



WORKING WITH LATINO/A PEOPLE WITH HIV FAQs

Why This Topic?

Latino/a communities in the U.S. are disproportionately affected by the HIV epidemic and of the more than half a million clients served by the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP), 24.1 percent are Latino/a.¹ While Latino/a individuals account for 19 percent of the U.S. population,² Latino/a people represent 27 percent of new HIV diagnoses,³ with Hispanic/Latino gay and bisexual men accounting for the majority of those new diagnoses.⁴

Latino/a people are also more likely to die of an HIV infection than non-Hispanic white people.⁴ Latino/a people experience high levels of mistrust of the healthcare system which can result in lower use of and adherence to treatment.⁴ Despite this, in 2021, higher percentages of Latino men and Latina women served by RWHAP were retained in care (80.9 percent and 84.4 percent respectively) and virally suppressed (91.5 percent for both) than the national RWHAP averages.¹

What are Some Tips for Success?

Know your audience. Take time to understand how Latino/a communities in your area self-identify and use that information for recruiting staff, optimizing outreach efforts, and engaging them into HIV care. Use preferred language when communicating with community members and ensure that you are capturing language preferences when translating content into Spanish. People may refer to things differently depending on their ethnicities or countries of origin and it is important to reflect these cultural nuances.

Let the community lead. Ensuring continued trust and ongoing engagement with Latino/a communities requires letting communities lead. This means engaging the community in every step of the planning and delivery of an intervention and letting them define the barriers to

What are the Capacity Requirements for Working with Latino/a People with HIV?

Below are some questions to consider early on in your planning process:

- Does your organization have a deep understanding of the needs, barriers, and preferences of Latino/a people? This must be achieved through the engagement of the priority population itself and not solely from literature or staff analysis.
- Is your staff interaction with Latino/a people rooted in unwavering respect, careful listening, and bi-directional influence?
- Does your organization have an inclusive mission that addresses the needs of diverse populations and provides HIV care and treatment services that are culturally and linguistically tailored for each component of the HIV care continuum?

care most relevant to them. Community leadership may involve including community members in care teams or advisory boards and in organizational leadership positions or hosting frequent community forums for feedback on their social and structural challenges.

Build on cultural strengths to develop strong relationships. Communication and messaging for HIV care programs and interventions should incorporate values that are shared across the Latino/a communities you serve (e.g., the importance of family, education, etc.) Develop content that appeals to the cultural interests of your community and host outreach events that include popular cultural themes.

Featured Intervention

Viviendo Valiente is a multi-level intervention focused on linking Latino/as with HIV to high quality HIV primary care in Dallas County, Texas. Individual-, group- and community-level strategies are designed to function as stand-alone efforts or together as a cohesive effort to engage the local Latino/a community with seamless, culturally responsive, and non-threatening messages created specifically for the community of Mexican origin.

Innovations

A key component contributing to the success of this intervention is strategic partnerships. Strategic partners can act as important gatekeepers and can open doors for bi-directional referrals. In fact, 44 percent of referrals to the *Viviendo Valiente* individual-level intervention came from external referrals. The intervention selected trusted members of the organizations that serve this community (e.g., community advocates, church group leaders, community advisory board members, recreation center directors) and identified opportunities for the mutual exchange of services. This included learning about the potential partner's mission and community efforts to understand the benefits of a collaboration and nurturing and sustaining these relationships.

Accomplishments

At one year of implementation:

- 74 percent of clients were retained in care
- 79 percent achieved viral suppression

Where Can I Find Additional Resources?

***Enlaces Por La Salud* Intervention Implementation Guide**
<https://targethiv.org/ihip/enlacesporlasalud>

***Viviendo Valiente* Intervention Implementation Guide**
<https://targethiv.org/ihip/viviendovaliente>

Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations Initiative: Intervention Monographs:
https://targethiv.org/sites/default/files/file-upload/resources/Latino-SPNS-Intervention-Monograph-508_0.pdf

Building Effective Interventions for Latino Clients:
<https://targethiv.org/ihip/webinar-building-effective-interventions>

Best Practices Compilation
<https://targethiv.org/bestpractices/search>

Featured Intervention

Enlaces Por La Salud is an HIV linkage, navigation, and education program for Mexican men and transgender women. The intervention is grounded in a transnational framework for providing cultural context to support the delivery of one-on-one educational sessions, delivered by personal health navigators (PHNs) to Latino/as with a new HIV diagnosis as well as for those with HIV but not yet retained in care.

Innovations

To ensure that staff were not working in silos, intervention developers created a system for communicating across locations. For example, the project coordinator spoke with each PHN weekly and also held a weekly case conference for the PHNs and outreach staff to discuss and strategize around cases and discuss challenges with outreach and recruitment. Additionally, the project team held a biannual meeting to review project progress.

Accomplishments

At one year of implementation:

- 74 percent of clients were retained in care
- 91 percent achieved viral suppression
- 86 percent had undetectable viral load

References

¹Health Resources and Services Administration. (2022). *Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021*. Retrieved May 15, 2023 from ryanwhite.hrsa.gov/data/reports.

²U.S. Department of Health & Human Services. (2022). Profile: Hispanic/Latino Americans. Office of Minority Health. Retrieved December 21, 2022 from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>

³Centers for Disease Control and Prevention. (2022). Diagnoses of HIV Infection in the United States and Dependent Areas 2020. *HIV Surveillance Report*, vol 33. Retrieved December 21, 2022, from <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

⁴Centers for Disease Control and Prevention. (2021). *HIV and Hispanic/Latino People*. Retrieved December 21, 2022, from <https://www.cdc.gov/hiv/group/raciaethnic/hispanic-latino/index.html>

About IHIP

Integrating HIV Innovative Practices (IHIP) includes implementation tools and resources, peer-to-peer technical assistance, and other capacity building support to help providers address needs and gaps in the delivery of HIV care and treatment along the HIV Care Continuum. Visit www.targethiv.org/ihip to subscribe for updates on intervention materials, trainings and TA opportunities.