

MARCH 2019

HIV PREVENTION IN THE UNITED STATES

BOLSTERING LATINX GAY AND BISEXUAL MEN

TO PROMOTE HEALTH
AND REDUCE
HIV TRANSMISSION



MARCH 2019

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This project was undertaken in partnership with **Bienestar Human Services**, a community-based organization based in Los Angeles, California. This policy brief was developed independently of, but informed by an expert consultation held in Washington, DC in March 2018 of 34 diverse stakeholders, including people living with HIV/AIDS, HIV medical and non-medical providers, and federal and state HIV policy and program staff.

Please note that this policy brief is focused on Latinx gay and bisexual men and other men who have sex with men, who continue to be disproportionately impacted by HIV. HIV diagnoses increased among Latinx gay and bisexual men and other men who have sex with men from 2012-2016, even though diagnoses decreased or stabilized in other groups.

Latinx transgender women and men also are at high risk of HIV infection and often have large unaddressed HIV and other health care needs. Latinx transgender people are an important part of the Latinx LGBTQ community. The focus on gay and bisexual men in this brief is not intended to detract, in any way, from the need to bolster and support Latinx and other transgender people. Additional focused attention on supporting effective HIV prevention and treatment among Latinx transgender people and addressing unique structural forces, including stigma, discrimination, and violence, that drive the epidemic among Latinx transgender people is needed. For more information about the HIV and health care needs of transgender people, the 2015 U.S. Transgender Survey is the largest survey examining the experiences of transgender people in the United States and is available at ustranssurvey.org. For federal resources on HIV prevention for transgender people, see the Centers for Disease Control and Prevention at <https://www.cdc.gov/hiv/group/gender/transgender/index.html>.

The views expressed in this policy brief are those of the authors and not necessarily those of expert consultation participants, external reviewers, or Bienestar Human Services.

*This project is supported by a grant from **Gilead Sciences, Inc.** Gilead Sciences, Inc. has had no input into the development or content of this policy brief.*

OVERVIEW: ENSURING LATINX GAY AND BISEXUAL MEN REAP THE BENEFITS OF NATIONAL PROGRESS AT SUPPORTING PEOPLE WITH HIV AND REDUCING HIV TRANSMISSION

The United States is making strides toward better supporting people living with HIV, increasing HIV viral suppression, and reducing new infections. This progress, however, is uneven.

While other populations are seeing decreases, troubling increases in new HIV diagnoses are occurring among Latinx gay and bisexual men. In 2017, one in five of all HIV diagnoses in the United States were among these men.

Urgent action is needed. The Trump Administration recently announced a pledge to end the US HIV epidemic over the coming decade. While this pledge seems promising to many, it is difficult to reconcile with Administration policies over the past two years to eliminate or weaken the Affordable Care Act, as well as its pronouncements and policies that reflect hostility toward lesbian, gay, bisexual, transgender, and queer (LGBTQ) people, people of color, and immigrants. Ending the HIV epidemic will only be realized if we do more to prioritize Latinx gay and bisexual men in everything we do and tailor services to meet their needs.

The following are four policy actions that can have a big impact:

1**STRENGTHEN**

GOVERNMENTAL
RESPONSES
TO HIV THAT
FOCUS ON THE
PREVENTION AND
CARE NEEDS
OF LATINX GAY AND
BISEXUAL MEN

2**ADDRESS**

THE SOCIAL
DETERMINANTS
OF LATINX GAY
AND BISEXUAL
MEN'S HEALTH

3**SUPPORT**

IMMIGRANTS
AND MIGRANTS,
INCLUDING WHEN
PROVIDING
HIV SERVICES

4**CULTIVATE**

AND SUPPORT
EMERGING
LATINX LEADERS

Being Latinx in the United States means being part of a diverse and vibrant community. It also sometimes means being subject to discrimination, marginalization, and hostility.

Being gay or bisexual in the United States means being part of a diverse and vibrant community. It also sometimes means being subject to discrimination, marginalization, and hostility.

AS THE NATION MAKES REAL PROGRESS

at reducing the number of new HIV infections and increasing access to care for people living with HIV, Latinx gay and bisexual men, along with Black gay and bisexual men and Black and Latinx transgender women and men, should be front and center of our efforts to keep reducing the size and scope of the HIV epidemic.¹ As new infections decline in nearly all other groups, they are rising among Latinx gay and bisexual men. Moreover, the challenges that hinder our progress are often magnified when trying to serve Latinx gay and bisexual men, in part because of the discrimination and marginalization faced by these men.

Latinx is a gender-neutral term used to replace Latino or Latina, first popularized by Latinx LGBTQ communities. The term Latinx describes a diverse population and represents a wide variety of national origins and ethnic and cultural groups. While Mexican Americans comprise over 60% of all Latinx in the United States, Latinx also includes persons of Puerto Rican, Cuban,

Dominican, South or Central American, or other Spanish descent. Latinx people also may be of any racial/ethnic background. Many Latinx people are of both European and Native American ancestry, but some have African ancestry and identify as Latinx and Black or as Afro-Caribbean. Those who identify as Black or have darker skin often have experiences that differ from other Latinx people and that may be akin to the racism and struggles of Black or Native Americans. Furthermore, Latinx communities may vary linguistically and in their migration experiences, and there may be differences between Latinx people born abroad and those born in the United States.

Lumping all Latinx people together is not an effective approach to HIV prevention, treatment, and care. There is no one-size-fits-all for working with all Latinx communities, and no health intervention will meet the needs of all Latinx people. It is important to understand the diversity of Latinx communities and to be culturally sensitive in working with different communities.

LATINX IS A GENDER-NEUTRAL TERM USED TO REPLACE LATINO OR LATINA, FIRST POPULARIZED BY LATINX LGBTQ COMMUNITIES.

With leadership, resources and attention from the federal government (and state and local governments), the LGBTQ community, and Latinx communities, the Nation has the capacity to step up and provide more attention and support to Latinx gay and bisexual men to enable them to lead long, happy, and healthy lives, whether or not they have HIV.

This issue brief examines the place of Latinx gay and bisexual men in the US HIV epidemic and explores emerging trends in new infections and engagement in care. Moreover, it examines how our response to HIV fits into a broader social context wherein many Latinx communities are under active threat. The purpose of this brief is to highlight strategic actions that policy makers and others can take to ensure that Latinx gay and bisexual men are benefitting from the exciting advances in HIV prevention and care. This brief also serves to describe how fighting HIV can fit into a broader civil rights and social justice agenda that will improve the lives of all Latinx and LGBTQ Americans.

HIV AND LATINX GAY AND BISEXUAL MEN: WHAT IS HAPPENING?

THE UNITED STATES is making major progress in reducing the number of new HIV infections. The Centers for Disease Control and Prevention (CDC), however, has found that progress has stalled in recent years. Following about five years of overall declines in new HIV infections, the estimated number of HIV infections began to level off in 2013 at about 39,000 (38,900 in 2013 and 38,700 in 2016).² The concerning stabilization in new HIV infections has occurred because effective prevention and treatment are not adequately reaching those who could most benefit from them, which has led to population-specific trends. This has the effect of exacerbating already large disparities in infection risk.

1 IN 5 NEW HIV DIAGNOSES IN THE US IN 2017 WERE AMONG LATINX GAY AND BISEXUAL MEN. HIV DIAGNOSES AMONG THESE MEN INCREASED BY 12% FROM 2012-2016.

Half of new HIV diagnoses occur in the southern US although these states comprise only 38% of the US population. Seven in ten new HIV diagnoses occur among gay and bisexual men, even though they comprise about 2% of the US population.

Rising HIV diagnoses among Latinx gay and bisexual men: While new HIV diagnoses stabilized for gay and bisexual men from 2012–2016, they increased by 12% during this period for Latinx gay and bisexual men.³ Diagnoses within Latinx communities are also more heavily concentrated among gay and bisexual men than among the population overall. Whereas gay and bisexual men comprised 70% of new HIV diagnoses nationally in 2017 (including the 3% of HIV diagnoses among gay and bisexual men who also inject drugs), 78% of new diagnoses among Latinx people were among gay and bisexual men (including the 3% of HIV diagnoses among these men who also inject drugs).⁴

Rising diagnoses are concentrated in seven jurisdictions: Geographically, rising diagnoses of HIV among Latinx gay and bisexual men are not a national phenomenon, but rather one driven by increases in seven jurisdictions. From 2010–2014, 84% of the increase in diagnoses

observed among Latinx gay and bisexual men nationally was attributed to diagnoses in Puerto Rico and six states (Arizona, California, Florida, Illinois, New York, and Texas).⁵ This highlights the need both to address the HIV prevention and care needs of Latinx gay and bisexual men in all parts of the country, and to focus resources and a tailored intensive response where most diagnoses are occurring. Moreover, Arizona, California, Florida, Illinois, and Texas (but not Puerto Rico and New York) had statistically significant increases in diagnoses among Latino gay and bisexual men from 2010-2014, and statistically significant increases were observed in the following jurisdictions within each of these states: (1) Phoenix; (2) California jurisdictions other than Los Angeles, San Francisco, San Diego, Oakland and Sacramento; (3) Miami, Tampa, and Florida jurisdictions other than Miami, Fort Lauderdale, West Palm Beach, Orlando, Tampa, and Jacksonville; (4) Chicago; and (5) San Antonio and Texas jurisdictions other than Houston, Dallas, Fort Worth, Austin, San Antonio, and El Paso.

In February 2019, President Trump announced a plan to *End the HIV Eepidemic* in the US in the next ten years during his State of the Union address. This initiative includes an initial focus on 48 US counties responsible for half of all HIV transmissions, as well as San Juan, Puerto Rico, Washington, DC, and seven states with high rates of HIV in rural areas. There is significant, but incomplete, overlap between these

focus jurisdictions and the communities experiencing increasing diagnoses among Latinx gay and bisexual men.

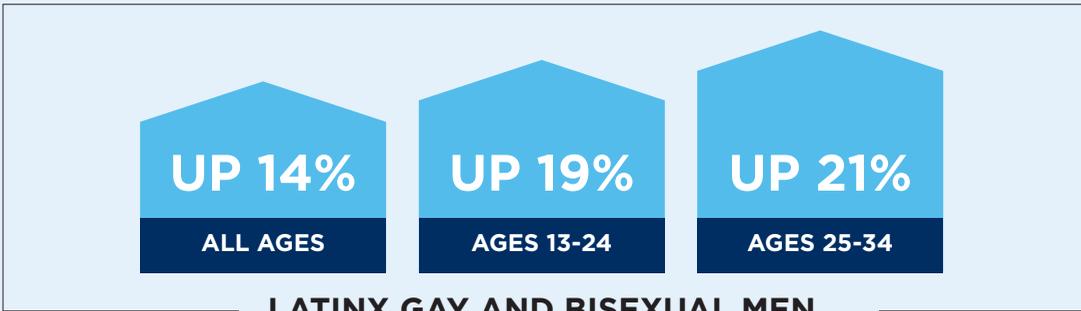
Continuing disparities along the HIV prevention and care continuums:

Latinx people, including Latinx gay and bisexual men, are less likely to receive pre-exposure prophylaxis (PrEP) or HIV care and have lower rates of viral suppression than their white counterparts. However, Latinx gay and bisexual men perform better along the HIV prevention and care continuums than their Black counterparts. In 2016, 77.6% of Latinx people were linked to HIV medical care within 1 month of diagnosis compared to 79.9% of whites and 72.1% of Blacks.⁶ While Latinx and White people with an HIV diagnosis have comparable levels of retention in HIV care (58.1% and 58.8%, respectively, in 2015), just 60% of Latinx people with an HIV diagnosis were virally suppressed in 2015 compared to 66.6% of Whites.⁶ Among Latinx people with diagnosed or undiagnosed HIV infection, only 50% achieved viral suppression in 2015.⁶ Similar disparities have been documented among Latinx gay and bisexual men.⁶ Among Latinx gay and bisexual men who received an HIV diagnosis in 2013 and earlier, 58% received continuous HIV care and 61% were virally suppressed in 2014.⁶ Given that people who are virally suppressed cannot transmit HIV sexually, supporting viral suppression among Latinx gay and bisexual men is critical for their own health and HIV prevention efforts. PrEP is also a critical

FROM 2010-2014, 84% OF THE INCREASE IN DIAGNOSES OBSERVED AMONG LATINX GAY AND BISEXUAL MEN NATIONALLY WAS ATTRIBUTED TO DIAGNOSES IN PUERTO RICO AND SIX STATES (ARIZONA, CALIFORNIA, FLORIDA, ILLINOIS, NEW YORK, AND TEXAS)

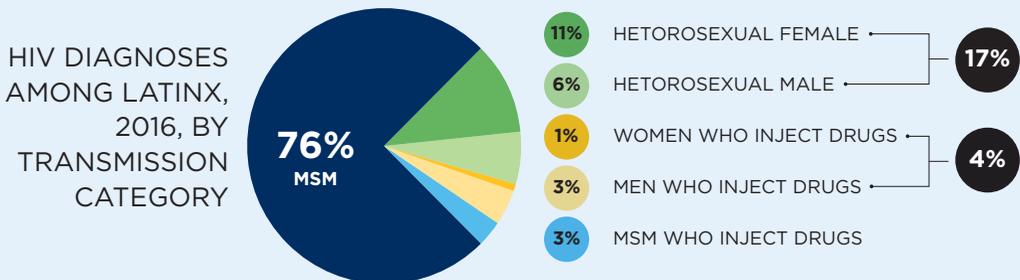
GROWING RATES OF HIV AMONG LATINX GAY AND BISEXUAL MEN

INCREASING DIAGNOSES WHILE DECLINES ARE SEEN WITH OTHER GROUPS (2011-2015)



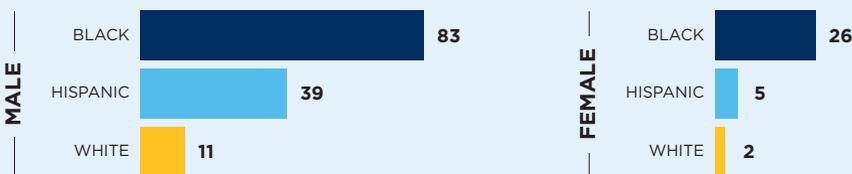
DURING THIS SAME PERIOD, DIAGNOSES DECLINED BY 16% AMONG WOMEN AND STABILIZED AMONG BLACK GAY AND BISEXUAL MEN

HIV IN LATINX COMMUNITIES IS HEAVILY CONCENTRATED AMONG GAY AND BISEXUAL MEN (2016)



HIV RATES AMONG LATINX ARE MUCH HIGHER THAN AMONG WHITES, YET LOWER THAN AMONG BLACKS (2016)

RATE PER 100,000



Latinx transgender people are also at high risk for HIV. HIV rates among transgender women are among the highest for any group. Transgender-specific data are limited because some federal, state, and local agencies do not collect or have complete data on transgender individuals.

Sources: CDC. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-info-sheet-diagnoses-of-HIV-infection-2016.pdf> and <https://www.cdc.gov/nchstp/newsroom/docs/factsheets/cdc-hiv-latinos-508.pdf>.

PrEP USE IN LATINX COMMUNITIES HAS BEEN LIMITED: IN 2017, ONLY ABOUT 10% OF PEOPLE ELIGIBLE FOR PrEP WERE USING IT, BUT AN EVEN LOWER SHARE (3%) OF ELIGIBLE LATINX PEOPLE WERE USING IT.

tool for preventing HIV infections, yet PrEP use among Latinx people, including Latinx gay and bisexual men, has been limited. In 2017, at least 100,000 people were on PrEP out of an estimated 1.1 million Americans eligible for PrEP, and only 3% of eligible Latinx people were using PrEP.⁷

HOW DO WE ENSURE THAT LATINX COMMUNITIES ARE PART OF OUR EFFORTS TO END THE HIV EPIDEMIC?

LATINX PEOPLE are the largest racial/ethnic minority population in the United States. In 2015, there were 56.5 million Latinx people in the country, representing almost 18% of the US population. Forty percent live in the western US, with 27% residing in California alone. Thirty-seven percent live in the southern US, with 19% residing in Texas and 9% residing in Florida. Fourteen percent of Latinx people reside in the northeast and 9% live in the Midwest.

When we think of Latinx communities, many people immediately think of the current political environment and the heightened racism, discrimination, and fear experienced by many communities. Before we even consider what is happening presently with immigration enforcement and a toxic and mean-spirited debate over immigration, we need first to consider what is known about how to help all communities respond to HIV.

While the path to ending HIV, in some ways, is simple and there are bright

spots of success and strong community leadership all over the country, we have not yet taken all of the steps to create an environment where we actually will end the HIV epidemic. Rising diagnoses among Latinx gay and bisexual men spotlight areas where policies and practices do not allow for supportive health care and social environments.

Several factors are recognized for contributing greatly to economic security that can foster health. When this security is missing, individuals and communities have less access to critical prevention and care services and their health suffers.

- **EMPLOYMENT:** In 2015, Latinx people were slightly more likely to be unemployed compared to the general population, although foreign-born Latinx people were less likely to be unemployed. 7.3% of Latinx people were unemployed in 2015, compared to 6.4% for the general population. The rate was higher for US born individuals (8.8%) and lower for foreign born individuals (5.6%).
- **POVERTY:** Latinx people are more likely to live in poverty than other US residents: 21.9% for Latinx people compared to 14.2% for the population as a whole.
- **EDUCATION:** Over the past decade, the Latinx high school dropout rate has declined and college enrollment has increased, but Latinx people still trail other groups in earning a bachelor's degree.
- **INSURANCE ACCESS:** Latinx people are the racial/ethnic group most likely to be

uninsured. In 2015, 19.7% were uninsured (11.1% for US born and 36.2% for foreign born) compared to 9.7% for the general population.

HOW DO LATINX GAY AND BISEXUAL MEN COMPARE WITH OTHERS WITH RESPECT TO THEIR HEALTH AND WELLNESS?

LATINX GAY AND BISEXUAL MEN often report negative health outcomes at much higher rates than heterosexuals, perhaps contributing to increased HIV diagnoses or worse health among people living with HIV. In an analysis of the federal dataset, National Health and Nutrition Examination Survey (NHANES), published in 2017 with data

IF CURRENT TRENDS CONTINUE, **1 IN 5 LATINX GAY AND BISEXUAL MEN** WILL BE DIAGNOSED WITH HIV DURING THEIR LIFETIMES.

from 2001-2014, Latinx gay, lesbian, and bisexual people were more likely than Latinx heterosexuals to test positive for HIV or ever have been told that they have a sexually transmitted infection (STI), chlamydia, or genital warts.⁸ Compared to heterosexuals and other gay, lesbian, and bisexual people, they reported the poorest mental health and

***SI SE PUEDE:* HOW WE END THE HIV EPIDEMIC IN THE UNITED STATES**

We can end the HIV epidemic if all people living with HIV are aware of their status, are engaged in regular HIV care, are adherent to an effective antiretroviral therapy (ART) regimen and if all people at risk of HIV infection have access to effective prevention interventions. Effective prevention interventions include access to condoms, sterile syringes (for persons who inject drugs), post-exposure prophylaxis (PEP), and pre-exposure prophylaxis (PrEP), which currently involves taking a daily pill to prevent HIV infection.

To make all of these things happen, we need a working health care system that provides affordable and equitable access to the current standard of care for both HIV treatment and prevention in all communities across the country. We need a health care system that is welcoming to all and understands the communities it serves. We need communities where people feel safe in leading their everyday lives and believe not only that they can and should access appropriate health care services, but that nothing bad will happen to them through social stigma or other harms in seeking services.

We also need a country and communities that are working to overcome the challenges and obstacles people face from factors such as poverty, lack of economic or educational opportunity, violence, and other forms of insecurity that hinder health and make it difficult to get people to access the HIV prevention and health care services that will enable us to eliminate HIV as a public health threat.

UNDERSTANDING SYNDEMICS THAT CONTRIBUTE TO HIV INFECTION AMONG LATINX GAY AND BISEXUAL MEN

When considering what is causing rising HIV infections among Latinx gay and bisexual men, it is often helpful to recognize that, in many communities, there are overlapping challenges that individually threaten health, yet combine to magnify the harm and health outcomes experienced by communities.

A **syndemic** refers to two or more afflictions, interacting synergistically and contributing to excess burden of disease in a population. In addressing HIV prevention and care, syndemic theory can be helpful in generating better policy solutions and health care interventions that address not only the risk of HIV acquisition, but also create healthier and stronger communities that are better able to address these related challenges.

EVIDENCE

In recent decades, researchers have begun to explore syndemic relationships and their role in HIV transmission. In the mid-1990s, Merrill Singer identified and reported on the role of substance abuse, violence, and AIDS in yielding diminished health outcomes among low-income persons in the northeastern US. Ron Stall and colleagues have helped to broaden the understanding of how negative health outcomes among gay and bisexual men can be understood through syndemics of polydrug use, depression, childhood sexual abuse, and intimate partner violence that are independently associated with HIV positive status and high-risk sexual behavior. Perry Halkitis and colleagues examined vulnerability to poor health outcomes among young gay and bisexual men in New York City (more than half of whom were Latinx or Black) and found that psychosocial stressors such as suicidal thoughts, depressive symptoms, loneliness, post-traumatic stress disorder, and substance use have a combined impact on HIV risk behavior.

Patrick Wilson and colleagues have examined syndemics of substance abuse, trauma, incarceration, poverty, violence, immigrant discrimination, sexually transmitted infections (STIs), and HIV among Black and Latinx men in New York City and have described how to use syndemic theory to craft responses to these challenges. Omar Martinez and colleagues have looked at syndemics experienced by Latinx gay and bisexual men in New York City. Their work found that 49% reported high-risk alcohol consumption, 62% reported experiences of discrimination, and 22% reported childhood sexual abuse. Moreover, respondents with 2-4 of such factors were more likely to report multiple sexual partners, and participants with 3-4 factors were more likely to report condomless anal intercourse than those with 0.

SYNDEMIC RESPONSES

Syndemic theory recognizes the role of adverse social and structural influences, such as poverty, stigma and discrimination, and access to health care, on HIV. A syndemic approach is therefore consistent with social ecological models that are used to explain complex associations between individuals' behaviors, physical environment, social and economic factors, and health. Social ecological models emphasize multiple influences on health and health behaviors, including interpersonal (e.g., social networks and social support), community (e.g., relationships among organizations and institutions), and public policy (e.g., local, state, and national laws) factors.

As the field of syndemic research grows, researchers have discussed the role of psychological resilience as a protective personal factor that can protect Latinx gay and bisexual men. Researchers also describe a range of social factors that can be protective against the development and maintenance of syndemics including social capital, community mobilization, and neighborhood cohesion. Policy interventions that seek to bolster networks and communities may offer a route to preventing or overcoming syndemics.

In line with social ecological models, macro-level policies aimed at HIV and syndemics among Latinx gay and bisexual men include reforming immigration policies, decreasing poverty, and improving food access, housing, and education, as well as expanding health insurance coverage, strengthening the public health infrastructure, and increasing access to biomedical and behavioral HIV prevention. Policies aimed at HIV and syndemics among Latinx gay and bisexual men also can address micro-level physical environment and social factors by addressing geographical distances to HIV services or transportations barriers, implementing interventions to reach familial, social, sexual, and drug-using networks, investing in Latinx-led civil society and community-based organizations, promoting cultural competency in health care settings, and combating stigma and discrimination in all settings.

CITATIONS:

Halkitis PN, Moeller RW, Siconolfi DE, Storholm ED, Solomon TM, Bub K et al. Measurement model exploring a syndemic in emerging adult gay and bisexual men. *AIDS Behav* 2013;17(2):662-673.

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Singer M. A dose of drugs, a touch of violence, a case of AIDS: Conceptualizing the SAVA syndemic. *Free Inq Creative Sociol* 1996;24(2):99-110.

Stall R, Mills TC, Williamson J, et al. Association of co-occurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men. *Am J Public Health* 2003;93(6):939-942.

Wilson PA, Nanin J, Amesty S, et al. Using syndemic theory to understand vulnerability to HIV infection among Black and Latino men in New York City. *J Urban Health* 2014;91(5):983-998.

were more likely to report current smoking or smoking greater than 100 cigarettes, lifetime marijuana use, and lifetime cocaine, heroin, or methamphetamine use.⁸ Indeed, they were 47 times more likely to test positive for HIV and 15 times more likely to have tested positive for gonorrhea.⁸

WHAT IS THE IMPACT OF IMMIGRATION AND IMMIGRATION DISCRIMINATION ON LATINX HIV HEALTH OUTCOMES?

THE VAST MAJORITY of the Latinx people in the United States are US citizens. Nonetheless, given the prominence of immigration policy in the current political dialogue and the issues related to health care access for immigrants, it is important to consider Latinx LGBTQ immigrant populations and challenges that may impede their ability to lead healthy lives. According to a 2013 report from the Williams Institute, there are approximately 637,000 LGBT-identified individuals among the adult documented immigrant population, representing 2.4% of adult documented immigrants in the United States.⁹ Thirty percent of LGBT-identified adult documented immigrants are Latinx. There are an estimated 267,000 LGBT-identified individuals among the adult undocumented immigrant population.⁹ They represent 2.7% of undocumented adults in the United States.⁹

Ensuring access to health care is central to promoting health and HIV prevention

and care for Latinx gay and bisexual men. This access is often more challenging for immigrants. As a general matter, documented immigrants can access many US health care programs. They can receive coverage as a benefit of employment, and they also can access coverage through the marketplaces established by the Affordable Care Act. This includes receiving financial assistance for lower income persons to make coverage affordable. Documented immigrants that are considered “qualified non-citizens” and who meet program income and eligibility requirements generally can receive Medicaid and Children’s Health Insurance Program (CHIP) coverage after a five-year waiting period. These persons include: lawful permanent residents (LPR/ Green Card Holders); asylees; refugees; Cuban/Haitian entrants; persons paroled into the United States for at least one year; conditional entrants granted before 1980; battered non-citizens, spouses, children, or parents; victims of trafficking and their spouse, children, siblings, or parents or individuals with a pending application for a victim of trafficking visa; persons granted withholding of deportation; and members of federally recognized Indian tribes or American Indians born in Canada. Asylees and refugees as well as persons who are lawfully permanent residents and formerly were asylees or refugees are exempted from the five-year waiting period. Further, states also have the option of eliminating the five-year waiting period for children and/or pregnant women. Twenty-nine states plus DC and the Commonwealth of the Northern Mariana Islands have exempted children and/or pregnant women for Medicaid coverage and 21 states have done so for CHIP.¹⁰

HIV PREVENTION AND CARE MUST ADDRESS SUBSTANCE USE AND MENTAL HEALTH PROBLEMS AMONG LATINX GAY AND BISEXUAL MEN

Undocumented immigrants have far fewer coverage options. They are not eligible for Medicaid and CHIP, and they are not permitted to purchase coverage through the marketplaces established under the Affordable Care Act. Certain safety net programs, including the Ryan White HIV/AIDS Program and the Health Center Program, can provide services to undocumented immigrants. Ryan White HIV/AIDS Program grantees and Health Centers operate throughout the United States and they exist to fill gaps in medically underserved areas. Additionally, hospitals receiving federal funds (the vast majority of US hospitals) are required to provide emergency medical care and stabilization services to all who pass through their doors, without regard to immigration status or ability to pay. This obligation ends, however, once a person is stabilized, meaning after the hospital has assured “within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.”¹¹

One of the latest obstacles to HIV treatment and prevention and health care generally for immigrants is the new public charge policy that the Trump Administration has proposed.¹² Public charge policies determine how the use of public benefits may affect an individual’s ability to enter the United States or the ability to gain legal permanent resident (LPR) status, i.e. a green card. If an individual is determined likely to become a public charge, the federal government can deny entry into the United States or adjustment of LPR status. Previous policy guidance defined a public charge as someone who has become or is likely to become “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expenses.”¹³ The guidance limited the definition of public

charge to those receiving cash benefits, such as from the Temporary Assistance for Needy Families (TANF) program and the Supplemental Security Income (SSI) program, but specified that the federal government would not consider use of Medicaid, CHIP, or other supportive programs in public charge determinations.

Under the proposed new public charge policy, the use of non-cash benefits programs, such as Medicaid, Medicare Part D, public housing programs like Section 8, and even the Supplemental Nutrition Assistant Program (SNAP), would be considered in public charge determinations. Beyond those who would be directly affected by the new policy, the policy change could lead to significant decreases in participation in Medicaid and other programs among documented immigrants and their primarily US born children. While the proposed policy change does not include CHIP or subsidies for ACA marketplace coverage as public benefits, the Department of Homeland Security specifically requested public comment on whether to include CHIP in public charge determinations.

If implemented, the new public charge policy would have broad public health implications and would negatively impact those communities most in need of HIV prevention, care, and treatment, such as Latinx gay and bisexual men. As already mentioned, Latinx communities include a substantial immigrant population that would be affected by a change to the public charge policy. For many Latinx immigrants, the policy change would further exacerbate fears they may have filing benefit claims for themselves or their children as well as the fear of deportation that may dissuade them from addressing health issues or accessing health services. Beyond those waiting for a decision on their applications to enter or stay in the United States, more people could be affected by the new policy’s “chilling effects”, i.e., US citizens and non-citizens in Latinx communities who are otherwise

UNDOCUMENTED LATINX PEOPLE ARE MORE LIKELY TO ENTER HIV CARE LATE IN THE DISEASE COURSE

eligible for public benefits may forgo those benefits and related services due to fear or confusion about immigration consequences. Given that undocumented immigrants are ineligible for most public benefits under existing law, the chilling effect of the proposed public charge policy would be greatest on documented immigrants.

Negative effects of the public charge proposal and the Administration's immigration policies more generally are already occurring. Once some immigrants learned that the Supplemental Nutrition Assistance Program (SNAP) was on the list of benefits proposed for consideration in public charge determinations, many began dis-enrolling, even though the rule has not been finalized.¹⁴ It is important to note, if finalized, the policy can only look at the benefits an individual continues to use after the rule is finalized. Anecdotally, health service providers have said that Latinx clients are not showing up for medical appointments, and some providers have even noted clients coming into clinics not wanting to receive their medication or use Medicaid benefits. However, it is too early for a more general confirmation of these accounts, and it is unclear whether these experiences are due to the proposed public charge policy, increased deportation, or other factors.

Beyond health care benefits and coverage, there are numerous barriers to undocumented immigrants seeking and

receiving appropriate and high-quality health care services. Some of these barriers also apply to documented immigrants. Researchers have identified legal and policy barriers, such as documentation requirements to receive services; health system barriers, such as work conflicts, lack of transportation or translation services, as well as stigma and discrimination; individual level factors, such as fear of deportation by being reported to authorities when accessing health care; cultural challenges, such as the inability to convey complex personal information in a second language and culture; and little knowledge about how the health system works and how to navigate it.¹⁵

The goal of HIV treatment is to diagnose HIV as soon as possible after infection and to immediately initiate treatment. Undocumented Latinx people are more likely to enter HIV care late in the disease course.¹⁶ In evaluating a range of studies of health outcomes for undocumented immigrants, Omar Martinez and colleagues also found that the prevalence of negative mental health outcomes is higher in localities with anti-immigration policies than in localities that are more welcoming to immigrants.¹⁶

BUILDING STRONGER COMMUNITIES AND ENHANCING OUR RESPONSE TO HIV: WHAT DO WE NEED TO DO?

BY ACKNOWLEDGING THE CHALLENGES facing Latinx communities, we can paint a picture of despair that inadvertently leads to complacency and inaction. It can be frustrating to recognize that HIV diagnoses are increasing among Latinx gay and bisexual men when major progress is being made in other groups. And it is alarming to observe current political tensions translate into active threats to the health and safety of Latinx communities. Nonetheless, Latinx communities are not powerless and it is

possible to turn around many of these trends and bolster the solidarity expressed with Latinx gay and bisexual men.

Despite everything that is happening in our country today, this is an exciting time, in many ways, for Latinx communities and our country. As Latinx people increase their share of the population, as with other groups before them, they are increasingly asserting their cultural, political and economic influence. Moreover, Latinx gay and bisexual men are a critical part of the HIV response.

The following are four ways that we, as a country, can take action in support of HIV prevention and care for Latinx gay and bisexual men:

- **STRENGTHEN governmental responses to HIV that focus on the prevention and treatment needs of Latinx gay and bisexual men**

What is needed is a focused approach. Just as previous advocacy efforts and epidemiological data have led to greater efforts to focus on Black communities, Black gay and bisexual men, and Black women, recent trends highlight the need for more attention to be paid to HIV prevention and health care services tailored to the needs of Latinx gay and bisexual men. We need to give particular focus to immigrant and undocumented men and those in high-burden areas, and we need national, state and local policies and funding that support expanded evidence-based prevention and treatment.

At the federal level, CDC has raised the alarm, but needs to follow with more programmatic action to ensure that, across federal HIV programs, Latinx gay and bisexual men are being highlighted as a priority population. **We need to implement public and social media campaigns** that spotlight HIV prevention and care services that are available for Latinx gay and bisexual men. That means that we need to **develop new tailored initiatives for Latinx**

gay and bisexual men that seek to partner with communities to respond to challenges they face in a way that promotes health. Additionally, more research is needed to **examine facilitators and barriers to PrEP use and other prevention services and improve access to insurance benefits, as well as Ryan White HIV/AIDS Program, Health Center, and Substance Abuse and Mental Health Services Administration (SAMHSA) services.** Moreover, as Latinx gay and bisexual communities experience a syndemic of threats to their wellbeing, more research is needed into how to **respond appropriately to HIV in a way that addresses other community challenges and bolsters community resiliency.** This includes investing in more work to better understand the psychosocial and environmental/structural conditions leading to sexual risk and poor engagement in HIV care.

Most of the actual governmental services that are provided for public health are delivered through state and local health departments. Therefore, we also need to see **more visible state and local leadership, working in partnership with Latinx communities, in countering rising infections and promoting better engagement in HIV care,** especially in the seven jurisdictions that CDC has identified as contributing most to rising infections among Latinx gay and bisexual men. Given that South Florida continues to have the highest rates of new HIV diagnoses in the country and Latinx men, especially Latinx gay and bisexual men, have disproportionate rates of HIV diagnoses in South Florida, leadership is needed from elected officials and state and local health departments in Florida. The December 2017 mandate from the Florida Surgeon General that all 67 county health departments in Florida offer PrEP at no cost by the end of 2018 is the kind of leadership that is needed. State and local leaders in Florida and other jurisdictions must do more and must implement tailored approaches for Latinx gay and bisexual with the goal

of reducing HIV infections among these men, increasing their access to care, and reducing health disparities. Beyond just the seven jurisdictions identified by CDC, prevention and care planning bodies have a role to play in prioritizing Latinx communities, and meaningful Latinx participation in these planning bodies is essential. Health departments also have a critical role in fostering and elevating community partnerships.

- **ADDRESS the social determinants of Latinx gay and bisexual men's health**

As discussed, HIV infection is part of larger syndemics impacting Latinx gay and bisexual men and can be understood to operate within wider social, economic, and physical environments. Syndemics involve multiple health, psychosocial, and socioeconomic conditions, such as STIs, substance use, mental health problems, trauma, violence, and poverty, interacting to contribute to HIV vulnerability. More efforts are needed to respond in tailored ways to syndemics and the network, community, and public policy contexts that exist in specific jurisdictions. We need culturally and linguistically appropriate services for Latinx gay and bisexual men and for Latinx men who have sex with men and do not identify as gay or bisexual. These services must address intersectional stigma and discrimination. Additionally, we need life-course approaches to HIV prevention and care that acknowledge the unique needs and concerns of Latinx gay and bisexual men at different phases of life, recognizing that the HIV service system has not yet adequately responded to the health care needs of people living with HIV over 50. Furthermore, with the recent indication for Truvada as PrEP for adolescents, focused and deliberate efforts are needed to extend PrEP access in Latinx communities and address not only financial and access issues, but also cultural values and family support for Latinx LGBTQ youth.

- **SUPPORT immigrants and migrants, including when providing HIV services**

Some Latinx people are US citizens and some are immigrants or migrants. Due to structural racism, however, most Latinx people experience feelings of stress and sometimes face expressed discrimination directed to immigrants. This calls for dedicated efforts to create safe spaces for Latinx communities to receive not only health services, but also to live their lives free from fear of harassment by police, immigration authorities or members of the public. In many communities, there are trusted, well-established health centers and other community institutions with deep roots in Latinx communities. Often more than comparable institutions serving other communities, these institutions may be more beleaguered due to overwhelming community needs or inadequate funding. Therefore, policy responses are needed to bolster such institutions, but also to develop more institutions in places where they do not currently exist. There are also opportunities to support smaller scale or more informal evidence-informed initiatives, which serve as trusted respite centers, sources of information, and providers of legal services and other assistance.

- **CULTIVATE and support emerging Latinx leaders**

One of the most important and exciting actions that policy makers can take to support Latinx gay and bisexual men is to create platforms for individual community members to lead. More efforts and funding are needed to train, mentor, and support emerging leaders. Cultivating emerging leaders, especially young Latinx gay and bisexual men, is critically important for implementing effective HIV prevention and ensuring long-term success. Not only can it help inform and improve the acceptability of services to Latinx gay and bisexual men, but it is also key to improving the quality of services for these

YOUNG LATINX QUEER LEADERS ARE SHOWING THE WAY

Community elders are critically important, but a successful response to the HIV prevention and care needs of Latinx gay and bisexual men requires elevating new voices and creating more pathways for leadership development among Latinx gay and bisexual adolescents and young adults. The following are just a handful of examples of Latinx queer people bolstering their communities in ways that demand supporting and replicating:

Somos Familia Valle (San Fernando Valley, CA): A San Fernando Valley community-based organization created and led by local, low-income, first-generation college students who are LGBTQ+ people of color and immigrants, Somos Familia Valle is dedicated to support, empower, train, and mobilize LGBTQ+ people and their families for racial, gender, environmental, and economic justice and organizes for intersectional LGBTQ+ justice and liberation through transformative dialogue, advocacy, and civic engagement.

Contigo Fund (Orlando, FL): An initiative of Our Fund Foundation, which launched in response to the horrific event that occurred on Latin Night at Pulse nightclub in Orlando targeting LGBTQ people of color, Contigo Fund is an effort to strengthen and network existing agencies and to identify and support grassroots efforts that advance Latinx and LGBTQ causes and the intersection of these two communities. It also seeks to build bridges across Central Florida's diverse communities and to raise awareness of homophobia, transphobia, Islamophobia, racism, and other forms of bigotry.

Valley AIDS Council (Rio Grande Valley, TX): Drag Out HIV! is an intervention that is a training and mentorship program for drag queen performers from the Rio Grande Valley, with the intent to mobilize them as advocates for HIV testing and PrEP awareness within their networks of followers and friends. Drag queen performers are cross-trained in immigration, criminal justice, and other issues.

Galaei (Philadelphia, PA): A queer Latin@ social justice organization, which engages in grassroots organizing, provides HIV prevention and youth programs, offers comprehensive, interactive, educational trainings to increase cultural literacy in working with and providing services to LGBTQ individuals, and runs a Trans Equity Project. The Trans Equity Project provides peer-based support for trans individuals and offers sexual health and HIV prevention counseling through the CLEAR (Choosing Life: Empowerment, Action, and Results!) program, an evidence-based HIV prevention and health promotion intervention for trans identified persons living with HIV/AIDS or at high risk for HIV. In addition, the Trans Equity Project provides mentorship with transitioning, help with name changes, referrals for housing and food, and opportunities to build community to work towards trans justice.

Latinx queer leaders recognize the disproportionate impact of HIV on Latinx transgender women and men and the need to support effective HIV prevention and care for Latinx transgender communities and address social and structural conditions, including stigma, discrimination, and violence, that drive the HIV epidemic among Latinx transgender people.

men. When given the opportunity to lead, Latinx gay and bisexual men demonstrate leadership through lived personal experience. Leadership with knowledge and understanding of the diversity and needs within their communities creates opportunities to enhance the response to HIV among Latinx gay and bisexual men. Fostering leadership opportunities for Latinx transgender people is also important and can help build community trust and make HIV prevention and care more comprehensive and responsive to the needs of transgender people.

Individuals and organizations responding to the needs of Latinx communities can be highlighted all across the country. Many of the most effective approaches are locally developed initiatives that have grown organically with community support. Such initiatives operate programs and offer services consistent with evidence-informed approaches to supporting access to and engagement in prevention and health care services.

CONCLUSION

The future of HIV prevention and care in the United States can be bright. New HIV diagnoses are declining, and if we keep making needed investments to promote HIV screening, expand access to prevention and health care services, and create environments where it is safe and feasible for people to engage with the health system and take steps to protect their health, we can dramatically reduce the scope of the HIV epidemic. To realize this dream, however, we cannot leave any communities behind.

HIV diagnoses among Latinx gay and bisexual men are increasing, but we have the tools and capacity to counter this trend. By bolstering Latinx communities and giving Latinx gay and bisexual men the prominence and attention they deserve, they will keep helping to write the story of how we keep moving closer to ending HIV as a public health threat for all communities in the United States.

ENDNOTES

- 1 The term “gay and bisexual men” is used throughout this brief. The term also includes other men who have sex with men (MSM), regardless of whether they identify as gay or bisexual.
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