

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

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. Further, nearly eight in ten young gay and bisexual men (ages 13-24) diagnosed with HIV in 2018 were Black or Latinx. Thus, these groups should be a central focus of efforts to improve HIV outcomes and to more effectively prevent HIV and STI transmission.

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 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. EHE jurisdictions should:

- **Ensure visible leadership and support**
- **Deliver focused and culturally relevant public communications**
- **Ensure access to LGBTQ-inclusive, comprehensive sex education and support for Black and Latinx community institutions**
- **Adopt a status neutral approach to prevention and treatment**

UNPACKING GENERATIONS OF MISTRUST OF THE HEALTHCARE SYSTEM

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. EHE jurisdictions should:

- **Foster education, dialogue, and partnerships aimed at addressing bias and discrimination within health systems**
- **Promote sexual health**
- **Instill trauma-informed care in health and social services**
- **Transform systems to address fears and concerns**

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. EHE jurisdictions should:

- **Offer multiple options for when and how to receive services and information**
- **Expand the availability and accessibility of telehealth services and establish programs to facilitate access to high-quality broadband**
- **Invest in social programs and services that support HIV and STI prevention**
- **Create programs and services tailored to young Black and Latinx gay and bisexual men**

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?