



BIG IDEAS

ENDING THE HIV EPIDEMIC —
SUPPORTING ALL PEOPLE WITH HIV AND REDUCING NEW TRANSMISSIONS

SUPPORTING YOUNG BLACK AND LATINX GAY AND BISEXUAL MEN IS CRITICAL TO HIV AND STI PREVENTION

BLACK AND LATINX GAY AND BISEXUAL MEN are disproportionately affected by HIV in the United States, yet effective HIV prevention, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), is not adequately reaching these groups.¹ In 2019, Black gay and bisexual men accounted for 26% of new HIV diagnoses in the United States, and Latinx gay and bisexual men accounted for 22% of new HIV diagnoses.² Further, nearly eight in ten young gay and bisexual men (ages 13-24) diagnosed with HIV in 2018 were Black or Latinx.³ Thus, these groups should be a central focus of efforts to improve HIV outcomes and to more effectively prevent HIV and STI transmission through expanding access to comprehensive services, including HIV and sexually transmitted infection (STI) screening and treatment, condoms, PrEP, and PEP. Like other priority populations, Black and Latinx gay and bisexual men, especially young men, face complex challenges in accessing care and prevention services, including lack of insurance, limited financial resources, and inadequate attention from the healthcare system. Additional challenges they face include income insecurity, housing instability, and inadequate access to mental health and substance use disorder (SUD) services. Assuming these challenges can be overcome, there remain a myriad of other challenges not only to ensuring that these individuals have access to prevention and treatment services, but also to ensuring that they have the knowledge, motivation, and support to use such tools in ways that promote health and improve their lives.

As the Ending the HIV Epidemic (EHE) Initiative focuses on priority populations within targeted jurisdictions that account for the majority of new HIV transmissions, efforts in EHE jurisdictions should prioritize culturally relevant services for young Black and Latinx gay and bisexual men. The delivery of specific services, however, is not enough to ensure effective HIV and STI

ADDRESSING HEALTH AND SOCIAL INEQUITIES CAN STRENGTHEN HIV AND STI PREVENTION

Effective HIV and STI prevention involves more than access to prevention and care services. Policies and programs for young Black and Latinx gay and bisexual men must be built to show these men that they are valued members of our communities. Programs and services must be oriented to help them improve their lives. We can strengthen HIV and STI prevention by:

- **Shaping positive self-conceptions as same gender loving individuals**
- **Responding to deep and complex mistrust of health care providers and institutions**
- **Expanding service delivery models to give multiple options for receiving prevention services and to provide more housing, employment, and other services**

prevention. It is important to recognize the realities of young Black and Latinx gay and bisexual men's lives and address the social determinants of their health.

ACKNOWLEDGING THE VALUE AND NEEDS OF BLACK AND LATINX GAY AND BISEXUAL MEN

If people do not believe that they deserve to live long and healthy lives, they may not take advantage

of prevention and treatment options. For younger people in particular (whether they are gay, bisexual, non-binary, transgender, or other individuals), effective prevention and treatment must grow from a foundation of self-love. Unfortunately, our society is sending too many messages that do not align with this vision to young gay and bisexual men, especially persons of color, who regularly experience trauma, stigma, discrimination, marginalization, and hatred. This animosity can come from people in their own lives, including family, friends, church leaders, teachers, or health care providers, and from the broader community. Undoing the damage that has been inflicted on Black and Latinx gay and bisexual men is a complex task.

Research has shown that the patient-provider relationship can be strengthened when individuals do not have to translate, explain, or justify their sexual activity, substance use, economic circumstances, or other factors that impact health.⁴ Young Black and Latinx people are more likely to take PrEP if they trust their health care provider.⁵ Therefore, strategies that combat provider stigma and increase access to developmentally and culturally congruent PrEP information for Black and Latinx adolescents and young adults during routine care are essential.⁵ These strategies have the potential to shift norms about adolescent sexual health and address many of the challenges associated with reducing HIV transmissions among young Black and Latinx gay and bisexual men.

TO SUPPORT YOUNG BLACK AND LATINX GAY AND BISEXUAL MEN, EHE JURISDICTIONS SHOULD:

Ensure Visible Leadership and Support: Young Black and Latinx gay and bisexual men must be visible leaders at the entry level and above in all aspects of EHE implementation, including within health departments, health care institutions, and community-based organizations. These men, both those living with HIV and those who do not have HIV, should be supported and nurtured, and they should be prioritized for specific engagement strategies as EHE implementation proceeds.

Deliver Focused and Culturally Relevant Public Communications: Social media and public communications campaigns should actively affirm the existence of Black and Latinx gay and bisexual men and utilize messages and images that center Black Joy and Latinx Pride. Campaigns should focus on the holistic needs of individuals and highlight the importance of issues beyond HIV, including social, economic, physical, mental, emotional, and spiritual well-being. They should underscore the importance of Black and Latinx gay and bisexual men as an essential part of our broader communities and emphasize that health departments, schools, and community-based

CREATING SPACE FOR BLACK JOY

PrEP and condoms are both tools that enable people to live happy and healthy lives of their choosing. Effective HIV prevention programs and EHE jurisdictions that foster the trust of their Black and Latinx LGBTQ communities will internalize this in their staff trainings and programs.

Many young Black and Latinx gay and bisexual men have grappled with homophobia and racism in addition to other structural factors that obstruct their ability to achieve their goals and fulfill their dreams. HIV programs can become so focused on the number of condoms distributed or the number of people on PrEP that they create a perception that these men are merely vehicles for others to meet their goals, such as achieving a grant performance metric.

Reflecting on Black Pride, one person with HIV said that he lives with HIV every day and when he goes to a pride event, he wants to have fun and celebrate his Blackness and his queerness. Instead, he is hit over the head with HIV testing and marketing, and he is left wondering when he gets to have his Black Boy Joy.

EHE jurisdictions need to ask this question: How are programs fostering joy?

organizations can help these men and other LGBTQ people lead happy and healthy lives.

Ensure Access to LGBTQ-Inclusive, Comprehensive Sex Education and Support for Black and Latinx Community Institutions: Sex education plays a crucial role in shaping young people's access to and attitudes about HIV care. It is important to include medically accurate and culturally affirming information about HIV in sex education curriculums and implement LGBTQ-supportive policies in schools. Funding and supporting community responses led by and for Black and Latinx LGBTQ communities should also be a major priority.

Adopt a Status Neutral Approach to Prevention and Treatment: A status neutral approach means a continuum of care for all people regardless of HIV status. If a person does not have HIV, they continue to get tested for HIV and other STIs and are linked to prevention services, including PrEP. If a person is living with HIV, they are linked to care and start treatment to keep themselves healthy and prevent transmission to their sexual or drug-using partners. This approach normalizes seeking sexual health services and reduces HIV stigma. In 2019, only 27%

of Black gay and bisexual men and 31% of Latinx gay and bisexual men used PrEP in the past 12 months, compared to 42% of White gay and bisexual men.⁶ Meanwhile, only 62% of Black gay and bisexual men and 67% of Latinx gay and bisexual men were virally suppressed in 2019, compared to 74% of White gay and bisexual men.⁶ Use of prevention and treatment services were also lower among younger men.⁶ Given these disparities, a status neutral approach can create opportunities for increasing PrEP use and viral suppression among young Black and Latinx gay and bisexual men.

UNPACKING GENERATIONS OF MISTRUST OF THE HEALTHCARE SYSTEM

Our health care delivery systems are overly complex. In some communities, the availability of health insurance coverage is new or limited, and members of those communities tend to lack generations-long experiences with navigating complex systems, knowing when to seek care, and knowing how to effectively advocate for themselves. Current environments of open racial hostility, along with unconscious biases and simple misunderstandings, are piled on top of legacies of government programs and health systems that have harmed Black and Latinx people as they have attempted to access equitable care. These harms are compounded by the fact that these young men are also navigating a world that remains hostile to them because of their sexual orientation or gender expression. We are therefore left with individuals who may not be pre-disposed to prioritize health, including HIV and STI prevention.

TO FOSTER TRUST, EHE JURISDICTIONS SHOULD:

Foster Education, Dialogue, and Partnerships Aimed at Addressing Bias and Discrimination Within Health Systems: Health departments, health care institutions, and community-based organizations should engage in community discussions and raise awareness about the historical and current practices within health systems leading to the exclusion and inequities that young Black and Latinx gay and bisexual men face when seeking HIV and STI prevention services. This can be instrumental for developing appropriate strategies to improve services for these men. Additionally, health departments should implement trainings on homophobia, transphobia, and institutional racism for their staff and partners and bring in subject-matter experts and members of affected communities to facilitate trainings. Partnerships with community-based organizations are critical for addressing bias and discrimination as well as for providing services to help young Black and Latinx gay and bisexual men

TACKLING COMMUNITY STRESSORS IS KEY TO IMPROVING HIV PREVENTION

Black and Latinx gay and bisexual men are vulnerable to chronic and cumulative stress because of the stigmas that have been attached to their sexual identities. Examples of these stigmas include community and social homophobia, sexuality-related discrimination, and internalized homonegativity. Studies have shown that gay and bisexual men, particularly those who are younger, face various challenges along the HIV prevention and PrEP continuum. Whether it is due to being judged by family members or providers, or because of community norms of masculinity, internalized homonegativity is inversely related to initiating (or re-initiating) PrEP. The compounding of stressors exacerbates feelings of inferiority and unworthiness. As a result, intervention efforts must address social and interpersonal contexts that shape engagement in HIV prevention and care.

Sources: (1) Steven Meanley, et al., *Are Sexual Minority Stressors Associated with Young Men Who Have Sex with Men's (YMSM) Level of Engagement in PrEP?*, 47 *BEHAVIORAL MEDICINE* 225-235 (2021). (2) Jade Pagkas-Bather, et al., *What's PrEP?: Peer Navigator Acceptability Among Minority MSM in Washington*, 20 *BMC PUBLIC HEALTH* (2020). (3) Tamara Taggart, et al., *Awareness of and Willingness to Use PrEP Among Black and Latinx Adolescents Residing in Higher Prevalence Areas in the United States*, 15 *PLoS ONE* (2020).

navigate health systems and to meet their prevention and treatment needs.

Promote Sexual Health: Sexual health involves the ability to embrace and enjoy sexuality throughout our lifetimes. This includes being able to experience sexual pleasure and intimacy, recognizing and respecting our own sexual rights and those of others, and taking steps to not only prevent the transmission of STIs, but also to promote access to STI screening and treatment. EHE jurisdictions have an incredible opportunity to strengthen HIV and STI prevention and increase the trust of Black and Latinx gay and bisexual men by offering them a positive vision for their sexual health through honest and caring dialogues about sexual health.

Instill Trauma-Informed Care in Health and Social Services: Many young Black and Latinx gay and bisexual men have histories of trauma. When they engage with health systems and institutions that are sterile and unwelcoming, this can impede effective engagement. Recently, significant work has begun to

take place to train the HIV workforce and other clinical providers on principles of trauma-informed primary care.⁷⁸ Such trainings may improve client satisfaction in ways that improve health outcomes and reduce stress for health care workers, including not only nurses and physicians, but also security, reception, and other frontline staff. A major benefit of trauma-informed care is that it is readily scalable. Therefore, all HIV prevention and care entities, and all EHE partners, should prioritize workforce training of trauma-informed care.

Transform Systems to Address Fears and Concerns:

Reducing HIV disparities in Black and Latinx communities requires modernizing HIV criminal laws and building trust between providers and members of these communities. Another crucial action is to engage police officers, immigration authorities, and other government officials about changing law enforcement practices and making public programs more accessible to the most vulnerable people. Many Black and Latinx gay and bisexual men and others are denied or forego health care and social services because of concerns about interacting with law enforcement, fear of deportation, limited English proficiency, or ineligibility for federal, state, and local programs. Undocumented immigrants often are not eligible for public benefits programs, and other immigrants fear accessing programs even when they are eligible. It is important to implement measures to educate people about their rights, support immigrants and their families, and create safe spaces for them within health care institutions.

ADAPTING PROGRAMS TO FIT INTO THE LIVES OF YOUNG GAY AND BISEXUAL MEN

Effective HIV prevention programs must meet people where they are rather than demand that people adapt their lives to a program's policies and constraints.

TO FIT HIV AND STI PREVENTION PROGRAMS INTO THE LIVES OF YOUNG BLACK AND LATINX GAY AND BISEXUAL MEN, EHE JURISDICTIONS SHOULD:

Offer Multiple Options for When and How to Receive Services and Information: Many young gay and bisexual men want simpler ways to access and adhere to prevention services. Researchers and program implementers are demonstrating success with multiple models for delivering PrEP and other prevention services.⁹ While no single model is effective for everyone, jurisdictions should embrace the delivery of status neutral care and consider how they can extend a range of service options for prevention services. Equally important is the need for multiple

opportunities to learn about one's care options. In addition to including information about HIV and PrEP in health education programming in schools, communities should be consulted to determine where young Black and Latinx gay and bisexual men can easily access information outside of school contexts. This information needs to be delivered in ways that affirm their experiences and identities. EHE jurisdictions should fund trusted community-based organizations to provide prevention services in order to ensure that training and educational materials are provided on a consistent and reliable basis.

Expand the Availability and Accessibility of Telehealth Services and Establish Programs to Facilitate Access to High-Quality Broadband: The COVID-19 pandemic accelerated the adoption of telehealth services. The circumstances of 2020 made virtual visits a necessity, but also created opportunities to expand access and safe spaces for people in different communities. Clinics should consider pairing the provision of services with providing access to technology in a safe and effective way for their clients. Research indicates that more than 30% of young Black and Latinx people do not have a computer at home, as compared to 14% of young White people.¹⁰ This disparity is more pronounced for young people living in rural communities who may not have access to broadband. Telehealth programs should therefore be paired with efforts to ensure equitable technology access for all clients. Additional efforts

BUILDING BROAD SUPPORT FOR PrEP

If our public policy goal is to support Black and Latinx gay and bisexual men, and LGBTQ people more generally, to start and continue PrEP regimens, then efforts must be led by Black and Latinx gay and bisexual men and LGBTQ people from diverse backgrounds. Recognizing the barriers to PrEP engagement, we need a broad mobilization of advocates for PrEP at the community level. This starts with listening and responding to the views and preferences of the groups that would benefit from higher levels of PrEP use. It also includes spotlighting a broad spectrum of PrEP users willing to publicly share their experiences and acknowledge common concerns.

EHE jurisdictions can model the successful involvement of people living with HIV in the HIV response. Prevention efforts should involve Black and Latinx PrEP users at all stages of life who can send the message that PrEP is safe and effective and that there is no shame in using PrEP.

are needed to provide linguistically appropriate telehealth services in Spanish and in other languages, promote accessibility of these services for people with disabilities, and protect the privacy and confidentiality of telehealth users.

Invest in Social Programs and Services that Support HIV and STI Prevention: If successful HIV and STI prevention depends on showing people that we care about them, then programs and services need to address more than HIV and STIs. In addition to dealing with trauma and systemic racism, many individuals have unmet mental and physical health needs, and they may need SUD services or assistance accessing social services. It is also important to expand funding for programs and services that address poverty, unemployment, housing instability, violence prevention, and other issues.

Create Programs and Services Tailored to Young Black and Latinx Gay and Bisexual Men: Prevention and care programs, sex education programs, and campaign messaging are often built by or for White people, and this is most noticed when programs or campaigns being accessed by Black and Latinx people fail to resonate with these individuals. Similarly, programs developed by and for straight people may not capture the spirit and values of LGBTQ people. Further, geography and local context matter when establishing effective programs. Therefore, programs should be evidence-based and should be adapted by and for young Black and Latinx gay and bisexual men of any HIV status. To create effective change among specific populations, we must make sure that each population has a say in setting research priorities and is adequately represented in research studies. Not only will this enhance research and data collection, but it will also reinforce the fact that Black and Latinx people truly do matter in this world.

THE TIME IS NOW

Our challenge is not simply to get young Black and Latinx gay and bisexual men to use PrEP and condoms. We must also show them that we care about them, and we must transform policies and the healthcare system to meet their needs. The EHE Initiative advances a vision of healthy living that offers a path for these men to engage with our HIV and

STI services systems in ways that will meaningfully improve their lives. Making progress toward this goal would be an important achievement in the effort to end the HIV epidemic.

ENDNOTES

- 1 In this brief, we intend “gay and bisexual men” to be an inclusive term that includes all cisgender, transgender, and other men who have sex with men. Many of the actions identified in the brief, however, should also be adapted to better serve other communities of color, transgender women and other LGBTQ communities, and cisgender women.
- 2 *HIV and Gay and Bisexual Men*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Sept. 2021), <https://www.cdc.gov/hiv/pdf/group/msm/cdc-hiv-msm.pdf>.
- 3 *HIV and Youth: HIV Diagnoses*, CENTERS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/hiv/group/age/youth/diagnoses.html> (last reviewed Sept. 21, 2021).
- 4 Lisa A. Eaton, et al., *Stigma and Conspiracy Beliefs Related to Pre-exposure Prophylaxis (PrEP) and Interest in Using PrEP Among Black and White Men and Transgender Women Who Have Sex with Men*, 21 AIDS BEHAV. 1236-46 (May 2017), <https://doi.org/10.1007/s10461-017-1690-0>.
- 5 Tamara Taggart, et al., *Awareness of and Willingness to Use PrEP Among Black and Latinx Adolescents Residing in Higher Prevalence Areas in the United States* 15 PLoS ONE (July 6, 2020), <https://doi.org/10.1371/journal.pone.0234821>.
- 6 Marc A. Pitasi, et al., *Vital Signs: HIV Infection, Diagnosis, Treatment, and Prevention Among Gay, Bisexual, and Other Men Who Have Sex with Men – United States, 2010–2019*, 70 MORBIDITY AND MORTALITY WEEKLY REPORT 1669-1675 (Dec. 2021), <https://doi.org/10.15585/mmwr.mm7048e1>.
- 7 *Providing Trauma-Informed Care at Health Centers for HIV-Positive Men Who Have Sex with Men*, NATIONAL LGBT HEALTH EDUCATION CENTER (Nov. 2017), http://www.lgbtqihealtheducation.org/wp-content/uploads/2018/03/TFIE-8_Trauma-Informed-Care-HIV-Men-Brochure_print2018-1.pdf.
- 8 Edward L. Machtinger, et al., *From Treatment to Healing: The Promise of Trauma-Informed Primary Care*, 25 WOMEN’S HEALTH ISSUES 193-97 (May 1, 2015), <https://www.whjournal.com/article/S1049-3867%2815%2900033-X/fulltext>.
- 9 Jeffrey S. Crowley & Sean E. Bland, *Big Ideas: Achieving Sufficient Scale of PrEP Use is Critical to Ending the HIV Epidemic*, O’NEILL INSTITUTE FOR NATIONAL AND GLOBAL HEALTH LAW (Aug. 2019), https://oneill.law.georgetown.edu/wp-content/uploads/Big-Ideas_PrEP-Scale-up_August-2019.pdf.
- 10 David Velasquez & Ateev Mehrotra, *Ensuring the Growth of Telehealth During COVID-19 Does Not Exacerbate Disparities in Care*, HEALTH AFFAIRS (May 8, 2020), <https://www.healthaffairs.org/doi/10.1377/hblog20200505.591306/full/>.