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td>MSM, n=50</td>
<td>4%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Lesbian, n=23</td>
<td>2%</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

Graph 1: Two thirds of all the Counseling, Testing and Referrals services provided were to participants identified themselves as Straight (67%). Almost two thirds (62%) of all male clients are straight, one out of four (25%) gay, 6% bisexual and men that have sex with other men (MSM), respectively. Four out of five women said they are straight, 14% bisexual and only a 6% identified as lesbians. Half of the transgender clients said they are straight.

Graph 2: During 2013, four out of five participants were tested for HIV (80%), almost half for gonorrhea & chlamydia (45%), syphilis and hepatitis C, with a 16% and 14% each. All transgender were tested for HIV, while half of them (50%) for syphilis.
and two out of five (40%) for Gonorrhea & Chlamydia. Among gay, 84% were tested for HIV, half of them for gonorrhea & chlamydia, and a little over than a third for syphilis. HIV testing and gonorrhea & chlamydia distribution is similar between Straight population with (80%, 44%) and bisexual (78%, 47%), respectively. One out of five bisexual were tested for syphilis, while only one out of ten of the straight participants.

Almost three fourth of the MSM were tested for HIV (70%), between this group we found the highest percentage for hepatitis C testing (46%), almost half of them. Half of lesbian female tested for HIV, while two out of five were test for gonorrhea & chlamydia.

**Graph 2: Counseling, Testing, and Referral Services (CTR), 2013: HIV and STI's Tested Participants per Sexual Identity Groups**

**Graph 3: Counseling, Testing, and Referral Services (CTR): Age Group Distribution Among Total Population, and Gender**
Graph 3: The average age of all participants was 30 years old, half of the participants are 28 years or older, men distribution is similar with 30 and 27 years, respectively. The average age among women was 28, and half of the women were 23 years or younger. A little over than half of the women (53%) in 2013 were 24 years or younger, while three out of four transgender (75%) were on the same age category but only two of five male (39%) were on it.

PREVENTION WITH POSITIVES

Comprehensive Risk Counseling Services (CRCS)

Comprehensive Risk Counseling Services (CRCS) is an intensive, individualized, and client-centered counseling program designed for community members to adopt and maintain HIV risk-reduction behaviors, including HIV-negative and HIV-positive individuals who are at high risk for acquiring or transmitting HIV and STIs. These individuals may also struggle with co-occurring issues such as substance abuse, physical and mental health problems, and may be influenced by social and cultural factors that affect HIV risk (i.e., poverty, unemployment, racism, and homophobia). The primary target population is Latino MSM and TSM (i.e., gay, bisexual men and transgender individuals who have sex with men) between the ages of 18 to 24.

In 2012, CRCS set an exciting goal of providing services to 30 different participants. To obtain this goal, special efforts were needed including: outreach through our Generation L1 meetings to the target population, creating palm cards/flyers for the VIDA/SIDA outreach team, collaborating with Emily Lucena from CALOR, recruiting from assistants at “The Paseo Boricua Pageant: 2012 Coronation of the Cacica Queen” and representation at the 2013 Pride Parade.

The CRCS program was very successful in receiving referrals from the Vida/SIDA HIV Counseling, Testing and Referral (CTR) initiative. This bodes well for the effectiveness of enrolling clients once they were aware of the program benefits. Sixteen percent of participants were already in the program, while 52% of them were recruited during 2012, and the remaining 32% during the 2013 program period.

The program serves as an effective tool for empowering clients to reach a higher understanding of their sexual health and to access the services that they need. To count towards our participant goal, participation in at least 4 sessions is required. While

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1 For more information on Generation L, turn to page 23.
fewer than 4 sessions will cause a participant’s program to be considered incomplete, they are able to attend as many sessions as needed over the required 4 to obtain their set goals.

The program has been adapted to keep pace with the needs of our target population. Such improvement measures include:

- Implementing an online contact and appointment tracking system with text message/email reminders
- Developing a comprehensive database with key client information as well as an efficient and organized file-keeping system
- Producing monthly reports
- Providing traditional and non-traditional incentives including alternative educational and employment goals
- Creating activities that link CRCS themes with clients’ lived experiences.

Graph 4: Average Participation Numbers among 2013 CRCS sessions

In 2013, the program had 20 participants enrolled at the beginning of the year, and reach the highest enroll number in June with 30 participants, and ended the year with 19 active youth, which translate to 21 members in average per month. The program enrolled about four participants in a monthly basis.

In average the program provided services to eleven high risk participants per month. CRCS also provides services to HIV positives, at the beginning of the year only one HIV participant was benefitting from the program services and at the end of the year four HIV positives were receiving counseling.
services, in average two HIV positives were enroll per month.

During the period reported, CRCS administered between eight to sixteen counseling sessions, 11 sessions in average per month. Each program client received at least two sessions per month and also two clients were discharge each month.

**AIDS Drug Assistance Program (ADAP)**

ADAP is a safety-net program that is essential for HIV-positive people who are unable to pay for their lifesaving HIV therapies. The Illinois Department of Public Health administers the AIDS Drug Assistance Program, which currently serves an average of 4,100 clients each month, prescribing an average of 141,100 prescriptions annually. The program provides 81 different drugs on its formulary, including all anti-retroviral therapies approved by the U.S. Food and Drug Administration.

For intensive individual level education, data were tracked and collected via the HIV/AIDS education and prevention survey tools that measured clients' perception about HIV prevention, care and treatment options. Data reports were generated monthly from the established benchmarks that were stated in the “Planned Client” outcome indicators.

The data collected indicated that the majority of individuals were contacted through our collaborations with other community-based organizations (95%) and only 5% were contacted through intensive and targeted outreach efforts via nightclubs and personal referrals from current clients. Eighty-nine percent of clients were identified as Hispanic while the other eleven percent was Black African American. Male represented 95% of the participants, while women and transgender represent 2.5%, respectively. Almost half of our participants are between 13 to 24 years (45%), this is a noticeable difference from 2012 were young adults (ages 20 to 24) represented 57% of this population. Adults over 35 years old now represent of one third of our participants (32%). Around 90% of participants indicated they were men who have sex with men (MSM) and only an 8% said they were heterosexual.

**Graph 5:** Summarizes ADAP’s participants behavioral cofactors, the most significant finding is that 92% of participants said that they are men that have sex with other men. One out of two participants said that they have a male partner HIV positive and two out of five that they have had sex while using drugs (non-injection).

There were no co-morbidity factors indicated with the participants. Participants revealed that lack of money and insurance were the main barrier to receiving care (86%). Almost all participants mentioned that the main barriers that they faced in 2013 to access care and services are money, transportation, and no insurance. When
asked for the social problems that they confront, almost all of them mentioned poverty and unemployment, while two thirds mentioned homelessness.

**Graph 5: Participants Behavioral Cofactors, ADAP 2013**

![Pie chart showing behavioral cofactors]

- **Sex with an IDU:** 92%
- **Sex with Male Partner (HIV+):** 53%
- **Sex with Female Partner (HIV+):** 16%
- **Sex with MSM:** 5%
- **Sex while using drugs (non injection):** 39%

**Prevention with Positive Youth (PWPY)**

PWPY is a program that serves HIV positive Chicago youth between the ages of 13-24. In order to reach our goals set within PWPY, the services offered within PWPY include linkage to care and treatment, support groups, health presentations that are age and culturally appropriate and HIV Counseling and Testing (HIVCT). The counseling component includes partner counseling and referral services, comprehensive risk counseling services, individualized level interventions using the RESPECT\(^2\) curriculum, and group level interventions using Speak Out Loud (SOL) curriculum.

**Graph 6:** Summarizes the racial/ethnic background of participants of the different components of the PWPY program. Outreach efforts reached two out of five participants.

2 RESPECT can be found on page 23.

Puerto Rican, followed by a 29% Mexican and 11% Black African American, other Hispanics represented 14%. Almost half of the participants in the Health Communication and Public Information (HPCI) were Puerto Ricans, next by 30% Black African American and one out of five Mexican (22%). Almost 40% of Puerto Rican and Black African American attended group level intervention sessions (GLI), 41% and 37% separately, only one out of five attendees were Mexican. Half of the participants in the Individual Level Intervention (ILI) were Puerto Rican, while one out of four were Black African American (25%), followed by only a 15% of Mexican. Surprisingly in 2013, the ethnic group with the highest percentage was Black African American (31%) received HIV Counseling and Testing services, closely followed by Puerto Rican (30%), and Mexican by 21%.
Graph 6: Ethnic Comparison among Prevention with Positive Youth HIV Prevention Program Components 2013

<table>
<thead>
<tr>
<th>Component</th>
<th>Puerto Rican</th>
<th>Mexican</th>
<th>Other Hispanic</th>
<th>Black/African American</th>
<th>White</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>42%</td>
<td>29%</td>
<td>14%</td>
<td>11%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>HCPI</td>
<td>48%</td>
<td>22%</td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLI</td>
<td>41%</td>
<td>21%</td>
<td>37%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ILI</td>
<td>50%</td>
<td>15%</td>
<td>25%</td>
<td>5%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Testing</td>
<td>30%</td>
<td>21%</td>
<td>8%</td>
<td>31%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Graph 7: Gender comparison among participants of the HIV Prevention Program Prevention with Positive Youth (PWPY), 2013

<table>
<thead>
<tr>
<th>Component</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>94%</td>
<td>6%</td>
</tr>
<tr>
<td>HCPI</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>ILI</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>GLI</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Testing</td>
<td>71%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Graph 7: Outlined the gender differences among program participants in 2013. Although less than 10% of the impacted people through outreach efforts were women and that in 2013 we did not have any program that specifically addressed women problems or needs, one out of three women were tested as a result of PWPY testing program. One out of five participants that received individual level intervention were female.
Table 7: Average Male Condom Distribution in PWPY program for 2013

<table>
<thead>
<tr>
<th>Program Component</th>
<th>2013 (PWPY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Counseling &amp; Testing</td>
<td>14</td>
</tr>
<tr>
<td>Individual Level Intervention (RESPECT)</td>
<td>4</td>
</tr>
<tr>
<td>Health Communication/ Public Information</td>
<td>10</td>
</tr>
<tr>
<td>Group Level Intervention (SOL)</td>
<td>6</td>
</tr>
<tr>
<td>Outreach</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 7: Compiles the average number of male condoms distributed among participants through the different components of Prevention with Positive Youth (PWPY).

**Speak Out Loud (SOL) Support Group**

SOL meets once a week for four weeks with each group of participants. This is a group-level counseling intervention with the goal of supporting risk reduction behaviors through the interaction among participants. This setup has been developed by our outreach personnel, using different interventions such as “The second bedroom”, “Brothers and Sisters United Against AIDS”, “Motivational Interviewing”, and “CLEAR”. The idea is to use different approaches in each session to ensure the youth remain engaged with the information that is being presented to them. Outside of the group, each participant develops a personalized plan. This client-focused counseling model was designed to assess clients’ risk for HIV, enhance clients’ perception of personal risk and work with clients to develop a risk reduction plan. The main objectives of SOL are: to reduce high-risk sex behaviors among participants, increase youths’ knowledge of HIV transmission, and increase their commitment to maintaining an HIV-negative status. Additional outcomes are based on the client’s unique plan. Prevention counseling has been shown to be useful in helping clients to consider additional ways of reducing risky sexual behaviors, thus the RESPECT intervention has been widely used in the U.S. in the past decade.
PREVENTION WITH NEGATIVES

Complex structural and cultural factors including racism, discrimination, poverty, homelessness, denial, stigma, social oppression, homophobia, and limited access to care present significant barriers to combating the HIV/AIDS epidemic in the United States. Latinos residing in urban areas are at a higher risk of acquiring HIV due to a combination of these factors.

Graph 8: Ethnic Comparison among Unidos Contra el SIDA Program Components

Graph 8: Sum up the Unidos Contra el SIDA Program Components by the race/ethnicity of the participants. A little over half of the outreach assistants were Puerto Rican (54%), while almost one out of three were Mexican. Fifty-two percent of the HCPI attendees were Mexicans, 36% Puerto Ricans and 11% other Hispanic ethnicity. HIV Counseling and Testing and ILI serviced distributed for Puerto Rican and Mexican participants (50% and 42%) respectively, and for individual level intervention (54% and 40%) each. Over two thirds of those who participated in the group level intervention were Mexican.
**Unidos Contra el SIDA**

Unidos Contra el SIDA is an HIV prevention initiative that serves Chicago Latino men who have sex with men (MSM) and transgendered individuals that have sex with men (TSM) that are 25 years of age and older. This initiative includes Many Men, Many Voices (Nosotros Mismos) and RESPECT.

*Many Men, Many Voices (Nosotros Mismos)*

As a group-level intervention, Many Men, Many Voices requires participants to attend five sessions (in groups of up to 12 clients) focusing on factors that influence behavior of Latino MSM including:
- Cultural, social, and religious norms
- Interactions between HIV and other STIs
- Sexual relationship dynamics
- Social influences that racism and homophobia have on HIV risk behaviors

Nosotros Mismos is an evidence-based intervention guided by behavioral theories and models: social cognitive theory, the behavioral skills acquisition model, the trans-theoretical model of behavior change, and the decisional balance model. This program is unique for its emphasis on various behavioral change options for HIV/STI prevention instead of a singular focus on condom use, which is common in other HIV prevention intervention models designed for MSM. Intervention outcomes include: reduced sexual risk and drug use behaviors, increased protective behaviors, and increased HIV and STI testing.

**RESPECT**

Respect is a 2-session, individual-level counseling intervention for HIV-negative women and men with the goal of supporting risk reduction behaviors through the development of a personalized plan. This client-focused counseling model was designed to assess clients’ risk for HIV, enhance clients’ perception of personal risk and work with clients to develop a risk reduction plan. Main intervention outcomes are as follows:
- Reduce high-risk sex behaviors
- Increase knowledge of HIV transmission
- Maintain an HIV-negative status

Additional outcomes are based on the client’s unique plan and vary from person to person. Prevention counseling has been shown to be useful in helping clients to consider additional ways of
reducing risky sexual behaviors, thus the RESPECT intervention has been widely used in the U.S. in the past decade.

**Generation L (Formerly Mpowerment)**
With the mission statement, “We lead with loyalty and a loud voice to those who are lost. We live to learn and laugh with love. With a passion for liberty, we are Generation L,” Generation L is a community-level intervention that serves Latino MSM and TSM (i.e., gay, bisexual and transgender individuals who have sex with men) between the ages of 18 to 24. Through this intervention, Latino youth have access to a safe space in the community, learn and develop community organizing skills to address critical problems as defined by the youth, conceptualize, develop and implement a community-based social marketing campaign to decrease stigma and homophobia in their communities, conduct fun and entertaining outreach and social events at least once a month, and educate their peers about HIV prevention. The aim of the program is to cultivate an environment where safer sex, gay positive, and sex positive messages are the norm. Both HIV-positive and HIV-negative individuals are encouraged to enroll in Generation L.

Outreach is a responsibility of all Generation L members. For our monthly M-Group meetings, each member is encouraged to bring a guest to meet the group and to gain information about the program and activities. Weekly outreach is performed among our Core-group meetings and other activities as well as collaborations with other organizations. Program attendees meet in Batey Urbano’s youth space. Meetings are held weekly on Friday, while their activity night is on Thursdays. The group has a drop-in space that is open Tuesday through Saturday from 1pm to 10pm.

<table>
<thead>
<tr>
<th>Event</th>
<th>Total Events</th>
<th>Total Number of New Attendees</th>
<th>Total Number of Attendees</th>
<th>Average Number of Attendees per Event</th>
<th>Percentage of New Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>M Groups</td>
<td>16</td>
<td>73</td>
<td>139</td>
<td>9</td>
<td>53%</td>
</tr>
<tr>
<td>Outreach Events</td>
<td>23</td>
<td></td>
<td>2625</td>
<td>114</td>
<td></td>
</tr>
<tr>
<td>Social Events</td>
<td>18</td>
<td></td>
<td>533</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Table 8: Generation L Events for the Period of July 2013 to June 2014
Table 8: During the period of July 2013 to June 2014 Generation L had a total of 57 events, with around 3,300 attendees. The events are sum up in three categories: M Groups, Outreach Events and Social Events, with an average of attendees of 9, 114, and 30 per event, respectively. The percentage of new participants in the M Groups was 53%.

Generation L, consists of four main components which include the following:

- **M-Group** – A one time, three hour, information and practice session, which each Core Group member, volunteer, and/or participant is recommended to attend. This one-time event consists of HIV/AIDS and STI education and prevention material and includes role-playing, decision-making processes, relationship dynamics, and several other workshops.

- **Publicity Campaign** – Core Group members and participants are responsible for developing and maintaining the name and logo of the program. The chosen name and logo will be the face of the program through 2015.

- **Formal Outreach** – Small, medium and large sized outreach events, where Core Group members, volunteers and participants go out to specified venues and pass out publicity campaign and safer sex materials. These events can be themed (those in attendance would dress up in costumes or relevant attire) or just plain old regular outreach.

Between the Sheets is an orientation and education event led by and for youth on every other Wednesday. Meet folks involved in the program and learn about hot safer sex while Generation L youth cover basic information about HIV and STI’s through role-playing, games, food and prizes. The project space serves as a drop in center for all Core Group members, volunteers, and participants. The Project Space is multi-functional in serving several purposes.
Table 9: Generation L worked on 10 Safer Sex Campaigns during the period of July 2013 to June 2014. In average, each campaign had 658 numbers of views and share three times, and 19 viewers liked the campaigns.

<table>
<thead>
<tr>
<th>Event</th>
<th>Total Of Campaigns</th>
<th>Number of Views</th>
<th>Number of Shares</th>
<th>Number of Likes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safer Sex Campaigns</td>
<td>10</td>
<td>6578</td>
<td>33</td>
<td>189</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td>658</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Ratio</td>
<td></td>
<td>199</td>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>

Table 9: Promotional Campaigns through Social Media: July 2013 to June 2014
HOUSING SERVICES

El Rescate Independent Living Program
El Rescate Independent Living Program is an independent living program for homeless LGBTQ and/or HIV-positive youth. El Rescate provides culturally appropriate, identity-affirming housing for homeless young adults ages 17-24. As part of this program, youth have access to the HIV prevention services offered by Vida/SIDA, including: HIV/STI testing and counseling, prevention case management, as well as employment and educational resources and independent living skills training. This set-up housing program provides a continuum of housing solutions, including transitional and permanent residence units for LGBTQ youth.

Vida/SIDA utilizes an integrated service delivery approach which combines intake, case management, housing advocacy, education, job development, and client support together to help homeless youth address both the crisis they are in and long term solutions to their situation. El Rescate focuses on three major’s goals for developing participants’ skills: Youth are in an increasingly stable housing situations, they have a consistent source of income that is adequate to meet their needs, and they are self-actualized and develop positive self-esteem, personal life skills and support necessary to maintain stability.

Table 10: El Rescate Independent Living Program, Resident’s Demographics Characteristics for the Period of 2013 to 2014

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Sexual Orientation</th>
<th>HIV Status</th>
<th>High School Education</th>
<th>Status</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>75.0%</td>
<td>Average</td>
<td>White</td>
<td>Puerto Rican</td>
<td>Gay</td>
<td>HIV Positive</td>
<td>Completed High School</td>
<td>Working</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>5.0%</td>
<td>55.0%</td>
<td>45.0%</td>
<td>15.0%</td>
<td>60.0%</td>
<td>70.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Female</td>
<td>25.0%</td>
<td>Minimum</td>
<td>African American</td>
<td>Mexican</td>
<td>Bisexual</td>
<td>No Completed High School</td>
<td>College</td>
<td>Working Part Time</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>15.0%</td>
<td>20.0%</td>
<td>40.0%</td>
<td>40.0%</td>
<td>30.0%</td>
<td>40.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>Maximum</td>
<td>Hispanic</td>
<td>Lesbian</td>
<td>Transgender</td>
<td>School &amp; Working</td>
<td>20.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>80.0%</td>
<td>10.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 10: Three out of four residents at El Rescate are male, the average age is 20 years old; the youngest is 17 while the older is 24 years. Four out of five occupants are Hispanic, 15% African American and only a 5% white. Amidst the Hispanic, a little over half of them are Puerto Rican, and one out of five are Mexican, the others did not specify their ethnicity. Almost half (45%) of the residents said that they are gay, while two out of five (40%) said they are bisexual, 10% identified as lesbian, and 5% transgender, while 15% of the residents are HIV positive. Three out of five (60%) of the residents have completed High School and over two thirds (70%) were working during the reporting period. Almost one third of the tenants at El Rescate are college students and one out of five studies and work. A little over one fourth works full time, while two out of five part time.
COMPREHENSIVE PUBLIC HEALTH STRATEGIES

Be the Generation Bridge Initiative (BTBG)

BTBG is a project of the National Institute of Allergy and Infectious Diseases (NIAID) with the purpose of maintaining and establishing relationships with communities most impacted by the HIV/AIDS epidemic. The goal of the partnership between Vida/SIDA and NIAID is to promote awareness, understanding, dialogue, and support for biomedical prevention research, including HIV vaccines, microbicides, and pre-exposure prophylaxis, among Hispanic or Latinos population in Chicago. Be the Generation Bridge Initiative is supported by the Division of AIDS (DAIDS), a program that is part of NIAID at the National Institutes of Health (NIH). This makes BTBG a partner with the U.S. Department of Health and Human Services, the largest source of funding for medical research in the world. Through this relationship, Vida/SIDA works to enhance awareness and promote participation of Latinos in biomedical HIV prevention research. Be the Generation Bridge initiative was a one year funded program, extended in 2013 for six additional months. This partnership includes Vida/SIDA’s training staff about PrEP, HIV vaccines, and microbicides. Management staff was also educated on how to incorporate the “Be the Generation Bridge” campaign into our programs and to the community we served. Outreach efforts were accomplished with the help of Generation L, through social media and printed flyers.

During 2013 this program allowed Vida/SIDA to collaborate at the national level and to bring information to the community. The program facilitated presentations specifically to the youth (300) about these potential resources coming into the future for HIV prevention.
In 2013, Vida/SIDA received $857,595 of revenue from federal, city and private funders. Graph 12, visually represents the distribution and sources of our funding. The most significant funding is distributed as follows, a little over of one third came from the Department of Commerce and Economic Opportunity, 30% from Centers for Disease, Control and Prevention (CDC), and one fifth from Chicago Department of Public Health (CDPH).
SOCIAL MEDIA

Facebook

Our Vida/SIDA’s Facebook page was created on 2010. As of today we have 1,216 likes and the profile is used to disseminate information about our services, activities, job openings, events and to educate the Chicago and Latino community about HIV/AIDS.

https://www.facebook.com/vidasida

Generation L through Social Media

Generation L Facebook page was created along with the program in August of 2010. Currently our page has 614 Likes, although our Facebook page reaches thousands of people. Generation L uses Facebook as the main broadcast source for events, information, activities, new members or referrals to other Vida/SIDA’s programs.

https://www.facebook.com/GenerationL

Twitter

Twitter profile was created in December of 2012, this account is mostly use to chat and share information with other National Organizations.

https://twitter.com/Generati0nL
ANNUAL EVENTS

Since 1988, Vida/SIDA has been addressing the HIV/AIDS epidemic in the Humboldt Park community through education, outreach, LGBTQ activism, HIV/AIDS testing and counseling, advocacy/community organizing and providing support for individuals and families struggling to live with this infection. Additionally, in the last four years Vida/SIDA has created an environment where transsexual/trans-gendered and/or Drag Queen individuals can become integrated in the community through volunteer services. Vida/SIDA seeks to reach individuals from ages 12 and up who live in the predominantly Puerto Rican communities of West town, Logan Square, Hermosa, Belmont-Cragin and Humboldt Park. Vida/SIDA has been at the vanguard in addressing homophobia and trans-phobia in Chicago’s Puerto Rican community. In addition, Vida/SIDA opened the only LGBTQ homeless shelter in the Midwest, as an innovative community-based response to Puerto Rican/Latino LGBTQ youth homelessness in the community.

Vida/SIDA staff also participates in diverse community events such as Fiesta Boricua on Labor Day Weekend, where all the Puerto Rican community attends and enjoys the music, food, entertaining activities and the services that Vida/SIDA and The Puerto Rican Cultural Center offers. In efforts to raise money for the AIDS Run & Walk in Chicago on 2013, there was a bake sale, spaghetti dinner, a drag show, and personal online and off line donations.

World AIDS Day Celebration
Since its foundation, Vida/SIDA has been celebrating every year on December 1st the World AIDS day. World AIDS Day is an opportunity for people worldwide including our community to unite in the fight against HIV, to show their support for people living with HIV and to commemorate people who have died. In 2013, Vida/SIDA organized a candle light vigil and dinner at the National Museum of Puerto Rican Arts and Culture. In this event, Carmen Velazquez and Dora Garcia, Executive Director of Alivio Medical Center and Assistant Director (respectively) were given awards of recognition for their contributions to the community.

Paseo Boricua Pageant
On Friday June 14, 2013, the Puerto Rican Cultural Center-Vida/SIDA hosted its 7th annual Paseo Boricua Pageant – Cacica Coronation. For 6 years the pageant has served to foster a safe and inviting environment in which young Puerto Rican/Latino LGBTQ can serve as role models in our community.

The 2013 Paseo Boricua Pageant – Cacica Coronation, held at Circuit Night Club, was attended by over two hundred guests including youth from all over the Chicago area. The overwhelming support for this event reflected the diversity of our community and marks it as one that embraces transsexual/transgender individuals. Creating an affirming and safe local space for all of our Puerto Rican and Latino family is our highest priority. Because of the pageant, Vida/SIDA can continue to challenge the community’s way of thinking towards homophobia and trans-phobia.

For the last four years, we have selected contestants from RuPaul’s Drag Race, particularly the Puerto Rican contestants, and have crowned them as the Paseo Boricua Cacica Queen. The person selected becomes Vida/SIDA’s Queen for the Puerto Rican Parade. The Puerto Rican Parade in Chicago is the only parade that has a
representative from the LGBTQ as a recognized queen of the Parade.

**Gay Pride Parade**

On June 30, 2013, the Puerto Rican Cultural Center-Vida/SIDA participated in the annual Gay Pride Parade of Chicago. Vida/SIDA has made it a point to be present in order to reach out to and inform the Chicago Gay Community and, in particular the Latino LGBT individuals, of our existence and our services. In addition, we make sure that our float has a Latino Theme that reflects the rich Puerto Rican/Latino Cultural history both within the city and nationally. Our newly crowned Paseo Boricua Queen 2013, Lineysha Sparxs, was showcased alongside Jessica Wild, a Puerto Rican contestant on the hit show RuPaul’s Drag Race. Finally, the Queens Puerto Rican musicians and dancers were on our float playing and dancing to traditional Puerto Rican music. If the thunderous applause was any indication, we believe our participation in the 2012 Gay Pride Parade was a huge success.
ABOUT THE PUERTO RICAN CULTURAL CENTER

Founded in 1973, the Puerto Rican Cultural Center Juan Antonio Corretjer is a non-profit, community-based umbrella institution, which seeks to serve the social/cultural needs of Chicago’s Puerto Rican/Latino community. It is built on the following principles: a philosophy of self-determination, a methodology of self-actualization and critical thought, and an ethics of self-reliance best expressed in the motto, “To live and help to live.”

The Puerto Rican Cultural Center (PRCC) is named after Juan Antonio Corretjer, the celebrated Puerto Rican national poet and political leader. It serves as a place where people come together to address the critical problems confronting the community, to recover their history and to share in the music, poetry and drama of Puerto Ricans both at home and in the diaspora. All of the PRCC’s programs encourage participants to think critically about their reality and to promote an ethics of self-reliance based on social responsibility. They deal with health, social, and cultural issues that affect Puerto Rican/Latino and poor communities, such as AIDS, education, literacy, housing, homophobia, drug addiction, gang violence, teen pregnancy, police brutality, racism, economic and community development and human rights violations.

The PRCC promotes the self-actualization and self-determination of the Puerto Rican/Latino community through the study and creation of Puerto Rican culture, and through social activism. These efforts are carried out through programs such as public murals projects, the Casita Project, the People’s Parade, Fiesta Boricua and the Community as Intellectual Space Conference. The PRCC has also been involved in human rights campaigns such as the defense of political prisoners, the struggle for peace in Vieques, the defense of undocumented immigrants and against the criminalization of youth.

An article on the Cultural Center published by the National Puerto Rican Coalition (NPRC) states: “There are, of course, continuing problems of obtaining the modest funds required to support the Center and its programs, and in identifying committed staff who are willing to get paid far less than those working in traditional institutions. However, they receive additional rewards; the freedom to plant the seeds that grow into new kinds of institutions which in turn, produce young adults who have a vision of what is possible for themselves and for the Puerto Rican community.”

See more at: http://prcc-chgo.org

Since 1988, the Puerto Rican Cultural Center (PRCC) has housed the first HIV/AIDS prevention initiative that evolved into what is currently: Vida/SIDA Bartolo Hernández de Jesús HIV/AIDS Initiative Project of the PRCC, or Vida/SIDA.
REFERENCES


ii Healthy Chicago, HIV Prevention pages 20-21 2013 Annual Report


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http://www.niaid.nih.gov/Pages/default.aspx

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