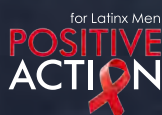


HERE AS I AM

A Listening Initiative with Latinx Gay and
Bisexual Men Affected by HIV



EN ESPAÑOL,
HAGA CLIC AQUÍ



The project is a key element of ViiV Healthcare's *Positive Action for Latinx Men* initiative that supports Latinx-led solutions, safe spaces and trusted networks for Latinx gay, bisexual and trans men to mobilize communities and engage men in care. We would like to thank all the men who opened their lives to generously share their stories. We also thank our community advisors who guided the design, collected data and stories and interpreted the key findings, many of whom are named at the end of this report.

Study Implementation, Analysis and Writing by *TCC Group*

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/ INTRODUCTION

Amid the dynamic forces of family, religion, culture, sex, migration, economics, addiction and an increasingly hostile political environment, Latinx communities are experiencing a growing health crisis. HIV, AIDS and the fear and stigma that go with them directly impact more than 195,000 Hispanic/Latino men in the U.S. and its territories, including Puerto Rico.ⁱ While overall HIV diagnoses have decreased or plateaued in recent years, there have been trends of increasing diagnoses among Hispanic/Latino gay and bisexual men.ⁱⁱ The standard of care is not benefiting everyone equally.ⁱⁱⁱ

¹Throughout this report, we use the term Latinx unless we are citing a data source, in which case we use the term from the original source.

Latinx is a gender neutral descriptor of the diverse community of people of Latin American cultural or ethnic identity, including people who identify as Latino, Latina, Hispanic, Chicanx, Xicanx, Latin@, Latine, or specific nationalities and indigenous groups that have called Latin America home in past or current generations. The term was first coined by Latinx LGBTQ communities.

²See page 23 for more information about the public charge law

Latinx community leaders and advocates are sounding the alarm, calling for more community-led solutions that prioritize the specific needs and concerns of Latinx men. In a resounding response, networks of Latinx-led organizations and communities are mobilizing to bring a new energy to programs and policies – with Latinx gay, bisexual, queer and trans men at the center.

Latinx communities in the U.S. face many of the same challenges as other communities of color, including poverty, poor access to education, poor housing and unreliable or unsafe public transportation, all of which impact health outcomes.^{iv} Local health planning bodies often insufficiently engage Latinx men and fail to prioritize modern HIV prevention approaches, such as pre-exposure prophylaxis (PrEP).^v Many HIV prevention and care resources are not available in Spanish. On top of this, anti-immigrant laws, ICE raids and changes to the public charge law² spread fear and insecurity that keep Latinx communities from utilizing life-saving services including healthcare. When they do attempt to access care, many report experiencing fear, discrimination and rejection from service and clinics. At the personal level, this results in Hispanics being among the least likely groups to have health insurance and be in care.^{vi}

Latinx¹ community leaders and advocates are sounding the alarm, calling for more community-led solutions that prioritize the specific needs and concerns of Latinx men.

Our Listening Initiative was designed to illuminate and inform programs and policies that help address the needs of Latinx men in the U.S. and Puerto Rico. We examined how social, political and economic forces affect the health and wellbeing of men, including their ability to access preventive care and HIV treatment. To learn from men's experiences overcoming these forces and to tell the stories behind the statistics, we looked at men's daily lives and the social networks that help fuel and sustain their resilience. Through iterative, community-guided listening, we heard stories of how men are confronting internal and external challenges by holding up a mirror to their own lives, building strength and resilience and striving to create communities that help them feel whole and sustain them when they falter or feel vulnerable. From these stories, ViiV Healthcare is investing in community responses for Latinx gay, bisexual and trans men.

Key HIV data



an estimated

186,900

Hispanic/Latino gay and bisexual men are **living with HIV** in the U.S. (2018)^{vii}

nearly

80%

of new diagnoses among Hispanics/Latinos were among **gay and bisexual men** (2018)^{ix}

about

1 IN 3

Hispanic/Latino gay and bisexual men were **not virally suppressed** (2016)^{viii}



7,996

Hispanic/Latino gay and bisexual men were **newly diagnosed** with HIV (2018)^x

2 OUT OF 3

Hispanic/Latino gay and bisexual men newly diagnosed were **aged 13-34** (2018)^{xi}

nearly

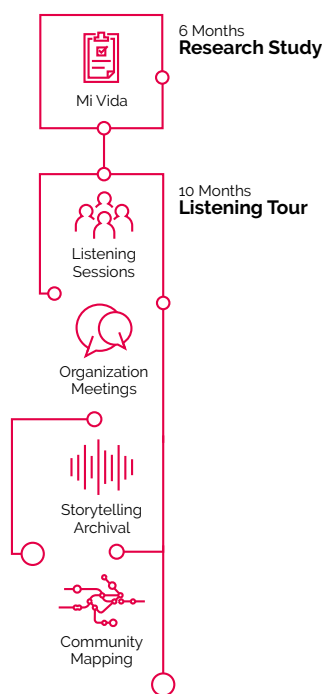
1 IN 5

newly diagnosed Hispanic/Latino gay and bisexual men were diagnosed late, meaning **with HIV and AIDS concurrently** (2018)^{xii}



/ METHODOLOGY

ViiV Healthcare's approach centers listening and elevating community voices to inform and inspire its community giving initiatives. For this work, we employed a two-pronged listening approach to better understand what helps Latinx men living with or affected by HIV achieve positive health outcomes. This included a six-month collaborative, community-based research study ("*Mi Vida*") with the Latino Commission on AIDS and a 10-month Listening Initiative in eleven cities across the U.S. and Puerto Rico.



At the core of the Listening Initiative were group discussions, interviews, observations, story collection and input from Latinx gay, bisexual and trans men, as well as advocates and service providers. Staff from local community organizations and national experts served as advisors to help design and implement an adaptive, iterative listening approach, including selection of a diverse range of cities for listening activities. Advisors helped generate key areas of inquiry to better illuminate how to support men and their communities in addressing the HIV epidemic. Community captains were selected in six cities across the U.S. and Puerto Rico to recruit participants, tailor discussion activities and questions and facilitate listening sessions. Captains met each month to discuss lessons learned and share preliminary themes from the sessions. Throughout the Listening Initiative, findings from the *Mi Vida* study were intentionally injected into the research and analysis process to create a synergized understanding of men's lives and experiences.

Through these combined methods, we heard from over 760 Latinx gay, bisexual and trans men. Once the data was collected, community captains and advisors reconvened to help interpret the findings and then group ideas, concepts or elements into categories or themes. This approach was informed by grounded theory, which provides a framework to develop categories of analysis based on the patterns in the data and through the voices of the men themselves.^{xiii}



TCC Group served as the external facilitators of this community-guided exploration and the authors of this report. Additionally, we engaged organizational partners that infused specific methodologies or perspectives into the process: *MPact Global Action for Gay Men's Health and Rights*, with expertise in global advocacy research with Latinx gay and bisexual men, provided guidance in tool design and methodology, attended each listening session and drafted advocacy-focused findings reports; Memria, a social enterprise specializing in audio story collection, provided storytelling methodology, collection and analysis in a multi-lingual context; and the *Latino Commission on AIDS* helped integrate the *Mi Vida* Study findings into the Listening Initiative analysis.

It is important to acknowledge that all study designs have limitations. In this case, the primary limitations have been the variation in data collection tools and story prompts across cities (due to the iterative approach); the use of convenience sampling and the requirement of face-to-face attendance; and a limited representation of attendees from rural areas. To address these limitations, we do not claim to be representative of all Latinx gay, bisexual and trans men. We also acknowledge that while many findings overlapped across cities, with varying methodology and recruitment, we cannot fairly compare across cities in a systematic way. Additionally, the design included the multiple methods described above to triangulate findings and to situate them into larger societal and cultural contexts. Finally, the authors note that despite these limitations, the methods allow us to identify important findings about ways to communicate and engage men with care.

LISTENING INITIATIVE ACTIVITIES

• *Listening Sessions*

Local community advisors gathered groups of 8-25 Latinx gay, bisexual and trans men for 2-3 hours to prompt communal discussions. To encourage engagement and standardize areas of inquiry across cities, community advisors helped develop a selection of engagement activities to customize for local sessions. Sessions were held in Spanish, English or a mix based on attendee preference.

• *Community Mapping*

External facilitators and community advisors conducted systematic observation and documentation of the physical and social environments that are the backdrops of men's health, including local organizations. Locations for mapping were guided by community advisors and through online research.

• *Storytelling Booths*

Memria provided audio recording booths at 12 locations and events, including listening sessions, a health conference, community organizations and a bar to record stories from men and other stakeholders. 156 stories were gathered in Spanish and English and coded for key themes that were discussed in analysis sessions.

• *Organizational Meetings*

Individual and group interviews were carried out with service providers and leaders at 41 local, community-based organizations.

LISTENING SESSIONS

Demographics

 **55%**

of respondents are open about their sexuality.

 **46%**

of respondents are living with HIV.

/ ORIGINS

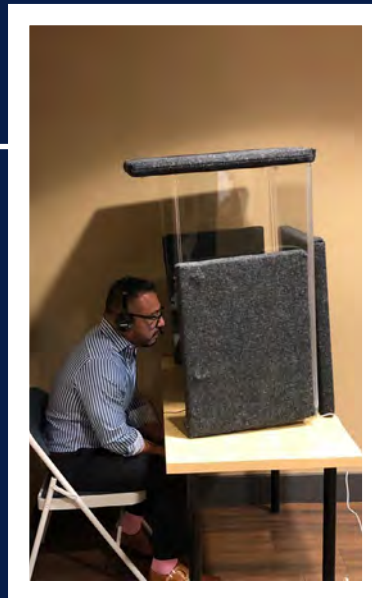
29% Puerto Rico

37% US mainland

34% Born in other country

/ 40.7

years old on average



THE POWER OF STORYTELLING

Story collection emerged as an important methodology given its ability to capture the complexities and nuances of the human experience, as well as the role that oral histories have played in Latinx cultures and in decolonizing Latinx history. Stories serve as a culturally relevant way to understand context, giving space for themes to surface naturally. Additionally, real-life stories are one way to address stigma by raising visibility, sharing vulnerability and resilience and providing an opportunity for people to build empathy and understanding towards themselves and others. Stories collected through live listening sessions and storytelling booths are used throughout this report and will be brought back to communities as tools for elevating voices and breaking down stigma. Stories were recorded via equipment in Memria's storytelling booths or with hand-held devices.



Hear the Whole Story

directly from the men we interviewed for this report by visiting:
<https://viivhealthcare.com/en-us/positive-action-for-latinx-men/>



/ FINDINGS

Integrating the findings across the methodologies, we found that the biggest challenge for men in this study was navigating the mix of familial, societal and political responses to their multiple identities – as sons and brothers, as gay, bi or trans men, as men living with HIV and as Latinx men. In this uncertain landscape, family-like networks and providers that are highly trusted are especially important. Findings and implications for the field are organized across five core areas impacting men's experiences and health outcomes.

INSIGHT 1

Family and community are central to men's lives and identities, shaping their health and wellness for better or worse.

Safer spaces and family of choice can be a fundamental way to build and model community.

Interventions that engage men's families hold great promise.

INSIGHT 2

Interruptions in care happen for many reasons beyond men's control.

Mobile, locally tailored and culturally competent services are essential.

Wraparound and co-located services are needed.

INSIGHT 3

Anti-immigrant sentiment and anti-immigrant laws have a powerful effect on men's health.

Rights-based education is critical.

Providers should be aware of how local and national anti-immigrant sentiment and policies affect men's health.

INSIGHT 4

Men want diverse and responsive care that reflects their needs, identity and language.

Providers need training to build trust and provide men with affirming care.

Spanish language and Latinx inclusion are needed in resources, hiring and outreach.

INSIGHT 5

Resilience is activated through networks and services by and for Latinx men, especially youth.

Latinx-led organizations and networks need support.

Connecting leaders across generations can build capacity to strengthen and sustain the movement.

INSIGHT 1

FAMILY AND COMMUNITY ARE CENTRAL TO MEN'S LIVES AND IDENTITIES, SHAPING THEIR HEALTH AND WELLNESS FOR BETTER OR WORSE.

Families can provide support and inspiration in the face of homophobia, biphobia and transphobia.

For some participants, family of origin was a powerful source of inspiration and support. Oftentimes, men described feeling most valued in their identity when they were shown a level of acceptance and love from their families. The support of mothers in particular came up in many stories and resonated strongly with community advisors.

"We organized our very first Pride and as we're going down the parade route, I see my mom waving at me. Everything came full circle. She was finally at a point where she could celebrate everything that I was." *

Family acceptance was also described as crucial to self-worth. Acceptance sometimes solidified after a personal crisis, such as an HIV diagnosis. These moments of crisis and the surrounding family support can act as levers of transformation for men and fuel greater self-worth, self-care and engagement in the community.

* [Hear the whole story online](#)



Family can be a source of abuse and a vehicle for imposing unhealthy cultural and gender norms.

At the same time, family (and the interweaving of religion) were primary sources of abuse, rejection, stigma and isolation that diminished many men. For some, family can be the origin of stigma and shame that can permeate all aspects of their life, making it difficult to value themselves enough to engage in care for themselves. If men haven't had places where they feel safe for much of their lives, they may not know what to look for, what to ask for and what they should expect in terms of community and healthcare.



Machismo, the imposition of strict and idealized form of masculinity,^{xiv} often begins in one's family of origin and is perpetuated in subtle and not so subtle ways, including from mothers and other women who learn *machismo* as a cultural norm. *Machismo* is often at odds with gay identity and can demand that men restrict their emotions, restrict their affectionate behavior with other men and suppress effeminate behavior.^{xv} Because of its prevalence, *machismo* often extends into a socialization cycle in families where parents, aunties, uncles, cousins and siblings can reinforce and teach the value of being a strong, manly man to their male family members, directly or indirectly communicating that men who do not fit this mold are unworthy of love and respect. These gender stereotypes are found to adversely affect men's lives and their impact can be deep and traumatizing.^{xvi} One participant described being hit, kicked and thrown out of the house at age thirteen by his father, who told him that he had disappointed his parents as a son because he was gay.

These experiences are not uncommon and can cause men to hide parts of their identity, setting the stage for hesitations in opening up to friends, lovers and especially healthcare professionals, even those who may be affirming.

Chosen families provide essential connection, resilience, love and support for many men.

Many men formed chosen families with friends, partners and ex-partners, biological and non-biological children and others who provide kinship support.^{xvii} These networks often provided a healthier family environment than their family of origin could offer, or closer proximity for mutual reliance. Chosen families provided a foundation for self-love, care and wellness for many men in the Listening Sessions.^{xviii}

³ Stigma is defined here as the discrediting or social marking of a person based on a particular attribute, behavior, or reputation. The result of this can be rejection, discrimination, ostracism and devaluation. Stigma can be internalized, meaning it is coming from the person themselves (sometimes called "self-stigma") or externally imposed by people or systems.^{xix}



Sometimes overcoming the stigma³ and rejection from family was described as a key source of resilience. Several men described how proving themselves to their families by working hard, earning money and making a successful life for themselves was one of the sources of strength that they drew from. One person recalled being kicked out of the house and cut off by family during high school and relying instead on friends in the LGBT community for food, money and help. When they eventually graduated from university and landed a job, they described a deep sense of pride at succeeding in life despite a lack of family support. They also chose to send money home to their family once they were earning enough to help, in spite of the lack of support they received from their family at a young age.

The Many Faces of Stigma

Across all cities we visited, stigma came up as a key barrier to care, but the characteristic or attribute that was discussed as the primary stigma was broad and reflected the intersectional nature of men's identities. While many men described experiencing homophobia, biphobia and transphobia as a negative force in their lives, men also described discrimination, ostracism and violence stemming from their race, skin color, accent, immigration and documentation status, nationality, HIV status and age. For some, this looked like being physically thrown out of their family home when they came out as gay, enduring verbal assaults by strangers for being Latino, or relying on substances to relieve internalized shame. In some areas, participants shared that Afro-Latinx men carry a heavy burden of race-based stigma and are minimally represented in visuals, stories or programming designed for Latinx communities. These stigmas can exist in overlapping spheres of men's lives, including their families of origin, Latinx gay communities, broader LGBTQ communities, health service organizations and society as a whole.

"Stories of gay men need to continue to be shared, explored, loved, made widespread so that people can continue to understand that gay men are strong, contribute, and more."

Community-Solutions. Men described the powerful impact of visibility and storytelling as a way to boost self and family acceptance, fight community stigma and normalize sexual health and HIV prevention and care. However, they noted the damaging impact of common stereotypical narratives about hypersexualized Latinx men who conform to traditional beauty standards of whiteness, thinness and wealth. To confront stigma

in a meaningful way, campaigns and other marketing efforts must show the true diversity of Latinx gay, bisexual and trans men's realities – men of different sizes, skin colors, national backgrounds and styles – in a less sexualized way. Men want to be represented in their everyday lives as affectionate, complex human beings – not only defined by their sexual behavior.

To confront stigma in a meaningful way, campaigns and other marketing efforts must show the true diversity of Latinx gay, bisexual and trans men's realities.

Safer spaces. Across all cities, men noted the dearth of spaces where they could openly connect with other men in a private setting. They also lacked pathways for communicating their needs and suggestions directly to healthcare providers and funders regarding how to go about opening, expanding, enriching and marketing places for men to access support and services, whether brick and mortar locations, mobile opportunities to connect at cafes, or digital spaces.



IMPLICATIONS FOR THE FIELD:

Safer spaces and family of choice can be a fundamental way to build and model community. Safer spaces are places where people can be more confident that they won't be exposed to emotional or physical harm, whether in person or online. This is the *minimum* for safety, and in reality, places that truly improve men's health and well-being must foster the ability of men to show up in their entirety. In most cases, this involves a degree of bravery, hence the terms safer and brave spaces. Having a support network is crucial to the health of men, helping them stay engaged in care and adherent to treatment. These spaces help men access supportive networks and services when they may not otherwise.



Interventions that engage men's families hold great promise.

Projects, meetings and events where families are part of the planning and activities can go a long way. When families bring children to these events, they are able to see that there are many ways of being that are inspiring and valuable to the community. And for gay men, seeing families showing acceptance, love and affirmation (whether their own or others), can open a new world and a way of seeing themselves as valuable and worthy of care.

* [Hear the whole story online](#)

"Our second year doing our Pride event, my mom decided she wanted to volunteer. People knew that I was gay, but they didn't know how my mom felt about it. There was a cultural shift that I saw just in my personal network, people being okay to embrace their sons because my mom was okay to embrace me." *

INSIGHT 2

INTERRUPTIONS IN CARE HAPPEN FOR MANY REASONS BEYOND MEN'S CONTROL.

Class disparities, such as housing and income instability, employment barriers and integrating into a new city, severely complicate men's ability to achieve health and obtain and utilize prevention, care and treatment services.

Many men described the struggle to find affordable housing and long housing wait lists that forced them to rely heavily on friends and family, often for years at a time. Bouts of homelessness can make people more prone to abuse, influence the use of coping mechanisms such as drugs and alcohol and make it extremely difficult to sustain self-care and engage with crucial health services.

"Without housing you cannot focus on your health and have good health outcomes – you're not prioritizing your health because you have other needs."

Moreover, working several jobs was not uncommon among the men interviewed and many described the tense balancing act between making ends meet and finding time to consistently engage in care. Men who had multiple jobs described the lack of time needed to get to a clinic for services. And for those who could find time, clinics were often not open on weekends or evenings when they were available.



For men who relocated from within or outside of the mainland U.S. integrating into a new city was a major part of life and getting their footing took priority over their medical health. This meant needing time and help finding a home and a job, learning new systems of transportation and government services and meeting new people. Once these things were set, care became a larger consideration.



Inadequate healthcare and transportation infrastructure presented significant hurdles to accessing care.

In both urban and rural settings, men reported that clinics and testing sites were not always conveniently located or easily accessible, causing many men to miss appointments or experience interruptions in care. Those that made the trek described meticulous planning to make sure appointments with multiple health care specialists were lined up geographically and chronologically. Across locations, but described most often in Puerto Rico, men described that HIV testing sites and clinics were closing or reducing services.

"I don't have enough information, I don't know where to go, there is no organization or department that focuses on Latino immigrants that don't have insurance or money. Private consultation is extremely expensive. I don't have enough money to pay for all the services." *

Men also found bureaucratic healthcare systems hard to navigate, particularly for those who speak primarily Spanish or are undocumented. Limited or nonexistent health insurance presented major barriers to accessing care. For those with insurance, they described medical plan restrictions or changes in their network that made getting the care they need more difficult. Across all cities, there was an unmet need for substance use and mental health services. Whether they were experiencing trauma as a result of abuse or in need of substance use or mental health support, men noted that simultaneously addressing these consequences of trauma is crucial for effective and uninterrupted care.

* [Hear the whole story online](#)

IMPLICATIONS FOR THE FIELD:

Mobile, locally tailored and culturally competent services are essential. Addressing structural barriers requires expanding the availability and accessibility of services, which often means getting out into the community. In areas where ICE raids were traumatizing the community, some organizations expanded mobile units and connections to underground safer spaces to bring services to those that were afraid to leave their local area. Effective tailoring means having a continuous community pulse on the evolving landscape and needs of Latinx gay, bi and trans men from different neighborhoods and economic situations, of different ages and with different documentation statuses.

Wraparound and co-located services are needed. Legal, mental health and housing services can be especially important for those who are experiencing issues around documentation, transitioning genders, or coping with substance use or mental health challenges. Organizations that have these kinds of crucial support services located at the same place, where service providers can create coordinated plans, can make it easier for men to connect, reconnect and engage in their own care.



INSIGHT 3

ANTI-IMMIGRANT SENTIMENT AND ANTI-IMMIGRANT LAWS HAVE A POWERFUL EFFECT ON MEN'S HEALTH.

Men and providers described broad health-related impacts of the sweeping political and media attention to immigration seen in the past decade. Men and providers described a heightened sense of fear as a main outcome of such laws and sentiment, causing men to delay or avoid health care. In some places, people described the uptick in ICE raids in places that were previously considered safe – clinics, churches and study groups. Additionally, several people reported experiences of discrimination in health care settings due to immigration status.

The effects of anti-immigrant laws and sentiment, whether the laws pass or not, have a widespread impact on the lives of Latinx people and other immigrants of color. This extends beyond undocumented immigrants, as these sentiments and laws translate to prejudices and stigma based on skin color, look and accent and are experienced differently across the country.^{xx} Several people described being harassed, yelled at and attacked for being Latinx.

"People don't follow up on their healthcare because of fear of being deported."

There are direct health consequences of some anti-immigrant laws, such as public charge laws (see below), that make it more challenging and less safe for people to access and engage in health and preventative care, which were repeatedly described in the sessions. And while greater strides in science have led to an increased ability to be more strategic in HIV services (such as



molecular epidemiology), several people during the Listening Initiative noted the fear of such surveillance data being used by ICE, which affects men's willingness to access care.

"The country is not a safe space. Politics plays a major role."

There are also indirect and powerful, consequences of the ongoing debate around immigrants' place in U.S. society, which spread fear, ostracism, discrimination and violence.

PUBLIC CHARGE RULE

This rule makes it easier for immigration officials to deny applications to immigrants they deem "more likely than not" to become a public charge, meaning someone who uses public assistance programs. Even before its implementation, immigrant families began

avoiding using services directly tied to health outcomes, especially nutritional services (SNAP), Medicaid and housing services, out of fear of being penalized or targeted. Because of uncertainty and the complexity of the rule, many people who will not be affected by the public charge rule (those who are already citizens or have their green card for instance) are altering their health-seeking behaviors.^{xxi}

IMPLICATIONS FOR THE FIELD:

Rights-based education is critical. It is important for accurate information around people's rights to be widely available and accessible. While organizations are often restricted by funding and scope and are not necessarily experts in creating such materials, there are organizations out there whose mission it is to disseminate this type of information. Several community members in our discussions suggested collaborating with community mobilization organizations and advocacy groups to see where there can be mutual benefits to help the community. Rights literacy should be viewed as a central component in HIV-related service packages for Latinx gay men and other men who have sex with men.

Providers should be aware of social determinants of health. When politics and policies impact the health of Latinx men, families and communities, problems are exacerbated by gaps in knowledge and inaccurate information. As trusted sources in the community, providers can play a powerful role in slowing the spread of misinformation and stopping stigmatizing rhetoric. Additionally, when men do access services, having the whole health team understand the potential barriers that they overcame to make it through the door can help make men feel more at ease and want to return for care in the future.

INSIGHT 4

MEN WANT DIVERSE AND RESPONSIVE CARE THAT REFLECTS THEIR NEEDS, IDENTITY AND LANGUAGE.

Men described often and candidly how differences in nationality, race, age, HIV status, gender presentation and language, for instance, can influence how and where they find support and care, both within organizations and within LGBTQ communities. When organizations have outreach materials that present a homogeneous image of Latinx men (if there are Latinx men at all) and staff do not reflect the diversity of the community, men experienced this as a clear sign that one group is prioritized over another group, which impacts if and where they seek care. In communities, diversity was described as a driver of both connection and isolation.

* [Hear the whole story online](#)

"The future of our community should entail everyone coming together, supporting and just investing in each other's futures." *



Healthcare providers were most valued when they built trust, reflected men's identities or communities and were knowledgeable and sex positive.

Men noted that a good relationship with their provider was essential to engaging in care. Simply liking one's provider and having a personal chat helped men feel like their needs and culture were respected. Men noted that good care providers spent time building trust, gave men the time to speak and were warm and welcoming. One provider described that a lot of their colleagues focus solely on sharing information or trying to "fix" a person – but that in addition to resources, patients need support and affirmation when they are experiencing a transformation in their lives.

"To arrive at a clinic and see people of your same culture working, you feel identified and feel confident."

Whether they were experiencing trauma as a result of abuse or in need of substance use or mental health support, men noted that simultaneously addressing these consequences of trauma are crucial for effective and uninterrupted care.

Good engagement in care sometimes hinged on having providers that men could identify with culturally. Spanish-speaking men acknowledged that they'd prefer a Spanish speaker, whether Latinx or not, to someone who speaks exclusively English. However, having Latinx gay, bi and trans people on staff can lead to better engagement in care.



Men were particularly seeking providers who are open to talking about sex without judgment (sex positive), affirming of diverse sexual orientations and knowledgeable about HIV and PrEP. It was difficult for men to find providers that fit the bill, especially when they were new to a city. For many, the best or only way to locate a good provider was through word of mouth.

"I have had to leave my doctor because they didn't understand the type of sex I was having."

The dearth of healthcare providers and healthcare materials in Spanish creates barriers to care.

Infusing language-appropriate materials and spaces in all programming is a key driver for improving health outcomes. There are over 37 million Spanish-speakers in the U.S. as of 2016.^{xxii} Across the cities we visited, there was a wide range of readiness in organizations' ability to provide Spanish-language materials and services, with some having no health education materials in Spanish or workers who spoke Spanish and others with Spanish built into the fabric of their organization. Many organizations knew this was a shortcoming (although not all), but often did not know where to start. This sometimes resulted in asking the receptionist, janitorial staff, or children of patients to serve as translators in a health consultation. Men in the sessions described language as a practical barrier that directly impacts HIV-related health outcomes.



⁴ This may mean prioritizing "neutral Spanish" to have fewer dialectical variations; this means that people from different countries can better access the materials, compared to a translation that is strongly Mexican Spanish or Caribbean Spanish.



IMPLICATIONS FOR THE FIELD:

Providers need training to build trust and provide men with affirming care. Even during a 15-minute appointment, using a HIV status-neutral sex-positive approach and asking a personal question can go a long way toward bonding and showing affirmation.

"Imagine if you walk into a clinic and there is one brochure you can read and it's about diabetes. How can you expect HIV to not have a huge impact on our community when you are not providing any accessible information?"

Spanish language⁴ and Latinx inclusion are needed in resources, hiring and outreach. Representation matters. It matters at all levels of an organization and will ultimately impact an organization's ability to make real change in the epidemic through developing Latinx leaders and the ability to reach, connect with and maintain positive relationships with the community. Translating materials can allow a wide range of Spanish-speaking communities to have equal access to crucial prevention, care, treatment and access information. Some organizations noted struggling with this and sometimes relying on the sole Latinx person to take this on, even if it was not within the scope of their position or their skills. Others found success in connecting with Latinx-led organizations, outside of the HIV field, where they could collaborate and share resources.

INSIGHT 5

RESILIENCE IS ACTIVATED THROUGH NETWORKS AND SERVICES BY AND FOR LATINX MEN, ESPECIALLY YOUTH.

We are not providing options that speak to young Latinx men.

Across all cities, people agreed that engaging and developing young, gay Latinx as leaders, ambassadors, navigators and mentors is crucial. In general, they noted that we are not yet adequately reaching youth with messaging and programming around HIV. Men who have been connected to the HIV and LGBTQ communities for years described feeling a generational disconnect and see youth as “absent” from the HIV and LGBTQ community mobilization groups. Younger men we spoke with shared their desire for older generations to come together in a new way that addresses wounds caused by divisions in the community. Many people noted that filling the gap involves active, long-term development of youth leaders, giving them space to grow. At the same time, there are many new leaders emerging and seasoned leaders that want to share knowledge.

"When I was diagnosed with HIV at age 21, I hit the ground running with community and volunteer work. I met a lot of other individuals who had been living with HIV for years. In speaking with them, I realized that was what I wanted to do for the rest of my life – and that I mattered, and I was important." *

Resilience is activated through community connections and giving back to the community.

Concurrently, men also described how their own resilience was nurtured through community connections and giving back, participating in intergenerational mentorship and getting involved with organizing. For instance, men described their desire to use their own stories as a way to help others who are experiencing isolation and are in need of support.

* [Hear the whole story online](#)

There are not enough organizations dedicated to Latinx men's health.

In many areas we visited, community members and providers shared that there were few or no organizations that center the Latinx gay and bisexual community specifically in their mission. As a result, a single organization or even a single individual can become

responsible for meeting the needs of an entire community. Building more men's leadership skills and opportunities can help fill this gap organically and have a profound impact on policy and stigma-related barriers to care.

IMPLICATIONS FOR THE FIELD:

Latinx-led organizations and networks need support. In several cities, providers made strong recommendations for funding agencies to specifically support developing and sustaining collaborations that center Latinx experiences and enable Latinx leadership. Because of funding structures broadly, organizations are often expected to collaborate but are also simultaneously required to compete. Organizations need practical incentives to counteract this current funding framework, such as grants specifically for developing and sustaining collaborations that include grassroots, Latinx-led organizations.

Connecting leaders across generations can build capacity to strengthen and sustain the movement. Several providers shared the benefits of baking in visibility, mentorship and role modeling for Latinx men within organizations and programming. This may include leadership, practical opportunities, guidance and mentorship in grant writing, budgeting, program design and evaluation.





/ CONCLUSION

The insights about the realities and motivators men experience around health and wellness can inform responsive, community-centered solutions in the healthcare field. We looked at how current environments affect men's ability to access health care and at the social networks that can help fuel resilience. Across settings, men shared that some of their biggest challenges were around navigating how society responds to men's identities. In this uncertain landscape, family-like support networks and providers that are highly trusted became especially important.

In response to this initial listening, *Positive Action for Latinx Men* supports Latinx-led solutions, safe spaces and trusted networks for Latinx gay, bi and trans men to mobilize communities and engage men in care.

While family of origin held the role of both a source of healing and a source of trauma, resilience for men came from finding support in a variety of spaces – from friendships, to extended family, to other community groups, whether it be immigration, LGBT advocacy or a fan club. In a way, family are the people you are in it with, whoever those people may be. Essential elements to family and networks that work for men were safety, trust and intimacy. This carried over into the role that health care providers and organizations play in men's lives – in how they create spaces and times for men as they navigate their lives, health systems and social landscape.

* [Hear the whole story online](#)

"I needed to create a cultural change within my part of rural Texas. And so, through this work, I started empowering men and other LGBTQ people within the community to feel visible and feel seen. And I plan to continue that work as long as I can." *

Like all ViiV Healthcare community giving initiatives, *Positive Action for Latinx Men* is guided by a continuously evolving Listening Approach to ensure that the work is responsive to the needs and desires of people living with and affected by HIV. This is essential for true community-led innovation and optimal impact.

The findings presented here are only one part of ViiV Healthcare's listening strategy to find and fuel solutions that make a difference in the lives of Latinx men living with and affected by HIV. We understand from our *Positive Action for Latinx Men* grantees and community advisors that building trust in HIV care is essential for men to achieve sustained health and wellness. This includes continuously listening to communities and grantees to feed into initiative design, evolution and evaluation.



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ViiV Healthcare was established to take an innovative approach to the challenge of HIV—and we do. It's who we are.

An innovative approach means we go beyond developing new medicines. We seek insights to better understand the unmet needs of people living with HIV. We connect individuals and communities to help drive solutions focused on providing the same standard of care for all people living with HIV. We develop and support community programs that focus on HIV prevention, care and treatment. The voice of the HIV community informs everything we do.

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From the beginning, ViiV Healthcare's Positive Action programs have worked to reduce stigma and improve access to care for communities around the world. As the first global pharmaceutical company program to support communities affected by HIV/AIDS, ViiV Healthcare has supported more than 300 programs across the globe since 1992.

