THE HIV CRISIS AMONG HISPANIC/LATINO MSM

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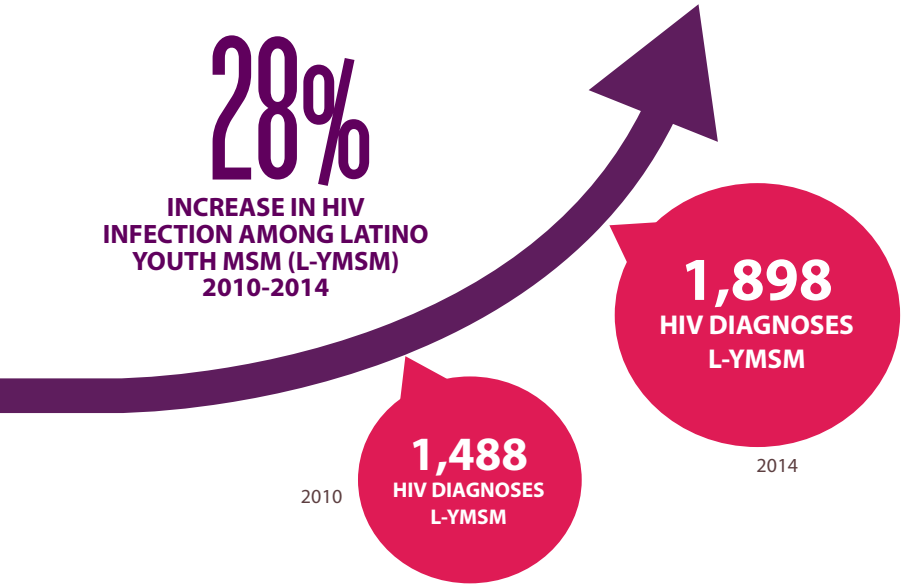
The HIV epidemic in the United States (US) was first identified among men who have sex with men (MSM) and continues to dramatically affect this population. MSM or gay, bisexual and non-identifying MSM are the group at greatest risk for HIV infection in the US. This community represents a small segment of the US population, yet accounts for a large percentage of new and overall cases of HIV in the US and Puerto Rico. Likewise, HIV disproportionately impacts Hispanics/Latinos in the US, further compounding the health of its MSM communities. With this in mind, this brief will focus on the HIV crisis among Hispanic/Latino MSM due to the absence of a comprehensive HIV prevention strategy targeting Latino MSM. A call to action is needed for increased government and privately funded programs and support for the development of culturally responsive interventions. Likewise, policy changes are needed to adequately meet the health needs of Hispanics/Latinos in the US.

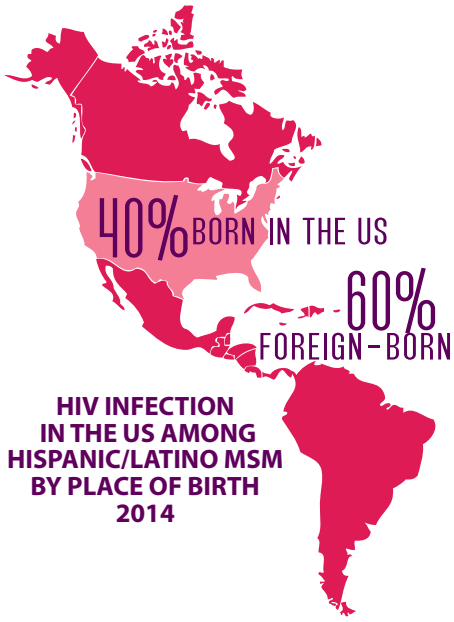
The Breaking Point in Numbers: The HIV epidemic continues to disproportionately affect the Hispanic/Latino population, especially Hispanic/Latino MSM. Hispanics/Latinos represented about 17% of the US population, yet accounted for almost 1 in 4 (24%) infections in 2014.

Among all males infected with HIV in 2014, approximately 8 out of 10 (~82%) were among MSM.[1] With regards to total infections in the US and 6 dependent areas, the percentage of infections among MSM (of any race and ethnicity) increased from 60% in 2010 to 67% in 2014. From an estimated 29,771 diagnosed HIV infections among MSM in 2014, Hispanics/Latinos represented about 27% of those cases. In 2014, an estimated 7,893 infections occurred among Hispanic/Latino MSM, about 3,176 (40%) were born in the US. The remaining 60% of infections occurred among foreign-born Hispanic/Latino MSM. Understanding the impact of HIV and specific needs of Hispanic/Latino and MSM communities further demonstrates the disproportionate infection rates at their intersection for Hispanic/Latino MSM.

= 7,893 **NUMBER OF HIV DIAGNOSES AMONG HISPANICS/LATINOS MSM IN THE US IN 2014**

≈ EVERY 54 MIN.
A LATINO MSM IN THE US GETS AN HIV DIAGNOSIS





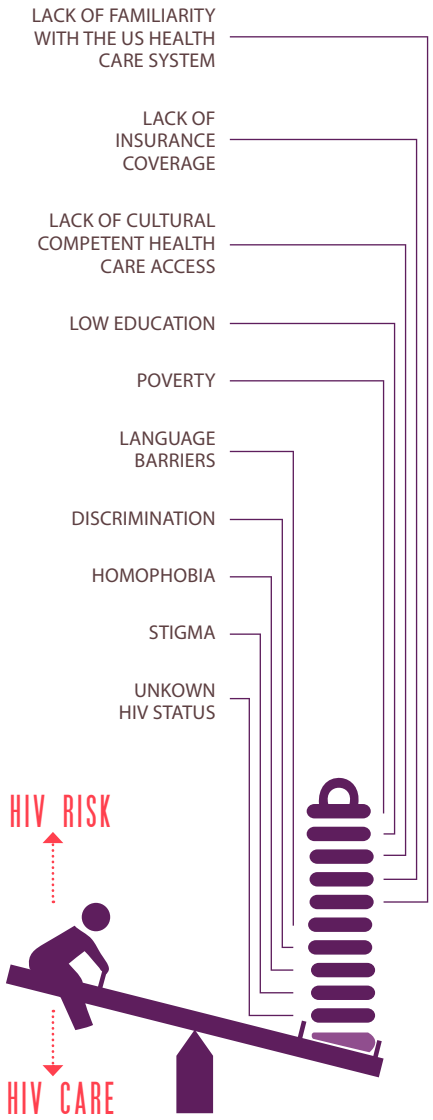
HIV INFECTION IN THE US AMONG HISPANIC/LATINO MSM BY PLACE OF BIRTH 2014

Although the CDC reported a decrease in overall cases among Hispanics/Latinos from 2008 to 2013, infection rates among Hispanic/Latino MSM increased by 16% over this same time period.[2] Furthermore, overall cases among Hispanics/Latinos increased in 2014, including those among Hispanic/Latino MSM. This health disparity is made more apparent when focusing on Hispanic/Latino young MSM (L-YMSM) aged 13-24. A trend analysis found that Hispanics/Latinos represented the second largest number of diagnosed HIV infections each year from 2010 to 2014 among all young MSM diagnoses. More alarming in this trend analysis is the fact that L-YMSM experienced the largest increase in diagnosed HIV infections out of all other racial/ethnic groups. This represents an increase of 28%, or 1,488 diagnoses in 2010 to 1,898 diagnoses in 2014.[3] These numbers clearly signal a breaking point demanding a need for increased targeted HIV screening, prevention, and treatment services to effectively reduce the number of infections that plague these communities.

Contributing Factors: Being unaware of one's HIV status, stigma, homophobia, and discrimination greatly complicate the health needs of Hispanic/Latino MSM. For Latinos, research suggests that language barriers, poverty, and low educational attainment levels are associated with inadequate knowledge about HIV and HIV testing rates.[4] Research further cites the role of mental health, intimate partner violence, and substance use issues among Hispanics/Latinos as greatly impacting their HIV prevention and treatment needs.[5,6,7]

Lack of understanding the unique realities among Latino MSM born in the US and those foreign-born is evident. The cultural norms, beliefs, language, and levels of acculturation present unique realities that need to be taken into consideration when designing prevention strategies that address the impact of HIV, STIs, and other health needs for this vulnerable population.

Structural barriers such as homelessness, poverty, lack of employment opportunities, increased incarceration rates, prohibitive immigration policies, lack of insurance coverage, lack of culturally responsive health care and a lack of familiarity with the US Health Care System greatly impact the health care access and prevention/treatment needs of Hispanics/Latinos in the US.[8,9,10,11,12,13] These factors may limit awareness about HIV infection risks and opportunities for counseling, testing, and treatment.[14]



BARRIERS TO HEALTH CARE ACCESS AND HIV PREVENTION/TREATMENT FOR HISPANIC/LATINO MSM

Contributing Factors for Hispanic/ Latino Young MSM (13-24):

Age or adolescence is a risk factor, particularly for youth with an early age of sexual debut and those with older sexual partners. Youth and adolescents are also at higher risk for STIs, thereby increasing their risk for HIV acquisition.[15,16] Cultural stressors, including discrimination and language barriers, were documented as making Latino youth living in the US more vulnerable to engaging in HIV high-risk behaviors.[17,18]

Lack of Comprehensive and Medically-Accurate Sex Education perpetuates HIV and STI risks for L-YMSM. Mandated comprehensive and medically-accurate sexual health education within the public school system varies state-by-state in the US.[19] Moreover, medical providers may be hesitant to discuss sex and sexuality with youth.[18]

Lack of Communication with Parents/ Adult Caregivers: Parents in the US often feel uncomfortable discussing sex and sexuality with their children, and this may depend on Hispanic/Latino families' household educational attainment, income level, and number of years in the US (if parents were born in another country or territory). Studies indicate that increased communication between teens and their parents is associated with delayed age at sexual debut, lower rates of sexual activity, and less risky sexual behavior.[18,20]

Recommendations

Support Strategies and Research for Culturally Responsive Interventions and Support Services with Increased Mental Health Services - As noted in Garcia, Betancourt, and Scaccabarrozzi,[21] current HIV strategies, interventions, and support services are not culturally responsive and linguistically appropriate (Spanish and Portuguese) to adequately meet the needs of Hispanic/Latino MSM. Increased financial support and training programs for junior investigators dedicated to research that improves the health needs of Hispanics/Latinos are needed. Innovative funding mechanisms from the private and public sector must better unravel the complexities of stigma, homophobia, substance use, and cultural barriers that deter health care access by Hispanic/Latino MSM, especially among those ages 13-24. Likewise, research identified several themes centering on mental health issues, including loneliness, depression, lack of family support, discrimination, and stigma, that contribute to worsened health outcomes for Hispanic/ Latino MSM. Latino youth attempt suicide almost two times more than White youth. Therefore, dialogues about suicide and empowerment interventions that provide ancillary mental health support are needed.

Increase Capacity Building and Training for HIV/AIDS Providers, Public Health Officials, and Advocates- Tailored and holistic capacity building for organizations that is responsive to the needs of diverse Hispanic/Latino communities across the US is crucial. One recently published study surveyed nearly 2,500 non-medical HIV/AIDS workers from 48 states and observed an overall competency of 62% in HIV/AIDS science. Additionally, the survey revealed only 55% and 45% competency in HIV treatment and clinical/biomedical interventions, respectively.[23]

Embrace Creative Thinking, Innovative Interventions, and Improve Data Collection- Thinking outside of the box on new methods to meet the needs of Hispanic/Latino MSM is needed. As the increase in technology changes the way humans interact, traditional outreach methods may also need to be altered or adjusted. Homegrown interventions that better meet the needs of Hispanic/Latino MSM with successful track records need to be recognized by private foundations, City, State, and Federal agencies for funding. There is an urgent need to recognize that the messenger matters, especially when we connect with the social networks of Hispanic/Latino MSM that exist outside the realm of traditional service provision. This is especially critical for those organizations that wait for Hispanic/Latino MSM to visit their venues versus those organizations dedicated to meet their needs. Additionally, it is important to document the differences that contribute to the diversity of Latino populations: US born versus foreign born, race and ethnicity self-identification, levels of acculturation, national origin, immigration status, recent migration from Puerto Rico, years of residence in the US, preferred language, literacy levels, and assuring that questions on sexual orientation and gender identity are collected from national surveys.

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