

National Hispanic/Latinx Delegation

C/o Latino Commission on AIDS, 24 West 25th Street, 9th Floor – New York, NY 10010

GOALS' OF THE NATIONAL HISPANIC/LATINX DELEGATION

We would like to recommend the following national issues items to the CDC:

The overall goal is to establish and strengthen a direct and ongoing communication with the Division of HIV/AIDS, the office of Dr. Eugene McCray. We seek to enhance our collaboration and partnership with the CDC to ensure a comprehensive response to the impact of HIV/AIDS in our communities, we request:

1. A holistic approach that (a) integrates treatment as prevention to ensure that prevention for people at high-risk is not reliant on the success of PrEP alone; (b) addresses HIV, Viral Hepatitis, STIs; (c) addresses structural barriers to access to care; (d) addresses social determinants of health; and (e) recognizes the diversity and heterogeneity of the Hispanic/Latinx community including the implications for cultural and linguistic responsiveness at all levels (English, Spanish, Portuguese, and an array of native and indigenous languages). A “one size fits all” approach to HIV treatment and prevention is reductive when viewing the diversity of Hispanic/Latinx communities. When thinking about a holistic approach, we believe that this approach be customized/tailored to communities that include young MSM, older MSM and long-term survivors, and Cis and Trans-women.
2. An internal Hispanic/Latinx-focused consultation led by the CDC. Involve as many relevant branches of the CDC as possible to assess and fully discuss the prevention, capacity building, epidemiology, leadership, and research needs related to HIV/AIDS in the Hispanic/Latinx community.
3. For the CDC to highlight stigma as a major priority area. It is crucial for the CDC to track city, county, and state data regarding stigma, including for Puerto Rico, DC, U.S. Virgin Islands, Guam, and American Samoa, to effectively address the impact of stigma in our communities and develop best practices for addressing stigma as one of the largest barriers to the normalization of HIV prevention and services in our communities.
4. Commitment to efforts that ensure the development of behavioral interventions for Latinx Gay/Bi Men, Trans and Cis-woman which recognize cultural and linguistic needs, economic and socio-economic realities, and social determinants impacting Latinx communities. Our collective experience is that many interventions are

Current conveners of the National Delegation:

Clinica del Pueblo/Latinx LGBT program, Washington, DC; BIENESTAR, Los Angeles, CA; The Latino Commission on AIDS, NY; Valley AIDS Council, Texas; COAI, Puerto Rico, Translatina Coalition, USA, Center for Latino Adolescent and Family Health, New York University

superficially adapted and/or tailored (translated) for implementation within our communities, but only two interventions have been developed specifically for Latinx communities. We find a need to develop/package more interventions that involve Latinx communities and researchers.

5. To encourage a greater focus on community participatory research initiatives to further understand the HIV related needs of Hispanic/Latinx. Increasing the prioritization of community participatory research necessitates that the CDC work closely with NIH/OAR to expand efforts in this strategic area, in that manner, raising the visibility of research challenges concerning Latinos and HIV/AIDS.

6. Treatment as prevention is crucial in the reduction of new HIV infections in our communities. Efforts to ensure understanding and proper implementation of interventions connected to U=U and viral suppression are essential. Moreover, efforts to promote treatment as prevention can ensure that prevention for people at high-risk does not become reliant exclusively on PrEP. Comprehensive biomedical, social and structural HIV prevention and treatment interventions for Hispanic/Latinx communities are sorely needed.

7. Strategic attention to capacity building assistance (CBA) in organizations that serve Hispanic/Latinx communities. Special consideration of CBA needs of Trans and Cis-woman led organizations that work in HIV is warranted. These organizations will need special attention and support in organizational development.