Access, Engage & Activate: Centering and Re-centering Key Populations

NASTAD's Board Chair, Dave Kern, describes his Chair's Challenge to NASTAD and health departments.

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This post is written by Dave Kern, NASTAD Board Chair

Every year, NASTAD's Board Chair issues a new challenge to the organization's membership. I took on the role of Board Chair in May 2023, and I wanted to focus on where health departments must do better to end the epidemics and to honor our moral obligation as public health servants to ensure members of our communities are appropriately protected and cared for. For my Chair's Challenge, I asked NASTAD staff and membership to center or re-center:

- Persons of transgender experience
- Persons who use drugs
- Persons aging with HIV
- Gay, bisexual, and other same gender loving men, Black and Latino men in particular

Within these populations, BIPOC individuals are disproportionately impacted, so we must prioritize efforts to increase access and services for these communities. I am also calling for whole person approaches for engaging these populations with humility and long-term commitments, for focusing beyond HIV and hepatitis, and for being okay sitting in places of discomfort. I want to remind us that syndemic approaches marry very well with the centering and re-centering of key populations given that syndemic approaches strive to address the impact caused by infectious disease, drug use, mental health, and the social determinants of health that put these populations at increased vulnerability for poor health outcomes.

Over the next year, my hope is that NASTAD can share stories and successes from this challenge

here on the POZ blog. Below are some of my specific asks for each key population.

Persons of Transgender Experience

Our transgender communities are under attack in many parts of our country. I wish there were a concise challenge that I could put out to our membership but there's not – this is going to be a fight and this fight must be fought on all levels. I call on everyone reading this to learn as much as you can about our trans and non-gender binary communities, to take every opportunity to educate others about trans lives, to advocate and vote against anti-trans legislation and policy, and to convince as many people as you can that what is being done to trans people is cruel and wrong.

As health departments, there are many low threshold actions that we can take, some suggested during an excellent discussion on trans health at NASTAD's 2023 Annual Meeting. Engage trans communities by convening townhall-style meetings and listen, learn, and work with those partners to create solutions. Continue to use gender-affirming language in your formal and informal communications. Begin or continue to create gender-affirming workplaces. Find opportunities to engage trans youth by paying them to be liaisons to their communities.

Create safe mechanisms for input like digital suggestion boxes. Assess and make

available to the trans community institutions that are trans-affirming like substance use disorder treatment and housing facilities. And fight within your organizations to do what's right.

Persons Who Use Drugs

We need to re-envision our commitment to persons who use drugs. In many of our jurisdictions, we have long-standing programs that have saved countless lives over the years, but I believe we must do more to call on members to explore opportunities to advance comprehensive systems of care in our jurisdictions that provide harm reduction, including clean needles and syringes and naloxone, and integrated medical and behavioral health care. I know that some states and cities can do very little because of political barriers, so continue to do what you can through programs that are flexible like prevention, care, and housing.

Persons Aging with HIV

We need to be forward-thinking about the systems of care and support individuals are going to need through the end of natural life. Programs like Ryan White have wrapped arms around our communities, but we can't allow their future to include later life care that doesn't honor their dignity and identity. We must ensure communities receive compassionate and appropriate care later in life including services in assisted living, skilled nursing care, and other long-term care facilities. And we must address the non-HIV clinical aspects of aging like hypertension, diabetes, heart disease, mobility and other geriatric conditions and psycho-social concerns including isolation and depression. We've made meaningful, and in some cases lifesaving, differences for people with HIV over the years so we must get this right for our community members aging with HIV.

Gay, Bisexual, and Other Same-Gender Loving Men

Finally, we must re-center gay, bisexual, and other same gender loving men in our syndemic infectious disease responses. The recent mpox outbreak, continuing primary and secondary syphilis burden, periodic outbreaks of shigella and hepatitis A, and more call on us to approach engagement of services for this community using a syndemic, whole-person framework. When we look at national, state, and local data, we're not making the difference that we need to with this population. These men continue to be on the leading edge of the HIV epidemic, as they have been for decades, today still representing seven of ten new HIV diagnoses nationally. We won't end the HIV epidemic if we don't accelerate reduction in HIV transmission in this population, particularly among Black and Latino men.
