MSM, or men who have sex with men, refers to all men who have sex with other men, regardless of how they identify themselves (gay, bisexual, or heterosexual). MSM have experienced high rates of HIV infection since the beginning of the epidemic. The HIV epidemic continues to disproportionately affect the Hispanic/Latino population, especially Hispanic/Latino MSM. Rising rates of infection for Hispanic/Latino MSM indicate that more support and culturally relevant prevention efforts are needed. Additionally, more research is needed to understand the causes for these higher rates, especially in young MSM (29 years or younger). Understanding HIV incidence data, or the estimated number of persons who become newly infected in any given year is crucial to abate the HIV epidemic and address New York State's Ending the Epidemic initiative to achieve a reduction in cases to 750 by the end of 2020.

**THE FACTS**

- In 2013, the year most recent data is available, New York State (NYS) had an estimated 2,925 new HIV infections and Hispanics/Latinos made up 33% or 1 in 3 of the total cases.
- The estimated rate of new infections among Hispanics/Latinos was 34.0 per 100,000, almost five times higher than non-Hispanic whites (6.8 per 100,000).
- MSM bear the greatest burden among new infections in NYS. They accounted for 71% or 7 out of 10 new HIV infection cases in NYS.
- In 2013, Hispanic/Latino MSM accounted for 1 out of every 4 (~25%) new HIV diagnoses and 35% or a little more than 1 out every 3 MSM HIV diagnoses in NYS.
The burden of new HIV infections among Hispanic/Latino MSM was among young Latino MSM ages 13-29, as they accounted for 56% of cases, whereas the remaining 44% were among Hispanic/Latino MSM ages 30 and above.

Young Hispanic/Latino MSM, 13-29 years old accounted for 402 new HIV infections in NYS, the second highest subgroup by race/ethnicity and age.

Further alarming, a trend analysis of annual newly diagnosed HIV cases from 2002 to 2010 found that cases among Hispanic/Latino MSM ages 13-24 increased steadily each year resulting in almost double the amount of infections in 2010 since 2002.²

Although new HIV cases in NYS decreased from 2002 to 2010 by 37%, rates among Hispanic/Latino MSM especially among young Hispanic/Latino MSM ages 13-24 have steadily increased.³

**BARRIERS TO HIV PREVENTION SERVICES**

- Hispanic/Latino gay, bisexual men face multiple barriers to HIV prevention, treatment and care. Specifically, current prevention programs do not integrate culturally responsive messages with cultural norms that address issues of marginalization from diverse Hispanic/Latino communities. Likewise, homophobia, racism, stigma and anti-immigration sentiments greatly compound the health access of US born and foreign born Hispanic/Latino.

- Hispanic/Latino gay men are at increased risk for contracting HIV relative to the general population due to poverty, increased incarceration, discrimination, language barriers, low educational levels as well as mental health vulnerabilities.

- Research further cites the role of mental health, intimate partner violence, and substance use issues among Hispanic/Latino as greatly impacting their HIV prevention and treatment needs.

- In addition, Hispanic/Latino face multiple stigmas around perceived immigration status complicating health service access, employment, educational opportunities and connection to social networks.

- When comparing U.S. and non-U.S. Born Hispanic/Latino, we know that immigration status creates an additional stressor that makes HIV Testing, and accessing and being retained in HIV treatment and care more challenging.

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3. Ibid.