

# HIV Prevention for Hispanic / Latino Gay and Bisexual Men

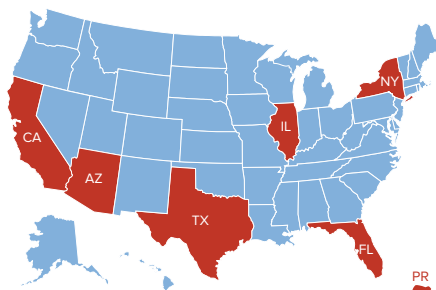
**CDC recently reported that the estimated annual number of HIV infections among Hispanic/Latino men who have sex with men (MSM) have increased over the past five years, despite having stabilized for MSM overall. CDC, along with its partners, is actively working to reverse this alarming trend.**

## What the Latest Data Tell Us

Although Hispanics/Latinos make up 18 percent of the U.S. population, they accounted for nearly 23 percent (252,400) of the estimated 1.1 million people with HIV in the United States in 2015. As in other racial and ethnic communities, the majority (nearly 60 percent) of Hispanics/Latinos now living with HIV are MSM.<sup>1</sup>

Surveillance data indicate that the number of Hispanic/Latino MSM who are newly *diagnosed* with HIV is increasing, even as new diagnoses are stabilizing among MSM overall and declining for the overall U.S. population. From 2011 to 2015, HIV diagnoses among Hispanic/Latino MSM grew by 14 percent.<sup>2</sup> This increase can be partly explained by higher rates of HIV testing, reflecting progress toward national HIV testing goals. Yet a separate CDC analysis estimated that actual new *infections* among Hispanic/Latino MSM did, in fact, increase 18 percent during the same period.<sup>3</sup>

Available data also help illustrate where HIV prevention efforts should be expanded and intensified for Hispanic/Latino MSM. One recent CDC analysis (see *sidebar*) found that the increases in HIV diagnoses were concentrated in just six main states (Arizona, California, Florida, Illinois, New York and Texas) and Puerto Rico.<sup>4</sup>



Low awareness of HIV status remains a challenge for Hispanic/Latino MSM – 20 percent have undiagnosed HIV infection, indicating that increased testing efforts are a priority. The problem is even more serious among young Hispanic/Latino MSM aged 13–24, among whom only 44 percent are aware of their HIV status.<sup>5</sup>

## How Surveillance Advances Drive Prevention

To better understand the drivers of increased diagnoses among Hispanic/Latino MSM, CDC convened a data driven review team of HIV experts from various specialties – including epidemiology, surveillance, program implementation and behavioral science – to conduct a comprehensive review of existing data and recommend a strategy to address the increases.

The group found that 84 percent of the total relative percent increase in HIV diagnoses among Hispanic/Latino MSM from 2010–2014 was geographically concentrated in six states and Puerto Rico. Their review found that low viral suppression rates are likely contributing to ongoing transmission among Hispanic/Latino MSM and their partners.<sup>6</sup>

As one element of its response to these and other findings, CDC funded a new demonstration project that uses molecular diagnostics to identify and address clusters with high rates of HIV transmission among Hispanic/Latino MSM in New York (New York City Department of Health and Mental Hygiene and New York State Department of Health) and Texas (City of Houston Health Department and Texas Department of State and Health Services) – two areas where diagnoses are increasing. By identifying these transmission clusters, health officials can determine if enhanced testing, treatment and other prevention services are needed to slow transmission.

<sup>1</sup> CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

<sup>2</sup> CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2016. November 2017. Accessed June 19, 2018.

<sup>3</sup> CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

<sup>4</sup> McCree DH, Walker T, DiNenno E, et al. A programmatic approach to address increasing HIV diagnoses among Hispanic/Latino MSM, 2010–2014. *Prev Med* 2018 Jun 14.

<sup>5</sup> CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

<sup>6</sup> McCree DH, Walker T, DiNenno E, et al. A programmatic approach to address increasing HIV diagnoses among Hispanic/Latino MSM, 2010–2014. *Prev Med* 2018 Jun 14.

Another factor may be limited access to highly effective biomedical prevention tools. A recent CDC study found a substantial unmet prevention need for pre-exposure prophylaxis (PrEP) among Hispanics/Latinos: of all Hispanic/Latino persons who could potentially benefit from PrEP based on CDC’s clinical guidelines, only 3 percent filled PrEP prescriptions between September 2015 and August 2016.<sup>7</sup>

### Unique Social and Structural Factors Increase HIV Risk

Hispanic/Latino MSM face distinct social and cultural challenges that may contribute to increased HIV risk. They include:

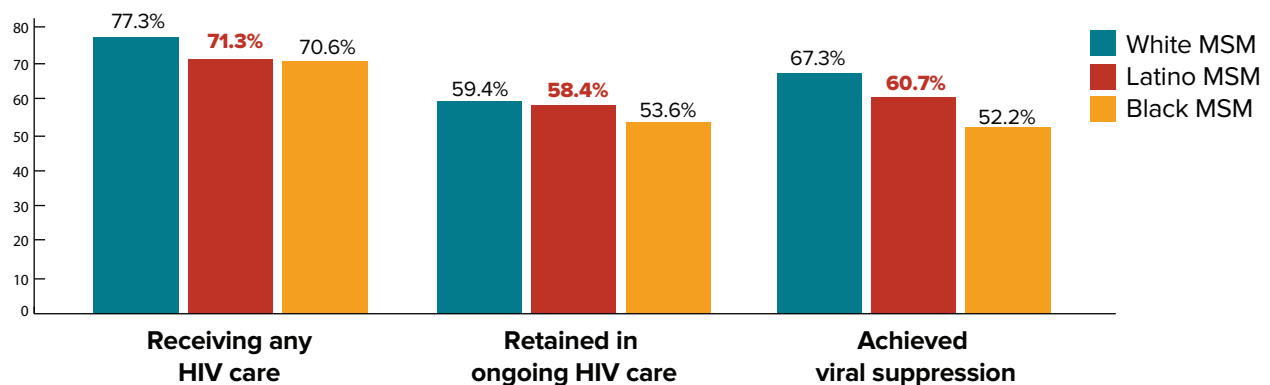
- **Inadequate health insurance coverage.** Hispanics/Latinos have the highest uninsured rate of any racial or ethnic group in the United States,<sup>8</sup> which can result in missed opportunities for HIV testing; delayed engagement in care; lower adherence to HIV treatment; and limited access to preventive services.<sup>9</sup>
- **Language barriers.** In many Hispanic/Latino households, English is not the primary language. In fact, surveys indicate that roughly one-third of Hispanics/Latinos in the United States have limited English proficiency.<sup>10</sup> Language barriers can make it especially difficult for people to access primary and preventive care services; can interfere in HIV medication adherence; and can result in misinterpreted communication between patients and providers.<sup>11</sup>
- **Mistrust of the healthcare system.** Hispanics/Latinos experience high levels of mistrust of the healthcare system.<sup>12,13</sup> While trust in healthcare providers is associated with better health outcomes for people with HIV, lower levels of trust can reduce the likelihood of clinic visits and result in lower use of and adherence to antiretroviral medications.<sup>14</sup>

### HIV Care Outcomes for Hispanic/Latino Gay and Bisexual Men

Recent scientific advances have shown that antiretroviral therapy (ART) not only preserves the health and quality of life of people with HIV – but also that people with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners. By ensuring that everyone with HIV is aware of their infection, receives the treatment they need, and achieves sustained viral suppression, we can sharply reduce new infections.

To monitor progress towards achieving viral suppression, CDC tracks the HIV care continuum, a series of steps from the time a person receives an HIV diagnosis through the successful treatment of their infection with HIV medications. While care outcomes among Hispanic/Latino MSM are generally better than those among black MSM, they are lower than those for white MSM – especially on the crucial measure of viral suppression.

Select HIV care outcomes among MSM living with diagnosed HIV, end of 2014<sup>15</sup>:



<sup>7</sup> CDC. HIV prevention pill not reaching most Americans who could benefit – especially people of color. March 6, 2018. Accessed June 19, 2018.  
<sup>8</sup> United States Census Bureau. Health Insurance Coverage in the United States: 2016. September 12, 2017. Accessed June 19, 2018.  
<sup>9</sup> Institute of Medicine US Committee on the Consequences of Uninsurance. Care Without Coverage: Too Little, Too Late. National Academies Press: 2002.  
<sup>10</sup> Pew Research Center. English Proficiency on the Rise Among Latinos. May 12, 2015. Accessed June 19, 2018.  
<sup>11</sup> Flores, G. Language Barriers to Health Care in the United States. *N Engl J Med*. 2006 Jul 20;355(3):229-31.  
<sup>12</sup> Rhodes SD, Hergenrather KC, Aronson RE, et al. Latino men who have sex with men and HIV in the rural south-eastern USA: findings from ethnographic in-depth interviews. *Cult Health Sex*. 2010 Oct;12(7):797-812.  
<sup>13</sup> Rhodes SD, Hergenrather KC, Zometa C et al. Characteristics of immigrant Latino men who utilize formal healthcare services in rural North Carolina: baseline findings from the HoMBReS study. *J Natl Med Assoc*. 2008;100(10):1177–85.  
<sup>14</sup> Exploring Lack of Trust in Care Providers and the Government as a Barrier to Health Service Use. *Am J Public Health*. 2006 April; 96(4): 716–721.  
<sup>15</sup> CDC MMWR. HIV Care Outcomes Among Men Who Have Sex With Men With Diagnosed HIV Infection – United States, 2015. September 22, 2017. Accessed June 19, 2018.

- **Low awareness of HIV risk factors and perception of HIV risk.** Though not unique to Hispanic/Latino communities, stigma, fear, discrimination and homophobia have a ripple effect on HIV knowledge and healthcare access. This is associated with a range of consequences, including: discouraging people from getting information on HIV prevention resources or programs; limiting openness about a person’s sexual orientation or HIV status; discouraging people from seeking out testing and treatment; and limiting an individual’s ability to access and adhere to treatment and prevention methods.

## Intensifying HIV Prevention for Hispanic/Latino Gay and Bisexual Men

To better reflect the distinct needs of Hispanic/Latino MSM, CDC has strengthened its HIV prevention portfolio in recent years to increase the relevance of prevention programs for groups disproportionately affected by HIV, including Hispanic/Latino MSM. Key changes have included:

- **Reallocating CDC funding to align with current needs.** Every year, CDC awards approximately \$400 million to state and local health departments for HIV surveillance and prevention efforts – its primary means of directing prevention to affected communities. This funding for health departments is fully aligned with the current geographic distribution of the disease, a shift CDC has been working toward for years as part of High-Impact Prevention. This has resulted in increased funding for many of the states with the highest burden of HIV among Hispanics/Latinos.

*Within* jurisdictions, health departments receiving CDC funding are required to monitor HIV in their communities and direct funding based on local trends. At the beginning of 2018, when CDC renewed its flagship funding program for health departments, surveillance and prevention programs were integrated for the first time. This change allows health departments to plan and execute more efficient, data-driven prevention – more effectively reaching communities like Hispanic/Latino MSM that are in greatest need.

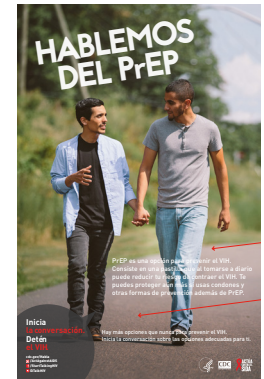
- **Requiring partners to use the latest, most cost-effective interventions.** Funded health department and community-based partners are required to prioritize proven HIV prevention strategies with the greatest potential to reduce new HIV infections. This includes increasing HIV testing and diagnosis efforts; expanding innovative approaches such as Data to Care to engage and retain people in HIV care; providing referrals and linkages to prevention options like PrEP for people at substantial risk; and expanding the use of cutting-edge approaches, such as using data from HIV surveillance to identify and respond to HIV transmission clusters (*see sidebar on page 1*).
- **Increasing cultural competency and tailoring prevention programs.** CDC supports several initiatives that, either in part or in full, work to increase the provision of culturally relevant HIV prevention and care services for Hispanic/Latino MSM. For example:
  - In 2017, the agency awarded \$54 million over five years to 30 community-based organizations (CBOs) to provide comprehensive HIV prevention services to young MSM of color and young transgender people of color and their partners.
  - CDC is providing \$216 million over five years directly to 90 CBOs with demonstrated experience working with populations most affected by HIV for testing and linkage to treatment and prevention services. Fifteen primarily serve Hispanics/Latinos and 64 primarily serve MSM.
  - In 2015, CDC awarded \$60.5 million over four years to fund demonstration projects that provide HIV prevention and other support services that address social determinants of health for MSM of color. The demonstration projects aim to increase linkage to substance abuse treatment, mental healthcare services, job training and housing, and to improve HIV prevention workforce capacity and cultural competency.
  - CDC funds 21 capacity building assistance (CBA) organizations – six have staff who are bilingual in Spanish and English – to provide HIV prevention trainings and technical assistance events throughout the United States. A substantial number of services are provided in Puerto Rico, including with the Puerto Rico Health Department and CDC-funded CBOs. CBA providers address topics ranging from PrEP delivery and HIV testing and linkage to care to grant writing and program sustainability.

– CDC also develops culturally and linguistically appropriate HIV awareness campaigns through the Act Against AIDS initiative, including:

- **Let's Stop HIV Together** (Detengamos Juntos el VIH), which raises awareness about how HIV affects every corner of American society and fights stigma by giving a voice to people living with HIV as well as their friends and family;
- **Doing It** (Lo Estoy Haciendo), which encourages all adults to be tested for HIV;
- **Start Talking. Stop HIV.** (Inicia la conversación. Detén el VIH.), which encourages open communication between gay and bisexual male sex partners and friends about HIV prevention strategies;
- **HIV Treatment Works** (El tratamiento del VIH Es Efectivo), which encourages people with HIV to get in care and stay on treatment so they may stay healthy, protect others, and live longer, healthier lives.

– CDC is funding the development and testing of tailored risk-reduction interventions for Hispanic/Latino MSM. For example, partners at Temple University are evaluating an intervention for male Hispanic/Latino couples that, if proven effective, could be delivered in other urban areas as well.

– Additionally, CDC works with several Hispanic/Latino organizations through its Partnering and Communicating Together (PACT) initiative to implement large-scale community awareness efforts. Hispanic/Latino PACT Members include the National Hispanic Medical Association; the League of United Latin American Citizens; the ASPIRA Association; and the Pinyon Foundation.



## The Path Forward

With a focused approach and more collaboration, new infections can be reduced among Hispanic/Latino MSM. CDC is taking steps to galvanize action and engage community members in the response. For example, the agency is participating in upcoming listening sessions with Hispanic/Latino community leaders to inform CDC's HIV prevention efforts; working with the six states where HIV diagnoses among Hispanic/Latino MSM are increasing and Puerto Rico to evaluate and implement focused prevention strategies; and conducting provider outreach to increase awareness of powerful prevention strategies like treatment for people with HIV, as well as PrEP, HIV testing, and referral and linkage to HIV care.

Success is equally dependent on the work of CDC's partners in affected communities, and all have a role to play:

- **State and local health departments** can ensure that programs and funding are directed to communities in need, and that their surveillance and program activities rely on the most cost-effective strategies.
- **Community-based organizations** can educate policymakers about HIV in Hispanic/Latino communities, while continuing to deliver services to people who have limited interactions with the healthcare system.
- **Community and religious leaders** can speak boldly about the importance of HIV testing, prevention and care – and confront the stigma that keeps many from seeking the services they need.
- **Everyone** can take steps to protect their health, including getting tested for HIV and, if infection is diagnosed, seeking out the care they need to stay healthy and protect the people they care about from infection.

### For More Information:

Call 1-800-CDC-INFO (232-4636)

Visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv)