National Hispanic/Latinx Health Leadership Network Call to Action to Address the Public Health Emergency on HIV among Hispanic/Latinx Communities in the U.S. and Territories -In particular among Young Latinx Gay Men-

HIV continues to devastate communities of color across the U.S. and Territories. While representing 19% of the U.S. population, Hispanics/Latinxs are the second most affected group. They accounted for 21.9% of the new HIV diagnoses in 2012[1] and 29% of the cases by 2021.[2] Hispanic/Latinx leaders, providers, government agencies, and public officials cannot be silent about the interrelated factors responsible for uneven progress in achieving the goal of *Ending the HIV Epidemic* by 2030.

Prevention funding has been inadequate to address a geographically expanding epidemic. Moreover, this funding often goes to institutions lacking linguistic and cultural expertise and community trust. Also, the few interventions and healthcare models created for Hispanics/Latinxs have yet to be updated.[3] Finally, while there has been a greater interest in social determinants of health and structural-level interventions, they are often underfunded in favor of biomedical interventions and conducted locally on a small scale by underfunded community-based organizations.

THE PUBLIC HEALTH EMERGENCY: The number of new HIV cases has continuously decreased across the U.S. However, this progress has not been equal for all populations. Between 2012 and 2021, the estimated number of cases among Hispanics/Latinxs decreased by only 2.1% compared to 26% for the entire population, which indicates a much slower progress in reducing new infections among Hispanics/Latinxs.[1,2]

The unequal impact of HIV on LGBTQI+ Hispanics/Latinxs is equally concerning. While the estimated number of new diagnoses among all MSM decreased by 22.4% from 2012 to 2021, it increased by 8% among Hispanic/Latino gay and bisexual men and men who have sex with men (H/L MSM).[1,2] In 2021, H/L MSM accounted for a third of the cases (33.2%), and Hispanic/Latina transgender women accounted for almost a third of all cases among Transgender women (31.7%).[1,2]

There continue to be considerable disparities in the availability, access, and utilization of biomedical interventions.[4] Of those Hispanics/Latinxs who could benefit from it, only 21% were prescribed pre-exposure prophylaxis (PrEP).[4] For every 100 Hispanics/Latinxs living with HIV, only 64% are virally suppressed.[4] These national outcomes directly result from structural factors such as limited access to healthcare for immigrants, lack of Medicaid expansion in many Southern states, poor quality healthcare in impoverished regions, and culturally and linguistically unresponsive care.

<u>Inadequate prevention funding levels</u>

Over the last decade, prevention funding has been inadequate to meet the diverse needs of the most impacted groups. CDC domestic HIV prevention funding, the smallest category of the federal HIV Budget (3%), remained at around $788 million from 2012 to 2019.[5] While HIV prevention funding increased to $1,013 million in FY 2023,[6] there is an effort to reduce federal funding for HIV drastically. The House Appropriations Committee's FY24 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill proposes an overall reduction of 29%.[7]

This includes all $220 million for the CDC's Ending the HIV Epidemics' programs, $226 million from the CDC National Center on HIV, Hepatitis, STDs, and Tuberculosis, $32 million from the Minority HIV/AIDS Fund, $3.8 billion from the NIH, and $238 million from the Ryan White Care Program.[8] These uncertainties in budget cuts impact long-term planning among health agencies and community-based organizations leading efforts to end the HIV epidemic.

Lack of attention to a changing epidemic

At its onset, the HIV epidemic mainly impacted large urban centers in California and New York. Several researchers warned of the forthcoming changes in the HIV epidemic in communities that had been somewhat sexually, socially, and geographically distanced from the major HIV epicenters.[9-11] They argued that communities experiencing multiple syndemics, unstable socioeconomic conditions, and poor health infrastructures were vulnerable to HIV risks. In 2002, 44% of new diagnoses were in the South.[12] By 2021, the South accounted for over half (51.75%) of new HIV diagnoses.[2]

The emergence of HIV transmission clusters across the U.S. challenges our 2030 goals. *Ending the HIV Epidemic in the U.S.* (EHE) currently focuses on 50 priority jurisdictions and seven states. While addressing the needs of areas with high numbers of HIV infections is a welcome step, HIV micro-epidemics impact Hispanic/Latinx communities across many more census regions.[13]

The number of new HIV cases among Hispanics may be smaller in states with fewer Hispanics/Latinxs. Still, the impact is disproportionate. Many of these states saw increased HIV rates among Hispanics/Latinxs in 2012-2021, e.g., Indiana, Wisconsin, Oklahoma, Tennessee, and South Carolina. In 2020, Hispanics/Latinxs in the U.S. Virgin Islands (not a priority jurisdiction) accounted for 18.4% of residents but 36.3% of people living with HIV (PLWH).[14]

As a result, funding may not be allocated to areas of increased HIV infections among Hispanics/Latinxs. Furthermore, local, state, and federal resources vary from jurisdiction to jurisdiction, ranging from insufficient to inadequate. EHE funding for South Carolina declined 18.5%, from $6.8 million in 2020 to $5.5 million in 2021.[15] In the meantime, the number of new HIV diagnoses in South Carolina barely declined from 660 in 2020 to 652 in 2021.[16]

Lack of attention to social determinants of health

While the EHE plan stresses the importance of addressing social determinants of health, political will and funding are not invested in meaningful interventions to address them. For instance, community-based organizations conduct campaigns to reduce the stigma of HIV, sexual orientation, and gender identity, albeit on a small scale and with insufficient resources. However, social and political discourses targeting LGBTQI+ individuals and transgender health affect their efficacy, particularly in the Southern states. Undocumented immigrants also experience xenophobia, discrimination, mistreatment, and victimization, often codified in laws and regulations, that impact their health.[17]

Despite ample research on mistrust of health care systems among Hispanics/Latinxs,[18] more and more prevention funding goes to institutions and hospitals that lack community trust and culturally appropriate services. Furthermore, prevention funding emphasizes biomedical interventions at the expense of behavioral health and community-level interventions. For instance, Risk Reduction Behavioral Interventions are optional in the CDC's Comprehensive High-Impact HIV Prevention Programs RFAs for Community-Based Organizations (RFA-PS21-2102)[19] and for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color (RFA-PS22-2203).[20]

Due to financial concerns related to lower wages and lack of insurance, many Hispanics/Latinxs have no access to regular preventive health and necessary care when needed. The Affordable Care Act significantly reduced the number of uninsured Americans. Nonetheless, 27.6 million Americans (8.4%) still lack health insurance, including 1 in 10 working-age Americans (18-64) and 1 in 4 Hispanic adults.[21] Minimum living-wage laws have passed in 30 states, but 20 other states follow the $7.25 federal requirement, mainly in the South and Midwest regions.[22] In addition, Hispanic/Latinx workers constitute the second largest U.S. workforce after Whites but earn, on average, 27% less.[23]

We welcome the call from the National HIV/AIDS Strategy to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders. For instance, we welcome SAMHSA's recent effort to integrate behavioral health and HIV prevention and care for unsheltered populations. Local, state, and federal agencies mandated to address our public health must commit to

coordinating and implementing innovative strategies that tackle HIV-related syndemics and socioeconomic disparities affecting the health of Hispanic/Latinx communities.

THE COMMITMENT: We commit to working together to ensure the EHE's success benefits all communities and localities across the U.S. and Territories. We call for diverse local, state, and federal agencies to collaborate in this process. We also call Hispanic/Latinx leaders, Hispanic/Latinx elected and appointed officials, media, civil rights organizations, and civic, faith, and grassroots organizations to raise critical issues and formulate strategies to improve public health policies. For instance, we can collaboratively monitor concentrated HIV transmissions, evaluate locally tailored prevention and care approaches, assess the impact of localized syndemics, combat stigma, racism, xenophobia, homophobia, and transgender phobia, advocate for language and economic justice, and address the lack of adequate health care in many Southern states.

WHAT YOU CAN DO:

1) Join us to support this declaration of an HIV Emergency among Hispanics/Latinxs in our nation.
2) Join the planning efforts of the National Hispanic/Latinx Health Leadership Summit to update our Federal Agenda in May 2024.
3) Educate our communities about HIV prevention, treatment adherence, and the long-lasting negative consequences of stigma and discrimination.
4) Urge media outlets to raise awareness about the impact of HIV among Hispanic/Latinx communities, especially among young Latinx gay men, with accurate and sensitive coverage.
5) Meet with your local and regional Hispanic/Latinx communities to formulate local and statewide priorities and strategies and engage private and federal institutions to address HIV jointly.

Together, we can make a difference. Click here to sign on to this statement now to show your commitment.

References

1. CDC. *HIV Surveillance Report, 2012.* Nov. 2024 2014.
2. CDC. *HIV Surveillance Report, 2021.* May 2023 2023.
3. Ramos SR, Nelson LE, Jones SG, Ni Z, Turpin RE, Portillo CJ. A State of the Science on HIV Prevention Over 40 Years Among Black and Hispanic/Latinx Communities. *J Assoc Nurses AIDS Care.* 2021;32(3):253-263.
4. CDC. *Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021.* 2023.
5. KFF. U.S. Federal Funding for HIV/AIDS: Trends Over Time. 2019; https://www.kff.org/458444b/. Accessed 9/4/23.
6. CDC. Federal HIV Budget. 2023; https://www.hiv.gov/federal-response/funding/budget/. Accessed 9/4/2023.
7. House Appropriations Committee. Committee Releases FY24 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill. 2023; https://appropriations.house.gov/news/press-releases/committee-releases-fy24-labor-health-and-human-services-education-and-related. Accessed 9/21/2023.

8. Extreme Cuts to Domestic HIV Programs in House L-HHS Appropriations Bill [press release]. Federal AIDS Policy Partnership, July 20 2023.
9. Stall R, Mills TC, Williamson J, et al. Association of co-occurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men. *American journal of public health.* 2003;93(6):939-942.
10. Sutton M, Anthony MN, Vila C, McLellan-Lemal E, Weidle PJ. HIV testing and HIV/AIDS treatment services in rural counties in 10 southern states: service provider perspectives. *The Journal of Rural Health.* 2010;26(3):240-247.
11. Lieb S, Thompson DR, Misra S, et al. Estimating populations of men who have sex with men in the southern United States. *J Urban Health.* 2009;86:887-901.
12. CDC. *HIV/AIDS Surveillance Report 2002.* 2003.
13. Guilamo-Ramos V, Thimm-Kaiser M, Benzekri A, et al. The Invisible US Hispanic/Latino HIV Crisis: Addressing Gaps in the National Response. *American Journal of Public Health.* 2020;110(1):27-31.
14. Prevention CfDCa. *HIV Surveillance Report, 2020.* May 2022 2022.
15. Dawson L, Kates J. *Ending the HIV Epidemic (EHE) Funding Tracker*. KFF; 3/29/2022 2022.
16. CDC. NCHHSTP AtlasPlus. 2023; https://www.cdc.gov/nchhstp/atlas/index.htm. Accessed 9/21/2023.
17. Ornelas IJ, Yamanis TJ, Ruiz RA. The Health of Undocumented Latinx Immigrants: What We Know and Future Directions. *Annu Rev Public Health.* 2020;41:289-308.
18. Levison JH, Levinson JK, Alegría M. A Critical Review and Commentary on the Challenges in Engaging HIV-Infected Latinos in the Continuum of HIV Care. *AIDS Behav*. 2018;22(8):2500-2512.
19. CDC. Notice of Funding Opportunity PS21-2102: Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations. 2021; https://www.cdc.gov/hiv/funding/announcements/PS21-2102/index.html. Accessed 9/21/2023.
20. CDC. Notice of Funding Opportunity Announcement PS22-2203: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who have Sex with Men and Young Transgender Persons of Color. 2021; https://www.cdc.gov/hiv/funding/announcements/ps22-2203/index.html. Accessed 9/21/2023.
21. Cohen RA, Cha AE, Terlizzi AP, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2021. National Center for Health Statistics. May 2022. 2022.
22. U.S. Department of Labor. State Minimum Wage Laws. 2023; https://www.dol.gov/agencies/whd/minimum-wage/state. Accessed 9/5/2023.
23. U.S. Department of Labor. Earnings Disparities by Race and Ethnicity. 2023; https://www.dol.gov/agencies/ofccp/about/data/earnings/race-and-ethnicity. Accessed 9/5/2023.